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
WILLIAMS PARKER EMPLOYEE SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1972

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)
WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, PLLC

200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

2b Employer Identification Number (EIN) 20-2953387

2c Plan Sponsor's telephone number 941-366-4800

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.	10/13/2021	MICHAEL J. WILSON
	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**	139
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)**	109
a(2) Total number of active participants at the end of the plan year	**6a(2)**	106
b Retired or separated participants receiving benefits	**6b**	3
c Other retired or separated participants entitled to future benefits	**6c**	29
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	138
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	138
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	137
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2F 2G 2J 2K 2S 2T 3H 3D 2R

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[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)	[ ]	0	**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 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
WILLIAMS PARKER EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, PLLC

D Employer Identification Number (EIN)
20-2953387

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 64 65	RECORDKEEPER	37976	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BKS RETIREMENT SERVICES

84-1921272

(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?
16 27	INVESTMENT ADV/CONSULTANT	32110	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CS&L CPAS

59-2142260

(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?
10	ACCOUNTANT/AUDITOR	12750	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)** (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
WILLIAMS PARKER EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, PLLC

D Employer Identification Number (EIN)
20-2953387

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	522
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1070561	1118025
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4244398	4244813
(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)	231100	2075887
(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)	16374	16782
(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)	47098646	50090781
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(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**	52661079	57546810
	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**	52661079	57546810

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)**	1166966	
	(B) Participants	**2a(1)(B)**	1006552	
	(C) Others (including rollovers)	**2a(1)(C)**	0	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		2173518
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	17523	
	(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)**	849	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		18372
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	35972	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	1737048	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		1773020
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	6167916	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	5921542	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		246374
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	374916	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		374916

		(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)**		0
(8) Net investment gain (loss) from master trust investment accounts	**2b(8)**		0
(9) Net investment gain (loss) from 103-12 investment entities	**2b(9)**		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**2b(10)**		3997872
c Other income	**2c**		0
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		8584072
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	3610878	
(2) To insurance carriers for the provision of benefits	**2e(2)**	0	
(3) Other	**2e(3)**	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		3610878
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)**	4628	
(4) Other	**2i(4)**	82835	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	**2i(5)**		87463
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		3698341
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		4885731
l Transfers of assets:			
(1) To this plan	**2l(1)**		0
(2) From this plan	**2l(2)**		0

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] 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: CHRISTOPHER,SMITH & LEONARD,ETAL PA **(2)** EIN: 59-2142260

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		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
WILLIAMS PARKER EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, PLLC

D Employer Identification Number (EIN)
20-2953387

Part I Distributions

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

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

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

EIN(s): 04-6568107

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_____

WILLIAMS PARKER
EMPLOYEE SAVINGS PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2020

WILLIAMS PARKER EMPLOYEE SAVINGS PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

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INDEPENDENT AUDITOR'S REPORT

To Trustees of the
Williams Parker Employee Savings Plan
Sarasota, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Williams Parker Employee Savings 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

Plan 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our 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 C, which was certified by Fidelity Management Trust Company, 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.

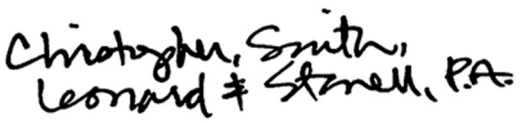
BRADENTON 1001 3rd Avenue West, Suite 700 Bradenton, FL 34205 ph 941.748.1040
SARASOTA 1515 Ringling Boulevard, Suite 900 Sarasota, FL 34236 ph 941.954.4040
TAMPA 101 East Kennedy Boulevard, Suite 1460 Tampa, FL 33602 ph 813.490.4490
WWW.CSLCPA.COM

Other Matter

The supplemental schedule, as listed in the table of contents, 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 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.



CHRISTOPHER, SMITH,
LEONARD & STANELL, P.A.

October 7, 2021
Sarasota, Florida

WILLIAMS PARKER EMPLOYEE SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	2020	2019
ASSETS		
Investments at fair value	$56,412,003	$ 51,574,144
Receivables		
Employer's contribution	1,118,025	1,070,561
Notes receivable from participants	16,782	16,374
	1,134,807	1,086,935
NET ASSETS AVAILABLE FOR BENEFITS	$57,546,810	$ 52,661,079

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

WILLIAMS PARKER EMPLOYEE SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2020

ADDITIONS	
Contributions	
Employer	$ 1,166,966
Participants	1,006,552
Total contributions	2,173,518
Interest income on notes receivable from participants	849
Investment income (loss)	
Interest and dividends	1,790,543
Net appreciation in fair value of investments	4,619,162
Total investment income (loss)	6,409,705
TOTAL ADDITIONS	8,584,072
DEDUCTIONS	
Benefits paid to participants	3,610,878
Administrative expenses	87,463
TOTAL DEDUCTIONS	3,698,341
NET INCREASE	4,885,731
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of the year	52,661,079
End of the year	$ 57,546,810

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

NOTE A - DESCRIPTION OF PLAN

The following description of Williams Parker Employee Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Williams, Parker, Harrison, Dietz & Getzen, PLLC (the Firm). The Plan was originally effective July 1, 1972. The Plan was amended to convert the Plan to a new basic plan document and adoption agreement effective July 1, 2016, with a new service provider. The amendment changed the Plan year end from June 30th to December 31st and the Plan name from Williams Parker Defined Contribution Plan to Williams Parker Employee Savings Plan. The Plan was amended in July 2018 to include Williams Parker Holdings, PLLC, (Holdings), a newly formed related employer. The Firm and Holdings are collectively referred to as the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

All employees, excluding interns and law clerks, of the Company, are eligible to participate in the Plan if the eligibility requirements described below are met.

401(k) Feature – An employee is eligible to participate, with respect to salary deferral contributions the 1st day of the month, coinciding with or immediately following their date of hire.

401(k) "Safe Harbor" Non-Elective Employer Contribution – An employee is eligible after completing a minimum of 1,000 hours of service within 12 months of their date of hire. The employee's entry date is the 1st day of the month, coinciding with or immediately following the date eligibility was met.

Discretionary Employer Matching Contribution – An employee is eligible to receive the discretionary employer matching contribution the 1st day of the month, coinciding with or immediately following their date of hire.

Discretionary Non-Elective Employer Contribution – An employee is eligible to receive discretionary non-elective employer contributions after completing 950 hours of service within the Plan year and being actively employed on the last day of the plan year.

Contributions

401(k) Feature - Each eligible participant of the Plan may enter into a written Salary Deferral Agreement with the Company in which compensation, as defined in the Plan document, is reduced by an amount of not more than 75% of his or her compensation for the Plan year, up to the maximum allowed by the Internal Revenue Service.

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Contributions - continued

The deferral amount may be changed at the beginning of each payroll period.

Participants who have attained age 50 before the end of the plan year are permitted to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution.

The Plan includes an auto-enrollment provision whereby newly eligible employees, 30 days after their date of hire, but no sooner than their eligibility date, are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan prior to their eligibility date. Each eligible employee with a reemployment commencement date will be automatically enrolled 30 days from the later date of rehire or entry date. Also, active participants who are without a deferral election or have a zero election on file will be automatically enrolled in the Plan. Automatically enrolled participants have their pre-tax deferral rate set at 4% of eligible compensation and will increase by 1% on July 1st of each year, up to a maximum default percentage of 10%. The automatic increase will be deferred to the following July 1st for Participant's who become automatically enrolled between January 1st and June 30th.

Automatically enrolled participant contributions are invested in the age appropriate Vanguard Target Retirement Funds Investor Shares until changed by the participant.

401(k) "Safe Harbor" Non-Elective Employer Contribution - The Company will contribute, for each eligible participant, an amount equal to 3% (not less than 3% nor more than 25%) of the participant's eligible compensation for the plan year.

Discretionary Employer Matching Contribution - The Company may make matching contributions equal to a discretionary percentage, to be determined by the Company, of the participant's elective deferrals. The Company's match may not exceed 4% of the participant's eligible compensation for the plan year.

Discretionary Non-Elective Employer Contribution - The Company may contribute an amount, if any, as is determined at the discretion of the Company. The Company uses an integrated allocation based on a participant's compensation in excess of the taxable wage base to determine profit sharing contributions.

Participants direct the investments of all contributions into various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's profit sharing contribution and Plan earnings. 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

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Participant Accounts - Continued

defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Contributions become vested as follows:

Years of Service	Participant Elective Deferral	Safe Harbor Non-Elective Contribution	Discretionary Matching Contribution	Discretionary Non-Elective Contribution
Less than 2 years	100%	100%	0%	0%
2 years	100%	100%	20%	20%
3 years	100%	100%	40%	40%
4 years	100%	100%	60%	60%
5 years	100%	100%	80%	80%
6 years	100%	100%	100%	100%

Participants become fully vested upon death, total and permanent disability, or attaining normal retirement age while employed with the Company.

Forfeitures

Forfeitures will occur when a former participant incurs five consecutive 1 year breaks in service or there is a distribution of the entire vested portion of the participant's account. The forfeitures may be used to pay Plan administrative expenses or to reduce the Company's contributions. During 2020, approximately $44,200 were used to reduce the Company's contributions.

Notes Receivable from Participants

Participants may borrow from their employee deferral fund accounts a maximum amount equal to the lesser of $50,000 or 50% of their employee deferral account balance. The loans are secured by the balance in the participant's account. Each loan shall bear a reasonable rate of interest determined by the Company in accordance with current appropriate standards. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

Upon a participant's attainment of the age 59 ½ or termination of employment due to death, disability, termination or retirement, the vested balance in the participant's account may be distributed to the participant or the designated beneficiary. The Plan provides for benefit distributions by a single lump-sum payment, installment payments or partial withdrawals.

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Payment of Benefits - continued

In-service distributions may be made to a participant who has attained the age 59 ½ or who qualify for a hardship. Hardship distributions are subject to a $500 minimum amount, may only be distributed from the participant's employee deferral accounts and must be used for expenses incurred or necessary for medical care.

For terminated participants with account balances less than or equal to $5,000, the plan administrator may make a mandatory distribution in a single lump sum payment. If the mandatory distribution is greater than $1,000 and made to a participant without the participant's consent before normal retirement age, the distribution will be rolled over to an individual retirement plan designated by the Plan Administrator.

Termination

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

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Change in Accounting Principle

During 2020, the Plan implemented Accounting Standards Update (ASU) 2018-13, Fair Value measurement subtopic 820. ASU 2018-13 enhanced the fair value disclosure requirements of investments by more appropriately reflecting the value of such assets to financial statement users. The implementation of ASU 2018-13 had no impact on plan net assets.

Accounting Basis

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation / (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. The net appreciation was $4,619,162 for the year ended December 31, 2020.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

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.

Payment of Benefits

Payments of benefits are recorded when paid.

Use of Estimates

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

Date of Management's Review

Subsequent events were evaluated through October 7, 2021, which is the date the financial statements were available to be issued.

NOTE C - INVESTMENTS

The December 31, 2020 and 2019 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020 and the accompanying notes to the financial statements were prepared from information certified by Fidelity Management Trust Company (Fidelity), the trustee of the Plan, in accordance with 29 CFR 2520.103-5(d) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The information certified includes total investments of $56,412,003 and $51,574,144 at December 31, 2020 and 2019, respectively and related investment income of $6,409,705 for the year ended December 31, 2020.

NOTE D - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB), Accounting Standards Codification (ASC) 820 Fair Value Measurements and Disclosures provides the framework for measuring fair value.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority.

NOTE D - FAIR VALUE MEASUREMENTS - CONTINUED

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available.

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 need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan include open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. The mutual funds may also be valued as determined by an independent pricing service, based on methods which include consideration of: yields or prices of securities of comparable quality, coupon, maturity and type: indications as to values from dealers; and general market conditions.

Self-directed brokerage accounts consist of mutual funds that are valued on the basis of readily determinable market prices or on the basis as described above regarding mutual funds and equity securities that are valued on quoted market prices.

The money market fund is using the amortized cost method which approximates fair value. The portfolio instrument is initially valued at cost, and thereafter assumes the constant accretion/amortization to maturity date or next reset date of any discount or premium.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value of measurement.

	Assets at Fair Value as of December 31, 2020			
	Totals	Level 1	Level 2	Level 3
Mutual funds	$ 48,553,594	$ 48,553,594	$ -	$ -
Money market fund	3,447,127	-	3,447,127	-
Self-directed brokerage accounts	4,411,282	3,246,259	1,165,023	-
Total investments at fair value	$ 56,412,003	$ 51,799,853	$ 4,612,150	$ -

NOTE D - FAIR VALUE MEASUREMENTS - CONTINUED

	Assets at Fair Value as of December 31, 2019			
	Totals	Level 1	Level 2	Level 3
Mutual funds	$ 45,815,435	$ 45,815,435	$ -	$ -
Money market fund	2,179,386	-	2,179,386	-
Self-directed brokerage accounts	3,579,323	1,154,478	2,424,845	-
Total investments at fair value	$ 51,574,144	$ 46,969,913	$ 4,604,231	$ -

NOTE E - INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan sponsor by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe 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.

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The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's previous three years remain open to inspection by the IRS.

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The Plan maintains some investments in Fidelity Mutual Funds. Fidelity Management Trust Company (Fidelity) is a trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Company also provides accounting and administrative services to the Plan at no charge.

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

NOTE G - RISK AND UNCERTAINTIES - CONTINUED

As a result of the spread of COVID-19, economic uncertainties have arisen which have resulted in a significant volatility in the financial markets and has affected, and may continue to affect, the market value of Plan investments subsequent to December 31, 2020. The potential economic impact brought on by, and the duration of COVID-19 is difficult to assess or predict and will depend on future developments that are highly uncertain and cannot be predicted.

SUPPLEMENTAL SCHEDULE

WILLIAMS PARKER EMPLOYEE SAVINGS PLAN
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2020
EIN: 20-2953387 PN:001

(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
	VANG Treasury MM	Money Market Fund	N/A	$ 3,447,127
	BROKERAGELINK	Self Directed Brokerage Accounts	N/A	$ 4,411,282
	CB INTL GRTH IS	Mutual Fund	N/A	$ 1,106,154
	DFA EMRG MKT CORE EQ	Mutual Fund	N/A	348,164
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	VANG TARGET RET 2030	Mutual Fund	N/A	4,415,417
	VANG TARGET RET 2040	Mutual Fund	N/A	3,974,294
	VANG TARGET RET 2050	Mutual Fund	N/A	788,759
	VANG HI YLD CORP ADM	Mutual Fund	N/A	118,152
	VANG TOT BD MKT ADM	Mutual Fund	N/A	1,091,425
	VANG EQUITY INC ADM	Mutual Fund	N/A	848,370
	VANG WELLESLEY ADM	Mutual Fund	N/A	414,577
	VAN REAL EST IDX ADM	Mutual Fund	N/A	135,825
	VANG MIDCAP GRTH INV	Mutual Fund	N/A	616,113
	VANG ST FEDERAL ADM	Mutual Fund	N/A	63,431
	VANG TARGET RET INC	Mutual Fund	N/A	4,458,971
	VANG TARGET RET 2015	Mutual Fund	N/A	1,913,011
	VANG TARGET RET 2025	Mutual Fund	N/A	7,755,434
	VANG TARGET RET 2035	Mutual Fund	N/A	4,877,669
	VANG TARGET RET 2045	Mutual Fund	N/A	1,421,216
	UM BEHAVIORAL VAL R6	Mutual Fund	N/A	50,580
	METWEST TOT RTN BD P	Mutual Fund	N/A	3,120,004
	C&S REAL ESTATE Z	Mutual Fund	N/A	110,033
	VICTORY S EST VAL R6	Mutual Fund	N/A	609,534
	VANG TARGET RET 2060	Mutual Fund	N/A	52,964
*	FID 500 INDEX	Mutual Fund	N/A	1,954,968
*	FID SM CAP IDX	Mutual Fund	N/A	23,281
*	FID INTL INDEX	Mutual Fund	N/A	720,980
*	FID EXTD MKT IDX	Mutual Fund	N/A	181,210
*	FID CONTRAFUND K6	Mutual Fund	N/A	1,563,043
*	FID SMALL CAP GR K6	Mutual Fund	N/A	498,696
*	FID BALANCED K6	Mutual Fund	N/A	109,427
		Registered Investment Companies		$ 48,553,594
	Participant Loans	Interest rates - 4.25%-6.00%	-0-	$ 16,782

* - Represents known party-in-interest to the Plan
N/A - Investment is participant-directed; therefore, cost information may be omitted.

The independent auditor's report should be read in conjunction with this supplemental schedule.

WILLIAMS PARKER
EMPLOYEE SAVINGS PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2020

WILLIAMS PARKER EMPLOYEE SAVINGS PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

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INDEPENDENT AUDITOR'S REPORT

To Trustees of the
Williams Parker Employee Savings Plan
Sarasota, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Williams Parker Employee Savings 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

Plan 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our 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 C, which was certified by Fidelity Management Trust Company, 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.

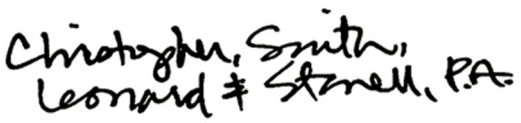
BRADENTON 1001 3rd Avenue West, Suite 700 Bradenton, FL 34205 ph 941.748.1040
SARASOTA 1515 Ringling Boulevard, Suite 900 Sarasota, FL 34236 ph 941.954.4040
TAMPA 101 East Kennedy Boulevard, Suite 1460 Tampa, FL 33602 ph 813.490.4490
WWW.CSLCPA.COM

Other Matter

The supplemental schedule, as listed in the table of contents, 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 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.



CHRISTOPHER, SMITH,
LEONARD & STANELL, P.A.

October 7, 2021
Sarasota, Florida

WILLIAMS PARKER EMPLOYEE SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	2020	2019
ASSETS		
Investments at fair value	$56,412,003	$ 51,574,144
Receivables		
Employer's contribution	1,118,025	1,070,561
Notes receivable from participants	16,782	16,374
	1,134,807	1,086,935
NET ASSETS AVAILABLE FOR BENEFITS	$57,546,810	$ 52,661,079

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

WILLIAMS PARKER EMPLOYEE SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2020

ADDITIONS	
Contributions	
Employer	$ 1,166,966
Participants	1,006,552
Total contributions	2,173,518
Interest income on notes receivable from participants	849
Investment income (loss)	
Interest and dividends	1,790,543
Net appreciation in fair value of investments	4,619,162
Total investment income (loss)	6,409,705
TOTAL ADDITIONS	8,584,072
DEDUCTIONS	
Benefits paid to participants	3,610,878
Administrative expenses	87,463
TOTAL DEDUCTIONS	3,698,341
NET INCREASE	4,885,731
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of the year	52,661,079
End of the year	$ 57,546,810

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

NOTE A - DESCRIPTION OF PLAN

The following description of Williams Parker Employee Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Williams, Parker, Harrison, Dietz & Getzen, PLLC (the Firm). The Plan was originally effective July 1, 1972. The Plan was amended to convert the Plan to a new basic plan document and adoption agreement effective July 1, 2016, with a new service provider. The amendment changed the Plan year end from June 30th to December 31st and the Plan name from Williams Parker Defined Contribution Plan to Williams Parker Employee Savings Plan. The Plan was amended in July 2018 to include Williams Parker Holdings, PLLC, (Holdings), a newly formed related employer. The Firm and Holdings are collectively referred to as the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

All employees, excluding interns and law clerks, of the Company, are eligible to participate in the Plan if the eligibility requirements described below are met.

401(k) Feature – An employee is eligible to participate, with respect to salary deferral contributions the 1st day of the month, coinciding with or immediately following their date of hire.

401(k) "Safe Harbor" Non-Elective Employer Contribution – An employee is eligible after completing a minimum of 1,000 hours of service within 12 months of their date of hire. The employee's entry date is the 1st day of the month, coinciding with or immediately following the date eligibility was met.

Discretionary Employer Matching Contribution – An employee is eligible to receive the discretionary employer matching contribution the 1st day of the month, coinciding with or immediately following their date of hire.

Discretionary Non-Elective Employer Contribution – An employee is eligible to receive discretionary non-elective employer contributions after completing 950 hours of service within the Plan year and being actively employed on the last day of the plan year.

Contributions

401(k) Feature - Each eligible participant of the Plan may enter into a written Salary Deferral Agreement with the Company in which compensation, as defined in the Plan document, is reduced by an amount of not more than 75% of his or her compensation for the Plan year, up to the maximum allowed by the Internal Revenue Service.

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Contributions - continued

The deferral amount may be changed at the beginning of each payroll period.

Participants who have attained age 50 before the end of the plan year are permitted to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution.

The Plan includes an auto-enrollment provision whereby newly eligible employees, 30 days after their date of hire, but no sooner than their eligibility date, are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan prior to their eligibility date. Each eligible employee with a reemployment commencement date will be automatically enrolled 30 days from the later date of rehire or entry date. Also, active participants who are without a deferral election or have a zero election on file will be automatically enrolled in the Plan. Automatically enrolled participants have their pre-tax deferral rate set at 4% of eligible compensation and will increase by 1% on July 1st of each year, up to a maximum default percentage of 10%. The automatic increase will be deferred to the following July 1st for Participant's who become automatically enrolled between January 1st and June 30th.

Automatically enrolled participant contributions are invested in the age appropriate Vanguard Target Retirement Funds Investor Shares until changed by the participant.

401(k) "Safe Harbor" Non-Elective Employer Contribution - The Company will contribute, for each eligible participant, an amount equal to 3% (not less than 3% nor more than 25%) of the participant's eligible compensation for the plan year.

Discretionary Employer Matching Contribution - The Company may make matching contributions equal to a discretionary percentage, to be determined by the Company, of the participant's elective deferrals. The Company's match may not exceed 4% of the participant's eligible compensation for the plan year.

Discretionary Non-Elective Employer Contribution - The Company may contribute an amount, if any, as is determined at the discretion of the Company. The Company uses an integrated allocation based on a participant's compensation in excess of the taxable wage base to determine profit sharing contributions.

Participants direct the investments of all contributions into various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's profit sharing contribution and Plan earnings. 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

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Participant Accounts - Continued

defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Contributions become vested as follows:

Years of Service	Participant Elective Deferral	Safe Harbor Non-Elective Contribution	Discretionary Matching Contribution	Discretionary Non-Elective Contribution
Less than 2 years	100%	100%	0%	0%
2 years	100%	100%	20%	20%
3 years	100%	100%	40%	40%
4 years	100%	100%	60%	60%
5 years	100%	100%	80%	80%
6 years	100%	100%	100%	100%

Participants become fully vested upon death, total and permanent disability, or attaining normal retirement age while employed with the Company.

Forfeitures

Forfeitures will occur when a former participant incurs five consecutive 1 year breaks in service or there is a distribution of the entire vested portion of the participant's account. The forfeitures may be used to pay Plan administrative expenses or to reduce the Company's contributions. During 2020, approximately $44,200 were used to reduce the Company's contributions.

Notes Receivable from Participants

Participants may borrow from their employee deferral fund accounts a maximum amount equal to the lesser of $50,000 or 50% of their employee deferral account balance. The loans are secured by the balance in the participant's account. Each loan shall bear a reasonable rate of interest determined by the Company in accordance with current appropriate standards. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

Upon a participant's attainment of the age 59 ½ or termination of employment due to death, disability, termination or retirement, the vested balance in the participant's account may be distributed to the participant or the designated beneficiary. The Plan provides for benefit distributions by a single lump-sum payment, installment payments or partial withdrawals.

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Payment of Benefits - continued

In-service distributions may be made to a participant who has attained the age 59 ½ or who qualify for a hardship. Hardship distributions are subject to a $500 minimum amount, may only be distributed from the participant's employee deferral accounts and must be used for expenses incurred or necessary for medical care.

For terminated participants with account balances less than or equal to $5,000, the plan administrator may make a mandatory distribution in a single lump sum payment. If the mandatory distribution is greater than $1,000 and made to a participant without the participant's consent before normal retirement age, the distribution will be rolled over to an individual retirement plan designated by the Plan Administrator.

Termination

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

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Change in Accounting Principle

During 2020, the Plan implemented Accounting Standards Update (ASU) 2018-13, Fair Value measurement subtopic 820. ASU 2018-13 enhanced the fair value disclosure requirements of investments by more appropriately reflecting the value of such assets to financial statement users. The implementation of ASU 2018-13 had no impact on plan net assets.

Accounting Basis

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation / (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. The net appreciation was $4,619,162 for the year ended December 31, 2020.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

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.

Payment of Benefits

Payments of benefits are recorded when paid.

Use of Estimates

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

Date of Management's Review

Subsequent events were evaluated through October 7, 2021, which is the date the financial statements were available to be issued.

NOTE C - INVESTMENTS

The December 31, 2020 and 2019 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020 and the accompanying notes to the financial statements were prepared from information certified by Fidelity Management Trust Company (Fidelity), the trustee of the Plan, in accordance with 29 CFR 2520.103-5(d) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The information certified includes total investments of $56,412,003 and $51,574,144 at December 31, 2020 and 2019, respectively and related investment income of $6,409,705 for the year ended December 31, 2020.

NOTE D - FAIR VALUE MEASUREMENTS

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NOTE G - RISK AND UNCERTAINTIES - CONTINUED

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SUPPLEMENTAL SCHEDULE

WILLIAMS PARKER EMPLOYEE SAVINGS PLAN
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2020
EIN: 20-2953387 PN:001

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	VANG TARGET RET 2030	Mutual Fund	N/A	4,415,417
	VANG TARGET RET 2040	Mutual Fund	N/A	3,974,294
	VANG TARGET RET 2050	Mutual Fund	N/A	788,759
	VANG HI YLD CORP ADM	Mutual Fund	N/A	118,152
	VANG TOT BD MKT ADM	Mutual Fund	N/A	1,091,425
	VANG EQUITY INC ADM	Mutual Fund	N/A	848,370
	VANG WELLESLEY ADM	Mutual Fund	N/A	414,577
	VAN REAL EST IDX ADM	Mutual Fund	N/A	135,825
	VANG MIDCAP GRTH INV	Mutual Fund	N/A	616,113
	VANG ST FEDERAL ADM	Mutual Fund	N/A	63,431
	VANG TARGET RET INC	Mutual Fund	N/A	4,458,971
	VANG TARGET RET 2015	Mutual Fund	N/A	1,913,011
	VANG TARGET RET 2025	Mutual Fund	N/A	7,755,434
	VANG TARGET RET 2035	Mutual Fund	N/A	4,877,669
	VANG TARGET RET 2045	Mutual Fund	N/A	1,421,216
	UM BEHAVIORAL VAL R6	Mutual Fund	N/A	50,580
	METWEST TOT RTN BD P	Mutual Fund	N/A	3,120,004
	C&S REAL ESTATE Z	Mutual Fund	N/A	110,033
	VICTORY S EST VAL R6	Mutual Fund	N/A	609,534
	VANG TARGET RET 2060	Mutual Fund	N/A	52,964
*	FID 500 INDEX	Mutual Fund	N/A	1,954,968
*	FID SM CAP IDX	Mutual Fund	N/A	23,281
*	FID INTL INDEX	Mutual Fund	N/A	720,980
*	FID EXTD MKT IDX	Mutual Fund	N/A	181,210
*	FID CONTRAFUND K6	Mutual Fund	N/A	1,563,043
*	FID SMALL CAP GR K6	Mutual Fund	N/A	498,696
*	FID BALANCED K6	Mutual Fund	N/A	109,427
		Registered Investment Companies		$ 48,553,594
	Participant Loans	Interest rates - 4.25%-6.00%	-0-	$ 16,782

* - Represents known party-in-interest to the Plan
N/A - Investment is participant-directed; therefore, cost information may be omitted.

The independent auditor's report should be read in conjunction with this supplemental schedule.