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
KENNEDY/JENKS CONSULTANTS, INC. PROFIT SHARING RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1970

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)
KENNEDY/JENKS CONSULTANTS, INC.

275 BATTERY
SUITE 550
SAN FRANCISCO, CA 94111

2b Employer Identification Number (EIN) 94-2147007

2c Plan Sponsor's telephone number 415-243-2150

2d Business code (see instructions) 541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2021	KIMBERLY R. CARAKER
	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**	601
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)**	384
a(2) Total number of active participants at the end of the plan year	**6a(2)**	393
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	203
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	596
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f Total. Add lines **6d** and **6e**	**6f**	604
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	581
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2H 2J 2K 2O 2S 2T

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

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

A Name of plan
KENNEDY/JENKS CONSULTANTS, INC. PROFIT SHARING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KENNEDY/JENKS CONSULTANTS, INC.

D Employer Identification Number (EIN)
94-2147007

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

CHARLES SCHWAB & CO INC AND AFFIL

94-1737782

(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)

SCHWAB RETIREMENT PLAN SERVICES,INC

34-1479833

(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 26 50 64	NONE	95204	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SILICON VALLEY RETIREMENT SERVICES

27-2233898

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	28600	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
59	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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
CHARLES SCHWAB & CO AND AFFILIATES	59	0
(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.	
SEE ATTACHMENT 36-3608252	SEE ATTACHMENT	

(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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
KENNEDY/JENKS CONSULTANTS, INC. PROFIT SHARING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KENNEDY/JENKS CONSULTANTS, INC.

D Employer Identification Number (EIN)
94-2147007

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	1400
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1100000	2034734
(2) Participant contributions	1b(2)	110	3625
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4544040	5342788
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	402581	401757
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	97465353	110780027
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	103512084	118564331
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	103512084	118564331

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)	2036134	
	(B) Participants	2a(1)(B)	4321875	
	(C) Others (including rollovers)	2a(1)(C)	276460	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6634469
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	25485	
	(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)	20655	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		46140
	(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)	3179157	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3179157
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		13737634
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		23597400
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8421349	
(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)		8421349
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	28600	
(4) Other	2i(4)	95204	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		123804
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8545153
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		15052247
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: HOOD & STRONG LLP **(2)** EIN: 94-1254756

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
KENNEDY/JENKS CONSULTANTS, INC. PROFIT SHARING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KENNEDY/JENKS CONSULTANTS, INC.

D Employer Identification Number (EIN)
94-2147007

Part I Distributions

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

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

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

EIN(s): 82-3967259

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_____

KENNEDY/JENKS CONSULTANTS, INC.
PROFIT SHARING RETIREMENT PLAN

DECEMBER 31, 2020 AND 2019

PLAN SPONSOR: KENNEDY/JENKS CONSULTANTS, INC.
PLAN SPONSOR EIN: 94-2147007
PLAN NUMBER: 001

INDEPENDENT AUDITORS' REPORT,

FINANCIAL STATEMENTS

AND

SUPPLEMENTAL SCHEDULE

Kennedy/Jenks Consultants, Inc. Profit Sharing Retirement Plan

Independent Auditors' Report,
Financial Statements
and Supplemental Schedule

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HOOD & STRONG LLP
CERTIFIED PUBLIC ACCOUNTANTS

A Century Strong

Independent Auditors' Report

THE PLAN ADMINISTRATIVE COMMITTEE
KENNEDY/JENKS CONSULTANTS, INC.
PROFIT SHARING RETIREMENT PLAN
San Francisco, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **KENNEDY/JENKS CONSULTANTS, INC. PROFIT SHARING RETIREMENT PLAN (the Plan)**, which comprise the statement of net assets available for plan benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for plan 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 Charles Schwab Bank and Charles Schwab Trust Bank, the Trustees of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustees hold the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from Charles Schwab Trust Bank as of and for the year ended December 31, 2020, and Charles Schwab Bank as of December 31, 2019, that the information provided to the Plan Administrator by the Trustees 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 – Supplement Schedule

The supplemental schedule, Schedule of Assets (Held at End of Year), as of December 31, 2020, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. 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.

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

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



San Francisco, California
October 7, 2021

Kennedy/Jenks Consultants, Inc. Profit Sharing Retirement Plan

Statement of Net Assets Available for Plan Benefits

December 31,	2020	2019
Assets:		
Investments, at fair value:		
Noninterest-bearing cash	$ 1,400	$ -
Money market accounts	5,342,788	4,544,040
Mutual funds	110,780,027	97,465,353
Total investments, at fair value	116,124,215	102,009,393
Notes Receivable from Participants	401,757	402,581
Employee Contribution Receivable	3,625	110
Employer Contribution Receivable	2,034,734	1,100,000
Total assets	118,564,331	103,512,084
Net Assets Available for Plan Benefits	$ 118,564,331	$ 103,512,084

See accompanying notes to financial statements.

Kennedy/Jenks Consultants, Inc. Profit Sharing Retirement Plan

Statement of Changes in Net Assets Available for Plan Benefits

Year Ended December 31, 2020

Additions to Net Assets Attributed to:		
Contributions:		
Participant	$	4,321,875
Employer		2,036,134
Rollover		276,460
Investment income:		
Net appreciation in fair value of investments		13,690,941
Interest and dividends		3,251,335
Interest earned on notes receivable from participants		20,655
Total additions		23,597,400
Deductions from Net Assets Attributed to:		
Benefits paid to participants		(8,421,349)
Administrative expenses		(123,804)
Total deductions		(8,545,153)
Net Increase		15,052,247
Net Assets Available for Plan Benefits:		
Beginning of year		103,512,084
End of year	$	118,564,331

See accompanying notes to financial statements.

Kennedy/Jenks Consultants, Inc. Profit Sharing Retirement Plan

Notes to Financial Statements

Note 1 - Plan Description:

The following brief description of the Kennedy/Jenks Consultants, Inc. Profit Sharing Retirement Plan (the Plan) is provided for general information purposes only. Plan participants should refer to the Plan and the Trust Agreement for a complete description of the Plan's provisions.

a. General

The Plan, as established on January 1, 1970, is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended. The Plan includes a salary deferral arrangement, and an Employee Stock Ownership Plan (ESOP) as described in Sections 401(k) and 4975(e)(7) of the Internal Revenue Code (IRC) of 1986. The Plan is administered by the Plan Administrative Committee consisting of five employee members appointed by the Board of Directors of Kennedy/Jenks Consultants, Inc. (the Company).

The Plan was amended and restated effective January 1, 2012 and amended November 14, 2014 to incorporate the amendments since the last restatement and include changes required by the Plan's August 25, 2014 determination letter. Refer to the Plan document for a full description of the Plan.

On March 16, 2015, The Board of Directors of Kennedy/Jenks Consultants, Inc. approved the discontinuance of discretionary contributions made in the form of Kennedy/Jenks Stock (or cash amounts which are intended to be invested in Kennedy/Jenks Stock) for plan years beginning January 1, 2015, and to fully vest the cash or stock accounts of affected participants as of January 1, 2015. The Plan was amended on April 15, 2015 accordingly.

The Plan was amended, effective January 1, 2017, to include Roth 401(k) Contributions.

In 2019, the Board of Directors of the Plan Sponsor approved the Company to negotiate and to submit an authorized offer to purchase all of the shares of the Kennedy/Jenks Consultants, Inc. Common Stock (approximately 66,000 shares) held by the Plan. In addition, the Board of Directors appointed an independent third-party trustee (the Independent Trustee) to serve as a transactional trustee in accordance with the terms and conditions of a Fiduciary Service Agreement.

Concurrently, the Plan was amended March 26, 2019 and retroactively effective to December 16, 2018 to include a provision for the corporate redemption of all shares of Kennedy/Jenks Stock held in the Trust (the Redemption). The Redemption affected by the Independent Trustee in his sole discretion, and the Plan Administrative Committee shall not direct the Independent Trustee with respect to the sale of Kennedy/Jenks Stock held in the Trust. The Independent Trustee had discretion to enter into the Redemption based on his independent determination (in the exercise of his reasonable judgment) that such transaction was in the best interests of the Plan and the Participants and was in compliance with all applicable requirements of the IRC and ERISA. The transaction was completed on March 26, 2019.

On October 1, 2019, the Plan was amended and restated as a prototype basis plan to expand features of the automatic enrollment provision, modify matching contribution provisions to be on an annual basis subject to vesting, expand acceptance of rollovers from qualified plans, and add financial hardship distribution provisions.

Effective January 1, 2020, the Plan was amended to change the definition of benefiting participants for non-safe harbor matching contributions and non-safe harbor non-elective contributions to exclude those participants who terminate for other reasons than retirement, disability, or death. The amendment also changed the definition of eligible compensation in the calculation of non-safe harbor matching and non-safe harbor non-elective contributions.

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act (CARES Act) was enacted and signed into law. The CARES Act provided plan sponsors the ability to offer participants penalty-free distributions up to $100,000, increased loan limits and deferment of loan payments. The CARES Act also temporarily waived required minimum distributions for terminated participants in calendar year 2020. The Plan has implemented these provisions and intends to formally execute the required plan amendments reflecting their implementation by the last day of the plan year beginning on or after January 1, 2022.

b. Eligibility

An employee is eligible to participate in the 401(k) Salary Deferral feature of the Plan upon commencement of employment, provided the employee is not covered by a collective bargaining agreement or any other plan to which the Company contributes.

An employee is eligible to share in the allocation of Company contributions for each plan year in which the employee has completed 1,000 hours of service and is employed on the last day of the allocation period. Upon retirement, death or disability, an employee is eligible to share in the allocation of Company contributions regardless of the hours of service requirement.

c. Contributions

Participants may contribute to the 401(k) Salary Deferral feature of the Plan, up to the Internal Revenue Service (IRS) maximum and direct their contributions according to their investment elections. Certain employees may be further limited in the amount of allowable contributions to comply with nondiscrimination test requirements. Participants may also contribute (rollover) amounts representing lump sum distributions from other qualified plans.

The Company will automatically enroll an employee in the 401(k) Plan once the employee is eligible unless the employee makes an affirmative election not to participate or makes an election to defer less than 4% of eligible compensation. In addition, each year in January an employee deferring less than 4% of eligible compensation will be automatically enrolled at 4% of eligible compensation and an employee deferring between 4% and 9% of eligible compensation will be automatically increased by 1%. The Plan offers a range of investment options. Unless it is directed by employee, the account will be invested in a Vanguard Target Retirement Fund based upon the employee's age and years to retirement.

Employer discretionary contributions will be invested according to each participant's investment elections. Unless it is directed by employee, the account will be invested in a Vanguard Target Retirement Fund based upon the employee's age and years to retirement.

d. Payment of Benefits

Upon termination of service, disability, death or retirement, financial hardship, or deemed severance from employment while performing military service, the participants or their beneficiaries may elect to leave their account balances in the Plan or receive their total benefits either in a lump-sum distribution, in installments over a period generally not exceeding five years, or any combination of the foregoing.

Eligible distributions exceeding $1,000, but less than $5,000 are directly rolled over into a traditional individual retirement account (IRA) or, if specified by the participant, as a direct payment to him/her in a single lump sum payment. Eligible distributions less than $1,000 are paid directly to the participant in a single lump sum.

Once a participant has reached age 59½ and is an employee on a part time or reduced schedule status, a participant is eligible once during each plan year to make a withdrawal from their investment savings, special company account, and salary deferral account. Once a participant has received complete distribution of their interest in these accounts and is either credited with at least five years of service or has attained age 65, the participant is eligible once during each plan year to make a withdrawal from their company and cash accounts.

The minimum withdrawal amount must be $5,000 or 25% of the aggregate balances of the participant's eligible accounts, whichever is less, and not more than 100% of the balances of the participant's accounts. Refer to the Amended and Restated Plan effective October 1, 2019 for a full description of the in-service withdrawals.

There were no participant requests to withdraw from the Plan at December 31, 2020 and 2019 that had not been paid as of those dates.

e. Participant Accounts

A separate account is maintained for each plan participant's 401(k) contributions and for his/her share of the Company contributions. The account balance may include any of the following:

- A pro-rata share of the Company contributions and forfeitures
- A pro-rata share of investment income or losses
- A pro-rata share of administrative expenses
- Employee contributions
- Distributions
- Funds transfers
- Employee rollovers

f. Participant Investment Options

Upon enrollment in the Plan, a participant must direct employee and Company discretionary contributions to any of the available investment options. Participants may change their investment options any time throughout the year.

g. Vesting

Participants' 401(k) contributions are 100% vested at all times. Company contributions vest over five years provided the employee meets the minimum 1,000 hours of service requirement per plan year. The participants' vested interest begins at the rate of 20% per year after completion of one year of service and becomes fully vested after five years of service. Upon death, disability, attainment of age 55 and 15 years of service or attainment of age 65, the participant's account becomes 100% vested.

h. Forfeited Accounts

The nonvested portion of the Company contributions will be forfeited as of the plan year in which the participant receives a complete distribution of his/her vested benefit from the Plan or upon the occurrence of a five-consecutive-year break in service. Forfeitures will be allocated to the remaining eligible participants' accounts as of the plan year in which the forfeiture occurs. As of December 31, 2020 and 2019, forfeitures amounted to $42,933 and $57,315, respectively. For the year end December 31, 2020, $57,315 was re-allocated to the eligible participants' accounts.

i. Notes Receivable from Participants

Participants may borrow up to the lesser of one-half of their vested benefit or $50,000. The loan is collateralized by the remaining account balance. Repayment terms cannot exceed five years. Interest rates are prescribed by the Plan Administrative Committee at the date the loan is made and shall be consistent with interest rates then charged by commercial lenders for loans made under similar circumstances. A participant may only have one loan outstanding at a time. Loans currently outstanding bear interest at 4.25% to 6.50%.

j. Plan Trustee

The Company appointed Charles Schwab Bank and Charles Schwab Trust Bank (the Trustees) as the trustees of the Plan. Substantially all of the Plan's assets are held by the Trustees. Charles Schwab Bank served as Trustee until December 31, 2019 and beginning January 1, 2020 Charles Schwab Trust Bank served as Trustee.

Note 2 - Summary of Significant Accounting Policies:

a. Basis of Accounting

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

b. Investment Valuation and Income Recognition

Investments of the Plan are held by the Trustees and invested based solely upon instructions received from participants. The Plan's investments in noninterest-bearing cash, money market accounts, and mutual funds are valued and reported at fair value as of the last day of the plan year. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisor and Trustee. See Note 4 for discussion of fair value measurements.

Purchases and sales of mutual funds are recorded on a trade-date basis. Interest income is recorded on an accrued basis. Dividend income is accrued on the ex-dividend date.

The net appreciation (depreciation) in fair value of investments in the Statement of Changes in Net Assets Available for Plan Benefits includes both the unrealized appreciation (depreciation) in the aggregate current value of investments and realized gains and losses on the sale of investments purchased and sold as well as held during the year.

The market volatility of equity-based investments may substantially impact the value of such investments at any given time.

It is likely that the value of the Plan's investments, both in total and in individual participant accounts, has fluctuated since December 31, 2020.

Management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of net appreciation (depreciation) in fair value of investments.

c. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amount of assets, liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions in net assets during the reporting period. Actual results may differ from those estimates.

d. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Any accrued but unpaid interest is recorded as interest receivable on notes receivable from participants. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. Delinquent loans are treated as distributions based upon the terms of the Plan document.

e. Benefits to Participants

Benefits to participants are recorded when paid.

f. Recent Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework–Changes to the Disclosure Requirements for Fair Value Measurement*, which modifies the disclosure requirements for fair value measurements by removing, modifying, or adding certain disclosures. ASU 2018-13 is effective for all entities for fiscal years beginning after December 15, 2019. The Plan adopted the ASU for the Plan year 2020. The adoption of this standard did not have a material effect on these financial statements.

g. Subsequent Events

The Plan Administrator has evaluated subsequent events from December 31, 2020 through October 7, 2021, the date the financial statements were available to be issued, and there were no material subsequent events that required recognition or disclosure.

Note 3 - Information Certified by Charles Schwab Trust Bank and Charles Schwab Bank:

The following is a summary of the Plan's asset information as of December 31, 2020 and 2019, and for the year ended December 31, 2020, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Charles Schwab Trust Bank as of and for the year ended December 31, 2020, and Charles Schwab Bank as of December 31, 2019 and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustees that information provided to the Plan Administrator by the Trustees related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets:

December 31,	2020	2019
Investments, at fair value:		
Noninterest-bearing Cash	$ 1,400	
Money Market Accounts	5,342,788	$ 4,544,040
Registered Investment Companies – Mutual Funds	110,780,027	97,465,353
	$ 116,124,215	$102,009,393
Notes Receivable from Participants	$ 401,757	$ 402,581

The Trustee also certified to the completeness and accuracy of $13,690,941 of net appreciation in fair value of Plan's investments, $3,251,335 of interest and dividends, and $20,655 of interest income on notes receivables from participants related to the aforementioned Plan assets for the year ended December 31, 2020.

Note 4 - Fair Value Measurements:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB Accounting Standards Codification (ASC) 820 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:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis and recognized in the accompanying statement of net assets available for plan benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Noninterest-bearing cash: Valued at their outstanding balance, which represents fair value.

Money Market Accounts: Valued at their outstanding balance, which represents fair value.

Registered investment companies - 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 registered with the U. S. Securities and Exchange Commission. 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 preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

December 31, 2020	Total	Level 1	Level 2	Level 3
Noninterest-bearing cash	$ 1,400	$ 1,400		
Money market accounts	5,342,788	5,342,788		
Registered investment companies - mutual funds	110,780,027	110,780,027		
Investments, at fair value	$ 116,124,215	$ 116,124,215	$ -	$ -

December 31, 2019	Total	Level 1	Level 2	Level 3
Noninterest-bearing cash				
Money market accounts	$ 4,544,040	$ 4,544,040		
Registered investment companies - mutual funds	97,465,353	97,465,353		
Investments, at fair value	$ 102,009,393	$ 102,009,393	$ -	$

Note 5 - Administrative Expenses:

Brokerage commission, professional, administrative fees, and other expenses are paid by the Plan. The Company, at its discretion, pays certain expenses of the Plan. Personnel and facilities of the Company are used by the Plan for administration, accounting and other activities at no charge to the Plan.

Effective June 9, 2014, Schwab Retirement Plan Services, Inc. (Schwab) provided certain administrative services to the Plan pursuant to a Master Plan Services Agreement (MSA) between the Company and Schwab. Schwab receives revenue from mutual fund service providers for services Schwab provides to the funds. This revenue was used to offset certain amounts owed to Schwab for its administrative services to the Plan.

Effective January 1, 2020, the MSA was amended. The revenue received from mutual fund service providers is now allocated to participant accounts per the investment elections made by participants. During 2020, there was $25,009 in excess amounts that were allocated to participant accounts.

Note 6 - Plan Termination:

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

Note 7 - Plan Investment Options:

Certain Plan's investments are held in trust by the Trustees. Assets may be held temporarily in cash or other investments subject to the terms of the trust agreement.

Participant-directed investment options available:

Dodge & Cox Income Fund consists of bonds and other fixed-income securities.

Dodge & Cox Stock Fund invests in a diversified portfolio of common stocks to achieve long-term growth of principal and income.

EuroPacific Growth R6 invests in common stocks of issuers in Europe and the Pacific Basin that the investment advisor believes have the potential for growth.

Northern Small Cap Value Fund invests at least 80% of its net assets in equity securities of companies whose market capitalizations are similar to those within the Russell 2000 Index.

Schwab Bank Savings is a money market deposit account (MMDA), a type of savings account, established by Charles Schwab Trust Bank (Schwab Bank). Funds deposited in the MMDA at Schwab Bank are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 per plan participant when aggregated with all other deposits held by the plan participant in the same capacity at Schwab Bank.

Schwab International Index Fund seeks to track the performance of the total return of the MCSI EAFE index.

Vanguard 500 Index Admiral seeks to track the performance of a benchmark index that measures the investment return of large capitalization stocks.

Vanguard Equity Income Admiral seeks to provide an above-average level of current income and reasonable long-term capital appreciation.

Vanguard International Value seeks to provide long-term capital appreciation by investing in common stocks located outside the United States that are considered by an advisor to be undervalued.

Vanguard Mid Capitalization Growth Index Admiral seeks to track the performance of the CRSP US Mid Cap Growth Index, a broadly diversified index of growth stocks of mid-size U.S. companies, that measures the investment return of mid-capitalization growth stocks.

Vanguard Mid Capitalization Index Admiral seeks to track the performance of a benchmark index that measures the investment return of mid capitalization companies.

Vanguard Short Term Bond Index Admiral seeks to track the performance of a broad U.S. investment grade market-weighted bond index with short-term dollar-weighted average maturity.

Vanguard Short Term Federal Fund Admiral invests in bonds issued either directly by the government in the form of Treasury bills or by federal agencies that are sponsored, guaranteed, or owned by the federal government.

Vanguard Small Capitalization Index Admiral seeks to track the performance of a benchmark index that measures the investment return of small capitalization companies.

Vanguard Target Retirement Funds are funds of funds that are designed by selecting a mix of Vanguard mutual funds appropriate for the target retirement age of the investor.

Vanguard Target Retirement Income seeks to provide current income and some capital appreciation. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors currently in retirement.

Vanguard US Growth Admiral seeks to provide long-term capital appreciation by investing mainly in large-capitalization stocks of U.S. companies considered to have above-average earnings growth potential and reasonable stock prices in comparison with expected earnings.

Victory RS Small Cap Growth R6 seeks to provide long-term capital growth. The fund normally invests at least 80% of its net assets in small-capitalization companies. The fund typically invests in equity securities of U.S. companies but may also invest any portion of its assets in foreign securities.

Virtus Ceredex Mid-Cap Value Equity R6 invests at least 80% of its net assets in U. S. traded equity securities of mid-capitalization companies.

Note 8 - Income Tax Status:

The Plan obtained its latest determination letter on August 25, 2014, in which the IRS stated that the Plan, as then designed, followed the applicable requirements of the IRC. The Plan has been amended and restated as a prototype plan since receiving the determination letter. The Plan Administrator believes the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Note 9 - Risks and Uncertainties:

The Plan provides for various investment options in any combination of the registered investment companies and other investments offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with certain securities, it is at least reasonably possible that changes in risks in the near term would materially affect participant account balances and the amounts reported in the statement of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

Approximately 25% and 26% of the Plan's investments are held in two investment accounts with Charles Schwab Trust Bank at December 31, 2020 and Charles Schwab Bank as of December 31, 2019, respectively, as noted below. As such, this is considered to be a concentration of credit risk.

	2020		2019	
Investments	Value	Percentage of Total Investments	Value	Percentage of Total Investments
Vanguard 500 Index Admiral	$ 17,332,900	15%	15,664,292	15%
Dodge and Cox Income Fund	11,788,285	10%	11,604,590	11%
	$ 29,121,185	25%	$ 27,268,882	26%

Note 10 - Party-in-Interest:

Certain Plan investments in mutual funds are managed by Charles Schwab Trust Bank and Charles Schwab Bank, who are also the Trustees of the Plan. Any purchase and sales of these funds are open market transactions at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Kennedy/Jenks Consultants, Inc. Profit Sharing Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Plan Sponsor: Kennedy/Jenks Consultants, Inc.
Plan Sponsor EIN: 94-2147007
Plan Number: 001
(See Independent Auditors' Report)

December 31, 2020

(a) Identity of issue, borrower, lessor, or similar party
(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value
(c) Cost***
(d) Current value

	(a)	(b)	(c)	(d)
	Participant Directed:			
*	Noninterest-bearing cash	Cash		$ 1,400
*	Schwab Bank Savings	Money Market		5,342,788
	Dodge & Cox Income Fund	Mutual Fund		11,788,285
	Dodge & Cox Stock Fund	Mutual Fund		6,290,347
	EuroPacific Growth R6	Mutual Fund		5,796,851
	Northern Small Capitalization Value Fund	Mutual Fund		1,570,446
*	Schwab International Index Fund	Mutual Fund		2,781,066
	Vanguard 500 Index Admiral	Mutual Fund		17,332,900
	Vanguard Equity Income Admiral	Mutual Fund		4,977,133
	Vanguard International Value	Mutual Fund		2,040,980
	Vanguard Mid Capitalization Growth Index Admiral	Mutual Fund		7,109,267
	Vanguard Mid Capitalization Index Admiral	Mutual Fund		3,840,031
	Vanguard Short Term Bond Index Admiral	Mutual Fund		2,853,450
	Vanguard Short Term Federal Fund Admiral	Mutual Fund		726,360
	Vanguard Small Cap Index Admiral	Mutual Fund		2,069,437
	Vanguard Target Retirement 2015	Mutual Fund		1,413,778
	Vanguard Target Retirement 2020	Mutual Fund		2,610,064
	Vanguard Target Retirement 2025	Mutual Fund		4,467,520
	Vanguard Target Retirement 2030	Mutual Fund		3,211,790
	Vanguard Target Retirement 2035	Mutual Fund		3,818,433
	Vanguard Target Retirement 2040	Mutual Fund		1,575,536
	Vanguard Target Retirement 2045	Mutual Fund		1,841,917
	Vanguard Target Retirement 2050	Mutual Fund		2,233,067
	Vanguard Target Retirement 2055	Mutual Fund		781,109
	Vanguard Target Retirement 2060	Mutual Fund		211,762
	Vanguard Target Retirement Income	Mutual Fund		3,616,795
	Vanguard US Growth Admiral	Mutual Fund		11,046,557
	Victory RS Small Cap Growth R6	Mutual Fund		3,452,679
	Virtus Ceredex Mid-Cap Value Equity R6	Mutual Fund		1,322,467
				116,124,215
**	**Notes Receivable from Participants**	Interest Rate 4.25% - 6.50%		401,757
				$ 116,525,972

***** Managed by party-in-interest
****** Party-in-interest as defined by ERISA
******* Cost information omitted for participant directed investments

Kennedy/Jenks Consultants Inc. Profit Sharing Retirement Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2020

EIN: 94-2147007
Plan Number: 001

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Dodge & Cox	Not Available	Rate of 0.03% of average daily balance of asset(s)
Northern Funds	36-3608252	Rate of 0.14% of average daily balance of asset(s)

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR: Kennedy/Jenks Consultants, Inc.
NAME OF PLAN: Kennedy/Jenks Consultants Inc. Profit Sharing Retirement Plan
EIN: 94-2147007
PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (4.25% - 6.5%)		401,757
*	SCHWAB BANK SAVINGS	Money Market / Cash Equivalent		5,342,788
	DODGE & COX INCOME FUND	Registered Investment Company		11,788,285
	DODGE & COX STOCK FUND	Registered Investment Company		6,290,347
	EUROPACIFIC GROWTH R6	Registered Investment Company		5,796,851
	NORTHERN SMALL CAP VALUE	Registered Investment Company		1,570,446
*	SCHWAB INTERNATIONAL INDEX FD	Registered Investment Company		2,781,066
	VANGUARD 500 INDEX ADMIRAL	Registered Investment Company		17,332,900
	VANGUARD EQUITY INCOME ADMIRAL	Registered Investment Company		4,977,133
	VANGUARD INTERNATL VALUE	Registered Investment Company		2,040,980
	VANGUARD MDCP GRTH INDEX ADM	Registered Investment Company		7,109,267
	VANGUARD MID CAP INDEX ADMIRAL	Registered Investment Company		3,840,031
	VANGUARD SHORT TERM BD IDX ADM	Registered Investment Company		2,853,450
	VANGUARD SHORT TERM FED FD ADM	Registered Investment Company		726,360
	VANGUARD SMALL CAP INDEX ADMRL	Registered Investment Company		2,069,437
	VANGUARD TARGET RETIREMNT 2015	Registered Investment Company		1,413,778
	VANGUARD TARGET RETIREMNT 2020	Registered Investment Company		2,610,064
	VANGUARD TARGET RETIREMNT 2025	Registered Investment Company		4,467,520
	VANGUARD TARGET RETIREMNT 2030	Registered Investment Company		3,211,790
	VANGUARD TARGET RETIREMNT 2035	Registered Investment Company		3,818,433
	VANGUARD TARGET RETIREMNT 2040	Registered Investment Company		1,575,536
	VANGUARD TARGET RETIREMNT 2045	Registered Investment Company		1,841,917
	VANGUARD TARGET RETIREMNT 2050	Registered Investment Company		2,233,067
	VANGUARD TARGET RETIREMNT 2055	Registered Investment Company		781,109
	VANGUARD TARGET RETIREMNT 2060	Registered Investment Company		211,762
	VANGUARD TARGET RETMT INCOME	Registered Investment Company		3,616,795
	VANGUARD US GROWTH ADMIRAL	Registered Investment Company		11,046,557
	VICTORY RS SMALL CAP GROWTH R6	Registered Investment Company		3,452,679
	VIRTUS CEREDEX MCVAL EQ R6	Registered Investment Company		1,322,467
*	CASH	Cash		1,400

* Party-in-interest