# 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
LAUFER GROUP INTERNATIONAL LTD 401(K) PROFIT SHARING PLAN & TRUST

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

**1c** Effective date of plan 01/01/2005

**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)
LAUFER GROUP INTERNATIONAL

20 VESEY ST RM 601
NEW YORK, NY 10007-4233

**2b** Employer Identification Number (EIN) 13-4121879

**2c** Plan Sponsor's telephone number 212-945-6000

**2d** Business code (see instructions) 812990

**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 | BRIAN KALMAER |
| | **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** | 264 |
| **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)** | 202 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 189 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 46 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 235 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 235 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 227 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 15 |
| **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 3D

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

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

| | | |
|---|---|---|
| **(1)** | [ ] | Insurance |
| **(2)** | [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** | [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<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
LAUFER GROUP INTERNATIONAL LTD 401(K) PROFIT SHARING PLAN & TRUST

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
LAUFER GROUP INTERNATIONAL

**D** Employer Identification Number (EIN)
13-4121879

## Part I Service Provider Information (see instructions)

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

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

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

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

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

PAYCHEX SECURITIES CORPORATION
225 KENNETH DRIVE
ROCHESTER, NY 14623

16-1486352

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

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

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

PAYCHEX, INC.

911 PANORAMA TRAIL S
ROCHESTER, NY 14625

16-1124166

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 | RECORDKEEPER | 11879 | Yes [ ] No [X] | Yes [ ] No [X] | | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

| **Part III** | **Termination Information on Accountants and Enrolled Actuaries (see instructions)**<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
LAUFER GROUP INTERNATIONAL LTD 401(K) PROFIT SHARING PLAN & TRUST

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
LAUFER GROUP INTERNATIONAL

**D** Employer Identification Number (EIN)
13-4121879

## 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 | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 5438 | 0 |
| **(2)** Participant contributions | 1b(2) | 31360 | 25306 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1239634 | 1586486 |
| **(2)** U.S. Government securities | 1c(2) | 0 | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | |
| **(B)** All other | 1c(3)(B) | 0 | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | |
| **(B)** Common | 1c(4)(B) | 0 | |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | |
| **(8)** Participant loans | 1c(8) | 272237 | 197361 |
| **(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) | 8917641 | 10054399 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 0 | |
| | **(2)** Employer real property | 1d(2) | 0 | |
| **e** | Buildings and other property used in plan operation | 1e | 0 | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 10466310 | 11863552 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 0 | |
| **h** | Operating payables | 1h | 0 | |
| **i** | Acquisition indebtedness | 1i | 0 | |
| **j** | Other liabilities | 1j | 0 | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 10466310 | 11863552 |

## 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) | 36259 | |
| | **(B)** Participants | 2a(1)(B) | 760557 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 0 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 796816 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 4594 | |
| | **(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) | 13242 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 17836 |
| | **(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) | 350415 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 350415 |
| | **(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) | | 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) | | 869040 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2034107 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 610304 | |
| **(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) | | 610304 |
| **f** Corrective distributions (see instructions) | 2f | | 14682 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | 11879 | |
| **(2)** Contract administrator fees | 2i(2) | 0 | |
| **(3)** Investment advisory and management fees | 2i(3) | 0 | |
| **(4)** Other | 2i(4) | 0 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 11879 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 636865 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1397242 |
| **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)** [ ] 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)** [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: MAZARS USA **(2)** EIN: 13-1459550

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

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

## Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2020**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
LAUFER GROUP INTERNATIONAL LTD 401(K) PROFIT SHARING PLAN & TRUST

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
LAUFER GROUP INTERNATIONAL

**D** Employer Identification Number (EIN)
13-4121879

## Part I Distributions

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

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

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

EIN(s): 16-1470238

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

# Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust

Financial Statements and
Supplemental Schedule
December 31, 2020 and 2019

mazars

Mazars USA LLP is an independent member firm of Mazars Group.

# Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust

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Mazars USA LLP
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Suite 301
Woodbury, New York 11797

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# Independent Auditors' Report

**To the Administrative Committee**
**Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust**

## Report on Financial Statements

We were engaged to audit the accompanying financial statements of Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditors' Responsibility

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

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the plan administrator by the 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), which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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.

mazars

**Report on Form and Content in Compliance with Department of Labor Rules and Regulations**
The form and content of the information included in the financial statements and 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.

Mazars USA LLP

October 11, 2021

# Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust

## Statements of Net Available for Benefits
## December 31, 2020 and 2019

| | 2020 | 2019 |
|---|---|---|
| **Assets** | | |
| Investments, at fair value | | |
| Money market fund | $ 1,586,486 | $ 1,239,634 |
| Mutual funds | 10,054,399 | 8,917,641 |
| Total investments | 11,640,885 | 10,157,275 |
| | | |
| Receivables | | |
| Participants' contributions | 25,306 | 31,360 |
| Employer contributions | - | 5,438 |
| Notes receivable from participants | 197,361 | 272,237 |
| Total receivables | 222,667 | 309,035 |
| | | |
| Total assets | 11,863,552 | 10,466,310 |
| | | |
| **Liabilities** | | |
| Excess employee contributions payable | 8,358 | 14,682 |
| | | |
| Net assets available for benefits | $ 11,855,194 | $ 10,451,628 |

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

# Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust

## Statements of Changes in Net Assets Available for Benefits
## Year Ended December 31, 2020

| | |
|---|---|
| Additions | |
| Investment income | |
| Net appreciation in fair value of investments | $ 1,079,254 |
| Dividends and interest income | 144,795 |
| | 1,224,049 |
| Interest income on notes receivable from participants | 13,242 |
| Contributions | |
| Employer | 36,259 |
| Participants | 760,557 |
| | 796,816 |
| Total additions | 2,034,107 |
| Deductions | |
| Benefits paid to participants | 618,662 |
| Administrative expenses | 11,879 |
| Total deductions | 630,541 |
| Net increase | 1,403,566 |
| Net assets available for benefits | |
| Beginning | 10,451,628 |
| Ending | $ 11,855,194 |

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

# Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust

## Notes to Financial Statements
## Years Ended December 31, 2020 and 2019

### 1. Description of Plan

Laufer Group International, Ltd. (the "Company") established the Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust (the "Plan") on January 1, 2005. Effective January 1, 2019, the Plan was amended to change the definition of compensation for the computation of participant elective deferrals. The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General**
The Plan is a participant-directed defined contribution plan covering substantially all employees of the Company who are twenty-one years or older and who have completed at least three consecutive months of eligible service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

**CARES Act**
On March 27, 2020, the "Coronavirus Aid, Relief, and Economic Security (CARES) Act" was signed in to law. The CARES Act includes several relief provisions available to the Plan and its participants. Plan management has evaluated the relief provisions available to plan participants under the CARES Act and has implemented the following provisions for the period from March 27, 2020 through December 31, 2020:

- Participant Distributions: Qualifying participants can take a distribution of up to $100,000. The Plan has added a withdrawal option to the eligible participants, avoiding the 10% penalty if less than age 59 ½. Participants will be required to self-certify that they or their dependents have been diagnosed with COVID-19, or that they have experienced adverse financial consequences directly related to COVID-19. Participants may recontribute the amount within three years of the distribution to the plan, however repayment is not required.

- Required Minimum Distributions: Required minimum distributions are waived for 2020 for participants required to withdraw funds between January 1 and December 31, 2020 (including required beginning date distributions for April, 2020).

- Participant Hardship Distributions for Federal Disaster: If a state is declared a federal disaster area by the Federal Emergency Management Agency (FEMA), plan participants residing or employed in those states may be eligible for a 401(k) hardship withdrawal for expenses and losses incurred because of the disaster.

- Participant Loans: The maximum amount of loans a participant can take out between March 27 and September 27, 2020, was increased to the lesser of 100% of a participant's account vested account balance or $100,000 (minus any outstanding loan balances). Participants who have new loan balances between March 27 and December 31, 2020, can defer repayments for up to one year.

In accordance with the CARES Act, the Plan will be amended to retroactively adopt these provisions no later than January 1, 2022.

**Contributions**
Each participant may contribute up to 100% of the participant's annual pre-tax or after-tax annual compensation each year, limited by law to a maximum amount of $19,500 for the year 2020. Individuals who will be at least age 50 by December 31, 2020, may make an additional "catch-up" contribution, up to a maximum amount of $6,500 in 2020. Additionally, discretionary profit-sharing amounts may be contributed at the option of the Company's management. These contributions are made to designated groups, as defined in the Plan, and are allocated to a participant in proportion to the participant's compensation. For the year ended December 31, 2020, the Company did not make any profit–sharing contributions. Effective March 4, 2020, the Plan was amended to eliminate employer matching contributions.

**Vesting**
Participants are immediately vested in their elective contributions plus actual earnings thereon. Participant vesting in the Company's matching and profit-sharing contributions plus actual earnings thereon is based on years of continuous service. A participant is 20% vested after two years of service, 40% vested after three years of service, 60% vested after four years of service, 80% vested after five years of service, and 100% vested after six years of service.

**Participant Accounts**
Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions and (b) Plan earnings. Allocations are based on participants' earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Forfeitures**
Forfeitures of discretionary matching contributions are used to reduce the Company's future matching contributions or the Plan's administrative expenses. The Plan document states that the Company has the option of using forfeitures to reduce employer contributions or to pay Plan administrative expenses. There were additions to forfeitures in the amount of $7,920 and $30,394 during the years ended December 31, 2020 and 2019, and the Plan utilized $41,423 of forfeitures to reduce employer contributions during the year ended December 31, 2020. The balance of forfeitures was $0 and $26,577 at December 31, 2020 and 2019, respectively.

**Notes Receivable from Participants**
Participants may borrow from their accounts a minimum of $1,000. The maximum amount of an outstanding loan cannot exceed the lesser of 95% of one-half the vested account balance or $50,000. Participants are limited to one outstanding loan at any one time. To qualify for another loan, participants must first pay the outstanding balance on the existing loan. The loans are collateralized by the balance in the participant's account and bear interest at rates ranging from 4.25% to 6.50% per annum, which is based on the prime rate plus 1%. Principal and interest are paid ratably through payroll deductions.

**Payment of Benefits**
Upon death, retirement, disability, or termination of employment, the participant will become entitled to the total vested value of his or her account, determined as of the valuation date. The Plan also provides for in-service withdrawals by qualified participants. Distributions will be paid by either lump-sum, installments over a number of years, or an annuity purchase, based upon the election of the participant or the Plan, as defined in the Plan or the Internal Revenue Code ("IRC").

## 2. Summary of Significant Accounting Policies

**Basis of Accounting**
The financial statements of the Plan are prepared under the accrual method of accounting.

**Investment Valuation and Income Recognition**
The Plan's investments are stated 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. 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. The net appreciation in the fair value of its investments includes the Plan's gains and losses on investments bought and sold as well as held during the year ended December 31, 2020.

**Notes Receivable from Participants**
Notes receivable from participants are valued at their unpaid principal balance plus accrued interest, if any. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

**Benefit Payments**
Benefit payments are recorded when paid.

**Administrative Expenses**
The Company pays all significant administrative costs of the Plan, unless paid with forfeited funds in the Plan. Investment related expenses are included in net appreciation of fair value of investments.

**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 estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

**Risks and Uncertainties**
The Plan invests in various investment securities, including mutual funds. Mutual funds are exposed to various risks, such as interest rate risk, market risk, and credit risk. Due to the level of risk associated with those investment securities, it is at least reasonably possible that changes in market conditions in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

## 3. Information Certified by the Trustee

As permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, all of the investment and investment income information in the accompanying financial statements and supplemental information as of December 31, 2020 and 2019, and for the year ended December 31, 2020, were derived from information certified as complete and accurate by Mid Atlantic Trust Company, as trustee, and were not subject to audit.

The fair value of investments at December 31, 2020 and 2019, reported by Mid Atlantic Trust Company was:

| | December 31, 2020 | December 31, 2019 |
|---|---|---|
| Investments at fair value | $ 11,640,885 | $ 10,157,275 |
| Notes receivable from participants | $ 197,361 | $ 272,237 |
| | $ 11,838,246 | $ 10,429,512 |

The following was also certified by the trustee for the year ended December 31, 2020:

| | |
|---|---|
| Net appreciation in fair value of investments | $ 1,079,254 |
| Dividend and interest income | $ 144,795 |

## 4. Fair Value of Investments

Financial Accounting Standards Board ("FASB") Authoritative Guidance establishes a framework for measuring fair value under accounting principles generally accepted in the United States of America and expands the disclosure about fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB Authoritative Guidance are described as follows:

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

- Level 2 - Inputs to the valuation methodology include: (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in inactive markets; (c) inputs other than quoted prices that are observable for the asset or liability; and (d) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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 December 31, 2020 and 2019:

- Money market fund – valued at cost plus accrued interest which approximates fair value.
- Mutual funds – valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are traded in an active market. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following are the major categories of assets measured at fair value on a recurring basis and summarized by the fair value hierarchy as described above, as of December 31, 2020 and 2019.

Investments at fair value as of December 31, 2020, are as follows:

| Investment Type | Balance at December 31, 2020 | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|---|
| Money market fund | $ 1,586,486 | $ 1,586,486 | $ - | $ - |
| Mutual funds | 10,054,399 | 10,054,399 | - | - |
| | $ 11,640,885 | $ 11,640,885 | $ - | $ - |

Investments at fair value as of December 31, 2019, are as follows:

| Investment Type | Balance at December 31, 2019 | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|---|
| Money market fund | $ 1,239,634 | $ 1,239,634 | $ - | $ - |
| Mutual funds | 8,917,641 | 8,917,641 | - | - |
| | $ 10,157,275 | $ 10,157,275 | $ - | $ - |

## 5. Plan Termination

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

## 6. Tax Status

The Internal Revenue Service has determined and informed the Company, by a letter dated April 10, 2014, that the adopted prototype Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has not received a determination letter specific to the Plan itself, however, the Plan management believes that the Plan, as currently amended, is currently designed and operated in compliance with the applicable requirements of the IRC and, therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years ending prior to 2017.

## 7. Party-in-Interest Transactions

Seven of the Plan investments are shares of registered investment companies managed by Gerstein Fisher. Gerstein Fisher is the financial advisor of the Plan, and therefore these transactions qualify as party-in-interest transactions. Fees paid during the year for record-keeping services to Paychex qualify as party-in-interest transactions; fees amounted to $11,879 for the year ended December 31, 2020.

## 8. Reconciliation of Financial Statements to Form 5500

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

| | 2020 | 2019 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 11,855,194 | $ 10,451,628 |
| Excess employee contributions payable | 8,358 | 14,682 |
| Net assets available for benefits per the Form 5500 | $ 11,863,552 | $ 10,466,310 |

The following is a reconciliation of net increase in net assets available for benefits per the financial statements as of December 31, 2020, to net income per Schedule H of Form 5500:

| | |
|---|---|
| Net increase in net assets available for benefits per the financial statements | $ 1,403,566 |
| Excess employee contributions payable - prior year | (14,682) |
| Excess employee contributions payable - current year | 8,358 |
| Net income per the Form 5500 | $ 1,397,242 |

## 9. Excess Employee Contribution Payable

At December 31, 2020 and 2019, liabilities of $8,358 and $14,682, respectively, are recorded for amounts refundable by the Plan to participants for contributions made in excess of amounts allowed by the IRS. These amounts for 2020 and 2019, were paid back to participants in the form of distributions or re-characterized as catch-up contributions in June of 2021 and 2020, respectively.

## 10. Subsequent Events

Management evaluated subsequent events for the Plan through October 11, 2021, the date the financial statements were available to be issued. Effective April 1, 2021, the Plan was amended to reinstate employer matching contributions.

# Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust

## EIN: 13-4121879 Plan:001
## Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
## December 31, 2020

| (a) Party in Interest | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment | (d) Cost ** | (e) Current Value |
|---|---|---|---|---|
| | Money market: | | | |
| | Vanguard | Vanguard Federal Money Market Fund Investor Shares | | $ 1,586,486 |
| | Mutual funds: | | | |
| | Columbia | Columbia Large Cap Index Fund Class Z | | 708,897 |
| | Columbia | Columbia Small Cap Index Fund Class Z | | 1,320,264 |
| | American Funds | American Funds Target Date Retirement 2010 Fund Class | | 105,029 |
| | American Funds | American Funds Target Date Retirement 2015 Fund Class | | 25,823 |
| | American Funds | American Funds Target Date Retirement 2020 Fund Class | | 143,280 |
| | American Funds | American Funds Target Date Retirement 2025 Fund Class | | 1,948,175 |
| | American Funds | American Funds Target Date Retirement 2030 Fund Class | | 542,857 |
| | American Funds | American Funds Target Date Retirement 2035 Fund Class | | 936,360 |
| | American Funds | American Funds Target Date Retirement 2040 Fund Class | | 268,130 |
| | American Funds | American Funds Target Date Retirement 2045 Fund Class | | 392,620 |
| | American Funds | American Funds Target Date Retirement 2050 Fund Class | | 219,107 |
| | American Funds | American Funds Target Date Retirement 2055 Fund Class | | 90,569 |
| | American Funds | American Funds Target Date Retirement 2060 Fund Class | | 36,368 |
| | American Funds | American Funds Perspective Fund Class | | 124,192 |
| | Delaware Investments | Delaware Value Fund Institutional Class | | 484,591 |
| | Delaware Investments | Delaware High-Yield Opportunities Fund Class R | | 200,887 |
| | Dimensional Fund Advisors | DFA Commodity Strategy Portfolio Institutional Class Shares | | 224 |
| | Federated | Federate Institutional High Yield Bond Fund Institutional Shares | | 46,866 |
| | Franklin Templeton Investment Funds | Templeton Global Bond Fund Advisor Class | | 54,924 |
| * | Gerstein Fisher | Gerstein Fisher Multi-Factor Income Focus Fund | | 7 |
| * | Gerstein Fisher | Gerstein Fisher Multi-Factor Conservative Focus Fund | | 8,708 |
| * | Gerstein Fisher | Gerstein Fisher Gerstein Fisher Multi-Factor Balanced Focus Fund | | 7,349 |
| * | Gerstein Fisher | Gerstein Fisher Gerstein Fisher Multi-Factor Growth Focus Fund | | 50,601 |
| * | Gerstein Fisher | Gerstein Fisher Gerstein Fisher Multi-Factor Aggressive Focus Fund | | 64,991 |
| | Massachusetts Financial Services | MFS International Value Fund Class R4 | | 497,077 |
| | Metropolitan West Funds | Metropolitan West Total Return Bond Fund Class I | | 393,947 |
| | Oppenheimer Funds | Invesco Oppenheimer Developing Markets Fund Class Y | | 177,722 |
| | Vanguard | Vanguard Small Capitalization Growth Index Fund Investor Shares | | 24,481 |
| | Vanguard | Vanguard Small-Cap Growth Index Fund Admiral | | 256,978 |
| | Vanguard | Vanguard Mid-Cap Growth Index Fund Investor | | 483,271 |
| | Vanguard | Vanguard Mid-Cap Growth Index Fund Admiral Shares | | 220,732 |
| | Vanguard | Vanguard Mid-Cap Value Index Fund Admiral Shares | | 219,372 |
| | | | | 11,640,885 |
| | * Notes receivable from participants with annual interest rates of 4.25%-6.50% per annum | | | 197,361 |
| | Total | | | $ 11,838,246 |

* Indicates a party-in-interest to the Plan

**Participant directed investments, cost disclosure is not required

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# Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust

Financial Statements and
Supplemental Schedule
December 31, 2020 and 2019

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Mazars USA LLP is an independent member firm of Mazars Group.

# Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust

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Mazars USA LLP
60 Crossways Park Drive West
Suite 301
Woodbury, New York 11797

Tel: 516.488.1200
www.mazars.us

# Independent Auditors' Report

**To the Administrative Committee**
**Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust**

## Report on Financial Statements

We were engaged to audit the accompanying financial statements of Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditors' Responsibility

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

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the plan administrator by the 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), which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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.

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**Report on Form and Content in Compliance with Department of Labor Rules and Regulations**
The form and content of the information included in the financial statements and 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.

Mazars USA LLP

October 11, 2021

# Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust

## Statements of Net Available for Benefits
## December 31, 2020 and 2019

| | 2020 | 2019 |
|---|---|---|
| **Assets** | | |
| Investments, at fair value | | |
| Money market fund | $ 1,586,486 | $ 1,239,634 |
| Mutual funds | 10,054,399 | 8,917,641 |
| Total investments | 11,640,885 | 10,157,275 |
| | | |
| Receivables | | |
| Participants' contributions | 25,306 | 31,360 |
| Employer contributions | - | 5,438 |
| Notes receivable from participants | 197,361 | 272,237 |
| Total receivables | 222,667 | 309,035 |
| | | |
| Total assets | 11,863,552 | 10,466,310 |
| | | |
| **Liabilities** | | |
| Excess employee contributions payable | 8,358 | 14,682 |
| | | |
| Net assets available for benefits | $ 11,855,194 | $ 10,451,628 |

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

# Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust

## Statements of Changes in Net Assets Available for Benefits
## Year Ended December 31, 2020

| | |
|---|---|
| Additions | |
| Investment income | |
| Net appreciation in fair value of investments | $ 1,079,254 |
| Dividends and interest income | 144,795 |
| | 1,224,049 |
| Interest income on notes receivable from participants | 13,242 |
| Contributions | |
| Employer | 36,259 |
| Participants | 760,557 |
| | 796,816 |
| Total additions | 2,034,107 |
| Deductions | |
| Benefits paid to participants | 618,662 |
| Administrative expenses | 11,879 |
| Total deductions | 630,541 |
| Net increase | 1,403,566 |
| Net assets available for benefits | |
| Beginning | 10,451,628 |
| Ending | $ 11,855,194 |

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

# Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust

## Notes to Financial Statements
## Years Ended December 31, 2020 and 2019

### 1. Description of Plan

Laufer Group International, Ltd. (the "Company") established the Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust (the "Plan") on January 1, 2005. Effective January 1, 2019, the Plan was amended to change the definition of compensation for the computation of participant elective deferrals. The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General**
The Plan is a participant-directed defined contribution plan covering substantially all employees of the Company who are twenty-one years or older and who have completed at least three consecutive months of eligible service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

**CARES Act**
On March 27, 2020, the "Coronavirus Aid, Relief, and Economic Security (CARES) Act" was signed in to law. The CARES Act includes several relief provisions available to the Plan and its participants. Plan management has evaluated the relief provisions available to plan participants under the CARES Act and has implemented the following provisions for the period from March 27, 2020 through December 31, 2020:

- Participant Distributions: Qualifying participants can take a distribution of up to $100,000. The Plan has added a withdrawal option to the eligible participants, avoiding the 10% penalty if less than age 59 ½. Participants will be required to self-certify that they or their dependents have been diagnosed with COVID-19, or that they have experienced adverse financial consequences directly related to COVID-19. Participants may recontribute the amount within three years of the distribution to the plan, however repayment is not required.

- Required Minimum Distributions: Required minimum distributions are waived for 2020 for participants required to withdraw funds between January 1 and December 31, 2020 (including required beginning date distributions for April, 2020).

- Participant Hardship Distributions for Federal Disaster: If a state is declared a federal disaster area by the Federal Emergency Management Agency (FEMA), plan participants residing or employed in those states may be eligible for a 401(k) hardship withdrawal for expenses and losses incurred because of the disaster.

- Participant Loans: The maximum amount of loans a participant can take out between March 27 and September 27, 2020, was increased to the lesser of 100% of a participant's account vested account balance or $100,000 (minus any outstanding loan balances). Participants who have new loan balances between March 27 and December 31, 2020, can defer repayments for up to one year.

In accordance with the CARES Act, the Plan will be amended to retroactively adopt these provisions no later than January 1, 2022.

**Contributions**
Each participant may contribute up to 100% of the participant's annual pre-tax or after-tax annual compensation each year, limited by law to a maximum amount of $19,500 for the year 2020. Individuals who will be at least age 50 by December 31, 2020, may make an additional "catch-up" contribution, up to a maximum amount of $6,500 in 2020. Additionally, discretionary profit-sharing amounts may be contributed at the option of the Company's management. These contributions are made to designated groups, as defined in the Plan, and are allocated to a participant in proportion to the participant's compensation. For the year ended December 31, 2020, the Company did not make any profit–sharing contributions. Effective March 4, 2020, the Plan was amended to eliminate employer matching contributions.

**Vesting**
Participants are immediately vested in their elective contributions plus actual earnings thereon. Participant vesting in the Company's matching and profit-sharing contributions plus actual earnings thereon is based on years of continuous service. A participant is 20% vested after two years of service, 40% vested after three years of service, 60% vested after four years of service, 80% vested after five years of service, and 100% vested after six years of service.

**Participant Accounts**
Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions and (b) Plan earnings. Allocations are based on participants' earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Forfeitures**
Forfeitures of discretionary matching contributions are used to reduce the Company's future matching contributions or the Plan's administrative expenses. The Plan document states that the Company has the option of using forfeitures to reduce employer contributions or to pay Plan administrative expenses. There were additions to forfeitures in the amount of $7,920 and $30,394 during the years ended December 31, 2020 and 2019, and the Plan utilized $41,423 of forfeitures to reduce employer contributions during the year ended December 31, 2020. The balance of forfeitures was $0 and $26,577 at December 31, 2020 and 2019, respectively.

**Notes Receivable from Participants**
Participants may borrow from their accounts a minimum of $1,000. The maximum amount of an outstanding loan cannot exceed the lesser of 95% of one-half the vested account balance or $50,000. Participants are limited to one outstanding loan at any one time. To qualify for another loan, participants must first pay the outstanding balance on the existing loan. The loans are collateralized by the balance in the participant's account and bear interest at rates ranging from 4.25% to 6.50% per annum, which is based on the prime rate plus 1%. Principal and interest are paid ratably through payroll deductions.

**Payment of Benefits**
Upon death, retirement, disability, or termination of employment, the participant will become entitled to the total vested value of his or her account, determined as of the valuation date. The Plan also provides for in-service withdrawals by qualified participants. Distributions will be paid by either lump-sum, installments over a number of years, or an annuity purchase, based upon the election of the participant or the Plan, as defined in the Plan or the Internal Revenue Code ("IRC").

## 2. Summary of Significant Accounting Policies

**Basis of Accounting**
The financial statements of the Plan are prepared under the accrual method of accounting.

**Investment Valuation and Income Recognition**
The Plan's investments are stated 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. 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. The net appreciation in the fair value of its investments includes the Plan's gains and losses on investments bought and sold as well as held during the year ended December 31, 2020.

**Notes Receivable from Participants**
Notes receivable from participants are valued at their unpaid principal balance plus accrued interest, if any. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

**Benefit Payments**
Benefit payments are recorded when paid.

**Administrative Expenses**
The Company pays all significant administrative costs of the Plan, unless paid with forfeited funds in the Plan. Investment related expenses are included in net appreciation of fair value of investments.

**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 estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

**Risks and Uncertainties**
The Plan invests in various investment securities, including mutual funds. Mutual funds are exposed to various risks, such as interest rate risk, market risk, and credit risk. Due to the level of risk associated with those investment securities, it is at least reasonably possible that changes in market conditions in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

## 3. Information Certified by the Trustee

As permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, all of the investment and investment income information in the accompanying financial statements and supplemental information as of December 31, 2020 and 2019, and for the year ended December 31, 2020, were derived from information certified as complete and accurate by Mid Atlantic Trust Company, as trustee, and were not subject to audit.

The fair value of investments at December 31, 2020 and 2019, reported by Mid Atlantic Trust Company was:

| | December 31, 2020 | December 31, 2019 |
|---|---|---|
| Investments at fair value | $ 11,640,885 | $ 10,157,275 |
| Notes receivable from participants | $ 197,361 | $ 272,237 |
| | $ 11,838,246 | $ 10,429,512 |

The following was also certified by the trustee for the year ended December 31, 2020:

| | |
|---|---|
| Net appreciation in fair value of investments | $ 1,079,254 |
| Dividend and interest income | $ 144,795 |

## 4. Fair Value of Investments

Financial Accounting Standards Board ("FASB") Authoritative Guidance establishes a framework for measuring fair value under accounting principles generally accepted in the United States of America and expands the disclosure about fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB Authoritative Guidance are described as follows:

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

- Level 2 - Inputs to the valuation methodology include: (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in inactive markets; (c) inputs other than quoted prices that are observable for the asset or liability; and (d) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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 December 31, 2020 and 2019:

- Money market fund – valued at cost plus accrued interest which approximates fair value.
- Mutual funds – valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are traded in an active market. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following are the major categories of assets measured at fair value on a recurring basis and summarized by the fair value hierarchy as described above, as of December 31, 2020 and 2019.

Investments at fair value as of December 31, 2020, are as follows:

| Investment Type | Balance at December 31, 2020 | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|---|
| Money market fund | $ 1,586,486 | $ 1,586,486 | $ - | $ - |
| Mutual funds | 10,054,399 | 10,054,399 | - | - |
| | $ 11,640,885 | $ 11,640,885 | $ - | $ - |

Investments at fair value as of December 31, 2019, are as follows:

| Investment Type | Balance at December 31, 2019 | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|---|
| Money market fund | $ 1,239,634 | $ 1,239,634 | $ - | $ - |
| Mutual funds | 8,917,641 | 8,917,641 | - | - |
| | $ 10,157,275 | $ 10,157,275 | $ - | $ - |

## 5. Plan Termination

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

## 6. Tax Status

The Internal Revenue Service has determined and informed the Company, by a letter dated April 10, 2014, that the adopted prototype Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has not received a determination letter specific to the Plan itself, however, the Plan management believes that the Plan, as currently amended, is currently designed and operated in compliance with the applicable requirements of the IRC and, therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years ending prior to 2017.

## 7. Party-in-Interest Transactions

Seven of the Plan investments are shares of registered investment companies managed by Gerstein Fisher. Gerstein Fisher is the financial advisor of the Plan, and therefore these transactions qualify as party-in-interest transactions. Fees paid during the year for record-keeping services to Paychex qualify as party-in-interest transactions; fees amounted to $11,879 for the year ended December 31, 2020.

## 8. Reconciliation of Financial Statements to Form 5500

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

| | 2020 | 2019 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 11,855,194 | $ 10,451,628 |
| Excess employee contributions payable | 8,358 | 14,682 |
| Net assets available for benefits per the Form 5500 | $ 11,863,552 | $ 10,466,310 |

The following is a reconciliation of net increase in net assets available for benefits per the financial statements as of December 31, 2020, to net income per Schedule H of Form 5500:

| | |
|---|---|
| Net increase in net assets available for benefits per the financial statements | $ 1,403,566 |
| Excess employee contributions payable - prior year | (14,682) |
| Excess employee contributions payable - current year | 8,358 |
| Net income per the Form 5500 | $ 1,397,242 |

## 9. Excess Employee Contribution Payable

At December 31, 2020 and 2019, liabilities of $8,358 and $14,682, respectively, are recorded for amounts refundable by the Plan to participants for contributions made in excess of amounts allowed by the IRS. These amounts for 2020 and 2019, were paid back to participants in the form of distributions or re-characterized as catch-up contributions in June of 2021 and 2020, respectively.

## 10. Subsequent Events

Management evaluated subsequent events for the Plan through October 11, 2021, the date the financial statements were available to be issued. Effective April 1, 2021, the Plan was amended to reinstate employer matching contributions.

# Laufer Group International, Ltd. 401(k) Profit Sharing Plan and Trust

## EIN: 13-4121879 Plan:001
## Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
## December 31, 2020

| (a) Party in Interest | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment | (d) Cost ** | (e) Current Value |
|---|---|---|---|---|
| | Money market: | | | |
| | Vanguard | Vanguard Federal Money Market Fund Investor Shares | | $ 1,586,486 |
| | Mutual funds: | | | |
| | Columbia | Columbia Large Cap Index Fund Class Z | | 708,897 |
| | Columbia | Columbia Small Cap Index Fund Class Z | | 1,320,264 |
| | American Funds | American Funds Target Date Retirement 2010 Fund Class | | 105,029 |
| | American Funds | American Funds Target Date Retirement 2015 Fund Class | | 25,823 |
| | American Funds | American Funds Target Date Retirement 2020 Fund Class | | 143,280 |
| | American Funds | American Funds Target Date Retirement 2025 Fund Class | | 1,948,175 |
| | American Funds | American Funds Target Date Retirement 2030 Fund Class | | 542,857 |
| | American Funds | American Funds Target Date Retirement 2035 Fund Class | | 936,360 |
| | American Funds | American Funds Target Date Retirement 2040 Fund Class | | 268,130 |
| | American Funds | American Funds Target Date Retirement 2045 Fund Class | | 392,620 |
| | American Funds | American Funds Target Date Retirement 2050 Fund Class | | 219,107 |
| | American Funds | American Funds Target Date Retirement 2055 Fund Class | | 90,569 |
| | American Funds | American Funds Target Date Retirement 2060 Fund Class | | 36,368 |
| | American Funds | American Funds Perspective Fund Class | | 124,192 |
| | Delaware Investments | Delaware Value Fund Institutional Class | | 484,591 |
| | Delaware Investments | Delaware High-Yield Opportunities Fund Class R | | 200,887 |
| | Dimensional Fund Advisors | DFA Commodity Strategy Portfolio Institutional Class Shares | | 224 |
| | Federated | Federate Institutional High Yield Bond Fund Institutional Shares | | 46,866 |
| | Franklin Templeton Investment Funds | Templeton Global Bond Fund Advisor Class | | 54,924 |
| * | Gerstein Fisher | Gerstein Fisher Multi-Factor Income Focus Fund | | 7 |
| * | Gerstein Fisher | Gerstein Fisher Multi-Factor Conservative Focus Fund | | 8,708 |
| * | Gerstein Fisher | Gerstein Fisher Gerstein Fisher Multi-Factor Balanced Focus Fund | | 7,349 |
| * | Gerstein Fisher | Gerstein Fisher Gerstein Fisher Multi-Factor Growth Focus Fund | | 50,601 |
| * | Gerstein Fisher | Gerstein Fisher Gerstein Fisher Multi-Factor Aggressive Focus Fund | | 64,991 |
| | Massachusetts Financial Services | MFS International Value Fund Class R4 | | 497,077 |
| | Metropolitan West Funds | Metropolitan West Total Return Bond Fund Class I | | 393,947 |
| | Oppenheimer Funds | Invesco Oppenheimer Developing Markets Fund Class Y | | 177,722 |
| | Vanguard | Vanguard Small Capitalization Growth Index Fund Investor Shares | | 24,481 |
| | Vanguard | Vanguard Small-Cap Growth Index Fund Admiral | | 256,978 |
| | Vanguard | Vanguard Mid-Cap Growth Index Fund Investor | | 483,271 |
| | Vanguard | Vanguard Mid-Cap Growth Index Fund Admiral Shares | | 220,732 |
| | Vanguard | Vanguard Mid-Cap Value Index Fund Admiral Shares | | 219,372 |
| | | | | 11,640,885 |
| | * Notes receivable from participants with annual interest rates of 4.25%-6.50% per annum | | | 197,361 |
| | Total | | | $ 11,838,246 |

* Indicates a party-in-interest to the Plan

**Participant directed investments, cost disclosure is not required

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