# 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
EAST MANAGEMENT SERVICES 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/14/2011

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
EAST MANAGEMENT SERVICES, LP

7777 NW BEACON SQUARE BLVD.
BOCA RATON, FL 33487

**2b** Employer Identification Number (EIN) 27-4461439

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

**2d** Business code (see instructions) 551112

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/07/2021 | GARY HAGERMAN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

**3b** Administrator's EIN

**3c** Administrator's telephone number

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

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 793 |
| **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)** | 653 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 470 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 177 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 647 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 647 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 538 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 87 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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
EAST MANAGEMENT SERVICES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
27-4461439

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

**1** Coverage Information:

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

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 84-0467907 | 68322 | 501578-01 | 79 | 01/01/2020 | 12/31/2020 |

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

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

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

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

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

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

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

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

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

**(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 | 700052 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 0 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 584964 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 70209 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 8283 | | |
| | (4) Transferred from separate account | 7c(4) | 881622 | | |
| | (5) Other (specify below) | 7c(5) | 8872 | | |
| | ▶ FORFEITURES | | | | |
| | (6) Total additions | | | 7c(6) | 968986 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 1553950 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 177590 | | |
| | (2) Administration charge made by carrier | 7e(2) | 7505 | | |
| | (3) Transferred to separate account | 7e(3) | 668803 | | |
| | (4) Other (specify below) | 7e(4) | 0 | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 853898 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 700052 |

## 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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2020**<br>**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
EAST MANAGEMENT SERVICES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
27-4461439

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

UBS FINANCIAL SERVICES INC

315 DEADERICK ST
NASHVILLE, TN 37238

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 | INVESTMENT ADVISOR | 83253 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

DUNBAR BENDER & ZAPF INC.

437 GRANT STREET
STE 1100
PITTSBURGH, PA 15219

25-1650062

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 | CONTRACT ADMIN | 27135 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

ADVISED ASSETS GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 | INVESTMENT MGMT | 12144 | Yes [ ] No [X] | 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)**<br>(complete as many entries as needed) |
|---|---|

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**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
EAST MANAGEMENT SERVICES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
27-4461439

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 114724 | 70741 |
| **(2)** Participant contributions | 1b(2) | 103 | 951 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 0 | 0 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 33147491 | 38437385 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 584964 | 700052 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | | **(a)** Beginning of Year | **(b)** End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 0 | 0 |
| | **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** | Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 33847282 | 39209129 |
| | **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 | 92340 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 92340 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 33847282 | 39116789 |

## 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) | 1111253 | |
| | **(B)** Participants | 2a(1)(B) | 2297478 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 53694 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 3462425 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | 8294 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 8294 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 1168941 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 1168941 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 3934017 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 8573677 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 3193103 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | | |
| **(3)** Other | 2e(3) | | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 3193103 |
| **f** Corrective distributions (see instructions) | 2f | | 92340 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | 18727 | |
| **(2)** Contract administrator fees | 2i(2) | | |
| **(3)** Investment advisory and management fees | 2i(3) | | |
| **(4)** Other | 2i(4) | | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 18727 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 3304170 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 5269507 |
| **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)** [X] 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: H2R CPA **(2)** EIN: 25-1031723

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

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

## Part IV Compliance Questions

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

During the plan year:

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

| | | | 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
EAST MANAGEMENT SERVICES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
27-4461439

## Part I Distributions

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

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

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

EIN(s): 84-0467907

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

**14** Enter the number of 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_____

**FINANCIAL REPORT**

# EAST MANAGEMENT SERVICES

# 401(k) PLAN

**YEARS ENDED DECEMBER 31, 2020 AND 2019**

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

Business Solutions, Family Approach

# INDEPENDENT AUDITORS' REPORT

October 4, 2021

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

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the East Management Services 401(k) Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 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 D, which was certified by Great-West Trust Co., LLC, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

**Disclaimer of Opinion**

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

**Other Matter**

The supplemental Schedule of Assets (Held at End of Year) as of or for the year ended 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 DOL Rules and Regulations**

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

H2R CPA

H2R CPA
Pittsburgh, Pennsylvania

**EAST MANAGEMENT SERVICES 401(k) PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2020 AND 2019**

## ASSETS

| | 2020 | 2019 |
|---|---|---|
| INVESTMENTS AT FAIR VALUE: | | |
| Mutual funds | $ 38,437,385 | $ 33,147,491 |
| Fixed annuities | 700,052 | 584,964 |
| TOTAL INVESTMENTS AT FAIR VALUE | 39,137,437 | 33,732,455 |
| RECEIVABLES: | | |
| Employer contributions receivable | 70,741 | 114,724 |
| Employee contributions receivable | 951 | 103 |
| TOTAL RECEIVABLES | 71,692 | 114,827 |
| **TOTAL ASSETS** | 39,209,129 | 33,847,282 |

## LIABILITIES

| | | |
|---|---|---|
| LIABILITIES: | | |
| Corrective distributions | 92,340 | - |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 39,116,789 | $ 33,847,282 |

The accompanying notes are an integral part of the financial statements

**EAST MANAGEMENT SERVICES 401(k) PLAN**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**FOR THE YEAR ENDED DECEMBER 31, 2020**

| | | |
|---|---|---|
| ADDITIONS: | | |
| Investment Earnings: | | |
| Mutual funds | | |
| Realized and unrealized gains | $ 3,934,017 | |
| Dividends | 1,168,941 | |
| | | $ 5,102,958 |
| Interest on fixed annuities | | 8,294 |
| Total Investment Earnings | | 5,111,252 |
| Contributions: | | |
| Employee | 2,297,478 | |
| Employer | 1,111,253 | |
| Rollover | 53,694 | |
| Total Contributions | | 3,462,425 |
| TOTAL ADDITIONS | | 8,573,677 |
| DEDUCTIONS: | | |
| Distributions to participants | 3,193,103 | |
| Corrective distributions | 92,340 | |
| Administrative expenses | 18,727 | |
| TOTAL DEDUCTIONS | | 3,304,170 |
| **NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS** | | 5,269,507 |
| NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR | | 33,847,282 |
| **NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR** | | $ 39,116,789 |

The accompanying notes are an integral part of the financial statements

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

**Note A - Description of Plan:**

***General*** - The East Management Services 401(k) Plan (the Plan), as amended and restated July 1, 2017 with amendments through March 1, 2021, is a defined contribution plan covering eligible employees of the following (the Company) as of December 31, 2020:

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

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

***Eligibility*** - Employees that have attained the age of 21 and have completed 500 hours of service in a 6 consecutive month period, or after 1 year of service, are eligible to make before-tax contributions, rollover contributions and after-tax Roth 401(k) contributions. In addition, employees are eligible to receive matching and discretionary contributions, provided under the terms of the Plan as described below. Residents of Puerto Rico, employees covered by a collective bargaining agreement, leased employees, non-resident aliens with no U.S. source income, and seasonal/part-time employees under age 21 and who have not completed 1,000 hours of service in a 12 consecutive month period, are not eligible to participate in the Plan. Additionally, effective July 1, 2020, employees of Hockey Western New York, LLC who are eligible for the National Hockey League Pension Plan are not eligible to participate in the Plan.

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

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

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

The Company makes matching contributions to participants of the Plan equal to 100% of the first 4% of eligible compensation contributed to the Plan by a participant. Prior to January 1, 2020, The Company had elected to make safe harbor matching contributions to all participants of the Plan equal to 100% of the first 4% of eligible compensation contributed to the Plan by a participant. These contributions satisfied certain IRC requirements and eliminated the need to perform certain non-discrimination annual tests.

Although none were made in 2020 and 2019, the Company may make a discretionary matching contribution in the amount of 4% of the participant's eligible compensation provided the employee is employed at December 31.

**Note A - Description of Plan (continued):**

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

***Participant Accounts*** - Each participant's account is credited with the employee's contribution, the Company's matching contribution, the Company's safe harbor matching contribution prior to January 1, 2020, Plan earnings, administrative fees and a proportionate allocation, as defined in the Plan, of the Company's discretionary profit sharing contribution, if applicable. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

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

***Forfeitures*** - The Plan permits the Company to first reduce administrative expenses with forfeitures, which represent the unvested portion of accounts for participants who terminated employment with the Company, and then any remaining amounts can be used to reduce employer contributions. At December 31, 2020 and 2019, forfeited non-vested accounts totaled approximately $22,000 and $19,500, respectively. In 2020, $6,583 in forfeitures were used to reduce administrative expenses.

***Benefit Payments*** - Individual accounts can be distributed upon the death, disability, retirement or termination of employment of the Plan participant. If the participant's account balance is greater than $5,000, the participant has the option to remain in the Plan or to receive a distribution of their account balance in the form of either a lump-sum distribution, individual retirement account or various annuity payments. If the participant's account balance is $5,000 or less, the account will automatically be distributed in the form of one lump sum payment. In the event of an immediate and heavy financial burden, the Plan also permits a hardship withdrawal of a participant's deferral contributions, including any applicable taxes and penalties, up to an amount required to alleviate the hardship. Effective January 1, 2020, participants have the ability to request a COVID-19 related distribution (Note H).

**Note B - Summary of Significant Accounting Policies:**

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

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

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

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

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

***Benefit Payments*** - Benefits are recorded when paid.

***Corrective Distributions*** – Amounts payable to participants for contributions in excess of amounts allowed by IRC are recorded as a liability with a corresponding deduction in net assets recognized in the Statement of Changes in Net Assets Available for Benefits. At December 31, 2020, there was a liability in the amount of $92,340 which was distributed to the applicable participants prior to March 15, 2021. There was no such liability at December 31, 2019.

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

***Recent Accounting Standards*** - In August 2018, the FASB issued ASU No. 2018-13, *Fair Value Measurement (Topic 820)*, which removed certain disclosure requirements from Topic 820 relating to transfers between Level 1 and Level 2 of the fair value hierarchy, the policy for timing of transfers between levels, the valuation processes for Level 3 fair value measurements, and changes in unrealized gains and losses for the period included in earnings for recurring Level 3 fair value measurements. Additionally, certain disclosure requirements were modified relating to transfers into and out of Level 3 of the fair value hierarchy and purchases and issues of Level 3 assets and liabilities in lieu of a rollforward for Level 3 fair value measurements, the timing of liquidation of an investee's assets and the date when restrictions from redemption might lapse only if the investee has communicated such to the entity for investments in entities that calculate net asset value, and to clarify measurement uncertainty disclosures. The amendments in ASU 2018-13 are effective for fiscal years beginning after December 15, 2019; accordingly, the provisions relating to unrealized gains and losses and measurement uncertainty were to be applied prospectively and all other provisions were to be retrospectively applied, as applicable. ASU 2018-13 has no significant effect on the Plan.

***Subsequent Events*** - Management has evaluated subsequent events through October 4, 2021, the date the financial statements were available to be issued and disclosed such events in Note I.

**Note C - Tax Status:**

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

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

**Note D - Investments (Unaudited):**

The investments are held by Great-West Trust Company, LLC, the Trustee. Participants may direct their investments into mutual funds or a fixed annuity fund. The Trustee of the Plan's assets has certified the unaudited investment assets of the Plan at December 31, 2020 and 2019, as well as to the unaudited investment income or loss, including interest, dividends, expenses, and realized and unrealized gains and losses for the year ended December 31, 2020 and the information contained in the supplemental Schedule of Assets (Held at End of Year), in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

The statements of net assets available for benefits present the fair value of all investment contracts. The statement of changes in net assets available for benefits is prepared on the fair value basis as there are no investments held at December 31, 2020 in fully-benefit responsive investments which are required to be reported at contract value.

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

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

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

The following information is the reported fair value certified by the Trustee at December 31, 2020 and 2019:

| | 2020 | 2019 |
|---|---|---|
| American Funds 2045 Trgt Date Retire R6 | $ 3,842,821 | $ 3,275,779 |
| American Funds 2040 Trgt Date Retire R6 | 3,395,973 | 2,654,204 |
| American Funds 2035 Trgt Date Retire R6 | 3,002,230 | 2,376,542 |
| AB Large Cap Growth Z | 2,778,982 | - |
| iShares S&P 500 Index K | 2,476,488 | 1,905,976 |
| American Funds 2050 Trgt Date Retire R6 | 2,269,371 | 2,072,380 |
| American Funds 2025 Trgt Date Retire R6 | 2,218,119 | 1,643,599 |
| American Funds 2030 Trgt Date Retire R6 | 2,180,087 | 2,667,233 |
| American Funds 2055 Trgt Date Retire R6 | 1,798,214 | 1,494,335 |
| Vanguard Small Cap Index Adm | 1,779,451 | 1,390,870 |
| Vanguard Mid Cap Index Fund –Admiral | 1,450,835 | 1,051,809 |
| JPMorgan Equity Income R6 | 1,278,660 | - |
| T. Rowe Price International Discovery | 1,260,230 | 928,121 |
| Vanguard Developed Markets Index Admiral | 1,253,251 | 1,096,264 |
| American Funds 2020 Trgt Date Retire R6 | 1,155,769 | 960,527 |
| Key Guaranteed Portfolio Fund | 700,052 | 584,964 |
| Morgan Stanley Inst Intl Advtg I | 650,200 | 554,617 |

**Note D - Investments (Unaudited) (continued):**

| | | |
|---|---|---|
| Great-West T. Rowe Price Mid Cap Gr Inst | 580,396 | 704,272 |
| Vanguard Total Bond Market Index Admiral | 559,982 | 265,526 |
| Great-West Mid Cap Value Instl | 515,908 | 633,053 |
| Federated Instl High Yield Bond Instl | 514,845 | 505,457 |
| Western Asset Core Plus Bond IS | 450,753 | 249,034 |
| American Funds American Balanced R6 | 447,641 | 268,986 |
| American Funds 2060 Trgt Date Retire R6 | 362,633 | 304,747 |
| JPMorgan Core Plus Bond R6 | 353,798 | 659,546 |
| PIMCO Income Instl | 336,155 | 213,018 |
| American Century Small Cap Value 6 | 296,558 | - |
| Vanguard Energy Adm | 215,398 | 292,865 |
| American Funds 2015 Trgt Date Retire R6 | 197,085 | 226,990 |
| JPMorgan Emerging Markets Equity R6 | 175,339 | - |
| American Funds 2010 Trgt Date Retire R6 | 162,364 | 162,099 |
| Vanguard REIT Index Adm | 160,644 | 149,673 |
| Janus Henderson Global Equity Income N | 123,922 | - |
| Cohen & Steers Real Estate Securities I | 115,426 | 123,463 |
| Alger Small Cap Focus Y | 51,938 | - |
| PGIM Global Total Return R6 | 21,728 | - |
| Carillon Scout Mid Cap I | 4,191 | 11,551 |
| Parnassus Endeavor Institutional | - | 2,705,202 |
| Invesco Diversified Dividend R5 | - | 1,159,904 |
| DFA US Targeted Value I | - | 411,092 |
| AB Global Bond I | - | 28,757 |
| | $ 39,137,437 | $ 33,732,455 |

| | |
|---|---|
| Realized and unrealized gains | $ 3,934,017 |
| Dividends | $ 1,168,941 |
| Interest on fixed annuities | $ 8,294 |

**Note E - Fair Value Measurements:**

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

The following is a description of the valuation methodology used in measuring Plan assets at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

**Note E - Fair Value Measurements (continued):**

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

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

The following tables detail the assets' fair value measured as of December 31, 2020 and 2019:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| December 31, 2020: | | | | |
| Mutual funds | $ 38,437,385 | $ - | $ - | $ 38,437,385 |
| Fixed Annuities | - | 700,052 | - | 700,052 |
| Total assets at fair value | $ 38,437,385 | $ 700,052 | $ - | $ 39,137,437 |
| December 31, 2019: | | | | |
| Mutual funds | $ 33,147,491 | $ - | $ - | $ 33,147,491 |
| Fixed Annuities | - | 584,964 | - | 584,964 |
| Total assets at fair value | $ 33,147,491 | $ 584,964 | $ - | $ 33,732,455 |

**Note F - Party-in-Interest:**

The Plan's assets invested in the fixed annuity fund is maintained by Great-West Trust Co., LLC. Transactions executed in this account are party-in-interest transactions. Fees relating to certain participant selected managed account services are paid by the Plan. These fees paid by the Plan for advisory services, management services, and third party administration totaled $18,727. These transactions qualify as party-in-interest transactions and are exempt from the IRC and ERISA's rules on prohibited transactions.

**Note G - Plan Termination:**

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

**Note H - Plan Amendments:**

During 2020, the Plan was amended eliminating the Company's safe harbor election in making matching contributions in an amount equal to 100% of the first 4% of eligible compensation contributed to the Plan by a participant. Such contributions will be matching contributions. The Plan was amended to exclude employees of Hockey Western New York, LLC who are eligible for the National Hockey League Pension Plan from participation in the Plan. Also, the Plan was amended removing Impact Sports Performance, LLC and Topshelf Management of Florida, LLC and including JKLM Energy, LLC as participating employers. Additionally, the Plan adopted the distribution provisions of the Coronavirus Aid, Relief, and Economic Security (CARES) Act that was signed into law on March 27, 2020. A CARES Act distribution allows the Plan's participants to take a COVID-19 related distribution up to $100,000 from the Plan beginning on or after January 1, 2020.

**Note H - Plan Amendments (continued):**

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

**Note I - Subsequent Events:**

Subsequent to year-end, the Plan was amended removing Intermission Management, LLC and including The Healthy Scratch, LLC as a participating employer. The Plan was also amended to incorporate the CARES Act provisions that were previously adopted and to correct an operational failure of improper inclusion of an ineligible employee.

**SUPPLEMENTAL SCHEDULE**

**EAST MANAGEMENT SERVICES 401(k) PLAN**
**FORM 5500, SCHEDULE H, PART IV, LINE 4i**
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**EIN: 27-4461439**
**PLAN NUMBER 001**
**DECEMBER 31, 2020**

| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturing Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | American Funds 2045 Trgt Date Retire R6 | Mutual Fund | ** | $ 3,842,821 |
| | American Funds 2040 Trgt Date Retire R6 | Mutual Fund | ** | 3,395,973 |
| | American Funds 2035 Trgt Date Retire R6 | Mutual Fund | ** | 3,002,230 |
| | AB Large Cap Growth Z | Mutual Fund | ** | 2,778,982 |
| | iShares S&P 500 Index K | Mutual Fund | ** | 2,476,488 |
| | American Funds 2050 Trgt Date Retire R6 | Mutual Fund | ** | 2,269,371 |
| | American Funds 2025 Trgt Date Retire R6 | Mutual Fund | ** | 2,218,119 |
| | American Funds 2030 Trgt Date Retire R6 | Mutual Fund | ** | 2,180,087 |
| | American Funds 2055 Trgt Date Retire R6 | Mutual Fund | ** | 1,798,214 |
| | Vanguard Small Cap Index Adm | Mutual Fund | ** | 1,779,451 |
| | Vanguard Mid Cap Index Fund - Admiral | Mutual Fund | ** | 1,450,835 |
| | JPMorgan Equity Income R6 | Mutual Fund | ** | 1,278,660 |
| | T. Rowe Price International Discovery | Mutual Fund | ** | 1,260,230 |
| | Vanguard Developed Markets Index Admiral | Mutual Fund | ** | 1,253,251 |
| | American Funds 2020 Trgt Date Retire R6 | Mutual Fund | ** | 1,155,769 |
| * | Key Guaranteed Portfolio Fund | Fixed Annuities | ** | 700,052 |
| | Morgan Stanley Inst Intl Advtg I | Mutual Fund | ** | 650,200 |
| | Great-West T. Rowe Price Mid Cap Gr Inst | Mutual Fund | ** | 580,396 |
| | Vanguard Total Bond Market Index Admiral | Mutual Fund | ** | 559,982 |
| | Great-West Mid Cap Value Instl | Mutual Fund | ** | 515,908 |
| | Federated Instl High Yield Bond Instl | Mutual Fund | ** | 514,845 |
| | Western Asset Core Plus Bond IS | Mutual Fund | ** | 450,753 |
| | American Funds American Balanced R6 | Mutual Fund | ** | 447,641 |
| | American Funds 2060 Trgt Date Retire R6 | Mutual Fund | ** | 362,633 |
| | JPMorgan Core Plus Bond R6 | Mutual Fund | ** | 353,798 |
| | PIMCO Income Instl | Mutual Fund | ** | 336,155 |
| | American Century Small Cap Value R6 | Mutual Fund | ** | 296,558 |
| | Vanguard Energy Adm | Mutual Fund | ** | 215,398 |
| | American Funds 2015 Trgt Date Retire R6 | Mutual Fund | ** | 197,085 |
| | JPMorgan Emerging Markets Equity R6 | Mutual Fund | ** | 175,339 |
| | American Funds 2010 Trgt Date Retire R6 | Mutual Fund | ** | 162,364 |
| | Vanguard REIT Index Adm | Mutual Fund | ** | 160,644 |
| | Janus Henderson Global Equity Income N | Mutual Fund | ** | 123,922 |
| | Cohen & Steers Real Estate Securities I | Mutual Fund | ** | 115,426 |
| | Alger Small Cap Focus Y | Mutual Fund | ** | 51,938 |
| | PGIM Global Total Return R6 | Mutual Fund | ** | 21,728 |
| | Carillon Scout Mid Cap I | Mutual Fund | ** | 4,191 |
| | | | | $ 39,137,437 |

* Represents investments with a party-in-interest

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

# SCHEDULE OF ASSETS (HELD AT END OF YEAR)

**East Management Services 401(k) Plan**
**01-JAN-20 to 31-DEC-20**



11-JAN-21 05:01:19

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|---|---|---|---|---|
| 1RFTTX | | | 148,563.56 | 162,364.34 |
| 1RFJTX | | | 182,437.47 | 197,085.44 |
| 1RRCTX | | | 1,046,058.52 | 1,155,768.59 |
| 1RFDTX | | | 1,919,135.91 | 2,218,118.79 |
| 1RFETX | | | 1,840,149.05 | 2,180,087.12 |
| 1RFFTX | | | 2,482,275.73 | 3,002,230.05 |
| 1RFGTX | | | 2,755,081.12 | 3,395,972.67 |
| 1RFHTX | | | 3,065,596.15 | 3,842,821.82 |
| 1RFITX | | | 1,825,501.97 | 2,269,371.25 |
| 1RFKTX | | | 1,447,022.07 | 1,798,214.45 |
| 1RFUTX | | | 293,924.88 | 362,632.77 |
| 1HFQRX | | | 117,127.06 | 123,921.54 |
| 1JEMWX | | | 141,151.42 | 175,338.67 |
| 1MFAIX | | | 452,279.45 | 650,199.63 |
| 1PRIDX | | | 952,178.88 | 1,260,229.65 |
| 1VTMGX | | | 1,096,463.67 | 1,253,250.73 |
| 1CSDIX | | | 109,963.29 | 115,425.99 |
| 1VGELX | | | 317,180.34 | 215,398.49 |
| 1VGSLX | | | 157,993.29 | 160,644.23 |
| 1AOFYX | | | 41,835.72 | 51,937.60 |
| 1ASVDX | | | 216,730.05 | 296,558.43 |
| 1VSMAX | | | 1,334,173.43 | 1,779,451.28 |
| 1MXKJX | | | 528,782.43 | 515,907.52 |
| 1MXYKX | | | 540,478.53 | 580,396.21 |
| 1UMBMX | | | 3,385.09 | 4,190.90 |
| 1VIMAX | | | 1,096,102.33 | 1,450,835.17 |
| 1APGZX | | | 2,341,878.51 | 2,778,981.67 |
| 1WFSPX | | | 1,810,837.01 | 2,476,487.71 |
| 1OIEJX | | | 1,086,075.69 | 1,278,660.37 |
| 1RLBGX | | | 409,376.68 | 447,640.79 |
| 1FIHBX | | | 505,893.98 | 514,844.79 |
| 1JCPUX | | | 336,570.43 | 353,798.13 |
| 1PIMIX | | | 329,393.19 | 336,155.43 |
| 1PGTQX | | | 20,372.39 | 21,728.25 |
| 1VBTLX | | | 542,255.56 | 559,981.68 |
| 1WAPSX | | | 440,943.48 | 450,752.67 |
| 1KGPF | | 1.000 | 663,659.92 | 678,019.48 |
| | | | **32,598,828.25** | **39,115,404.30** |
| FORFEITURES | | | 21,247.67 | 22,032.69 |

# SCHEDULE OF ASSETS (HELD AT END OF YEAR)



**East Management Services 401(k) Plan**

**01-JAN-20 to 31-DEC-20**



| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|---|---|---|---|---|

LEGEND

INVESTMENT OPTION:

| | |
|---|---|
| 1RFTTX | American Funds 2010 Trgt Date Retire R6 |
| 1RRCTX | American Funds 2020 Trgt Date Retire R6 |
| 1RFETX | American Funds 2030 Trgt Date Retire R6 |
| 1RFGTX | American Funds 2040 Trgt Date Retire R6 |
| 1RFITX | American Funds 2050 Trgt Date Retire R6 |
| 1RFUTX | American Funds 2060 Trgt Date Retire R6 |
| 1JEMWX | JPMorgan Emerging Markets Equity R6 |
| 1PRIDX | T. Rowe Price International Discovery |
| 1CSDIX | Cohen & Steers Real Estate Securities I |
| 1VGSLX | Vanguard Real Estate Index Admiral |
| 1ASVDX | American Century Small Cap Value R6 |
| 1MXKJX | Great-West Mid Cap Value Instl |
| 1UMBMX | Carillon Scout Mid Cap I |
| 1APGZX | AB Large Cap Growth Z |
| 1OIEJX | JPMorgan Equity Income R6 |
| 1FIHBX | Federated Hermes Instl High Yield Bd IS |
| 1PIMIX | PIMCO Income Instl |
| 1VBTLX | Vanguard Total Bond Market Index Admiral |
| 1KGPF | Key Guaranteed Portfolio Fund |
| 1RFJTX | American Funds 2015 Trgt Date Retire R6 |
| 1RFDTX | American Funds 2025 Trgt Date Retire R6 |
| 1RFFTX | American Funds 2035 Trgt Date Retire R6 |
| 1RFHTX | American Funds 2045 Trgt Date Retire R6 |
| 1RFKTX | American Funds 2055 Trgt Date Retire R6 |
| 1HFQRX | Janus Henderson Global Equity Income N |
| 1MFAIX | Morgan Stanley Inst Intl Advtg I |
| 1VTMGX | Vanguard Developed Markets Index Admiral |
| 1VGELX | Vanguard Energy Adm |
| 1AOFYX | Alger Small Cap Focus Y |
| 1VSMAX | Vanguard Small Cap Index Adm |
| 1MXYKX | Great-West T. Rowe Price Mid Cap Gr Inst |
| 1VIMAX | Vanguard Mid Cap Index Fund - Admiral |
| 1WFSPX | iShares S&P 500 Index K |
| 1RLBGX | American Funds American Balanced R6 |
| 1JCPUX | JPMorgan Core Plus Bond R6 |
| 1PGTQX | PGIM Global Total Return R6 |
| 1WAPSX | Western Asset Core Plus Bond IS |

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

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year