# 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
MUSICK, PEELER & GARRETT LLP EMPLOYEE ASSET ACCUMULATION PROGRAM

**1b** Three-digit plan number (PN) ▶ 005

**1c** Effective date of plan 02/01/1983

**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)
MUSICK, PEELER & GARRETT LLP

624 S. GRAND AVE SUITE 2000
LOS ANGELES, CA 90017-3806

**2b** Employer Identification Number (EIN) 95-1777575

**2c** Plan Sponsor's telephone number 213-629-7600

**2d** Business code (see instructions) 541110

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2021 | DAVID WRIGHT |
| | **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** | 241 |
| **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)** | 185 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 182 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 59 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 241 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 2 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 243 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 238 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 3 |
| **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 2R 2S 2T 3B

**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
MUSICK, PEELER & GARRETT LLP EMPLOYEE ASSET ACCUMULATION PROGRAM

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
MUSICK, PEELER & GARRETT LLP

**D** Employer Identification Number (EIN)
95-1777575

## 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

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

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

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

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

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

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

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

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

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

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

**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)

COVINGTON CAPITAL MANAGEMENT

20-1253741

| (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? |
|---|---|---|---|---|---|---|
| 26 50 | NONE | 33926 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

PACIFIC GLOBAL INVESTMENT MGMT

95-4351611

| (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? |
|---|---|---|---|---|---|---|
| 26 50 | NONE | 25033 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MASON & ASSOCIATES INC.

95-3662648

| (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? |
|---|---|---|---|---|---|---|
| 26 50 | NONE | 9033 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

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? |
|---|---|---|---|---|---|---|
| 33 50 59 62 71 | NONE | 1073 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] 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. INC. AND AFFIL | 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<br><br>06-1349805 | 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 |
|---|---|---|
| | | |

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2020**

**This Form is Open to Public Inspection**

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

**A** Name of plan
MUSICK, PEELER & GARRETT LLP EMPLOYEE ASSET ACCUMULATION PROGRAM

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
MUSICK, PEELER & GARRETT LLP

**D** Employer Identification Number (EIN)
95-1777575

## 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 | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 2228659 | 2114124 |
| **(2)** Participant contributions | 1b(2) | 113309 | 129244 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 11461575 | 11217935 |
| **(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) | 0 | 20430 |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 989272 | 869504 |
| **(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) | 85622722 | 86654387 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 25967169 | 32766569 |

| | | | **(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 | 126382706 | 133772193 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **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 | 126382706 | 133772193 |

## 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) | 2228476 | |
| | **(B)** Participants | 2a(1)(B) | 2031342 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 163788 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 4423606 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 55010 | |
| | **(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) | 59137 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 114147 |
| | **(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) | 2841326 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 2841326 |
| | **(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) | | 10688878 |
| **c** Other income | 2c | | 3702449 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 21770406 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 14303788 | |
| **(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) | | 14303788 |
| **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) | 75821 | |
| **(4)** Other | 2i(4) | 1310 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 77131 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 14380919 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 7389487 |
| **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)** [ ] 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: PERRY HAY LLP **(2)** EIN: 46-2290413

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

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

## Part IV Compliance Questions

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

During the plan year:

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

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** | Was this plan covered by a fidelity bond? | **4e** | X | | 1000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | **4n** | | | |

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

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

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2020**

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

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

**A** Name of plan
MUSICK, PEELER & GARRETT LLP EMPLOYEE ASSET ACCUMULATION PROGRAM

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
MUSICK, PEELER & GARRETT LLP

**D** Employer Identification Number (EIN)
95-1777575

## 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_____

# MUSICK, PEELER & GARRETT LLP
# EMPLOYEE ASSET ACCUMULATION PROGRAM

## FINANCIAL STATEMENTS
## and
## SUPPLEMENTAL SCHEDULE

## DECEMBER 31, 2020

## with

## INDEPENDENT AUDITOR'S REPORT

**PERRY HAY LLP**
CERTIFIED PUBLIC ACCOUNTANTS

**MUSICK, PEELER & GARRETT LLP**
**EMPLOYEE ASSET ACCUMULATION PROGRAM**
**FINANCIAL STATEMENTS**
**DECEMBER 31, 2020**

## TABLE OF CONTENTS


| | Page |
|---|---|
| **Independent Auditor's Report** | 1 - 2 |
| **Financial Statements:** | |
| Statements of Net Assets Available for Benefits December 31, 2020 and 2019 | 3 |
| Statement of Changes in Net Assets Available for Benefits Year ended December 31, 2020 | 4 |
| Notes to Financial Statements | 5 - 11 |
| **Supplemental Schedule:** | |
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2020 | 13 - 14 |

PERRY HAY LLP
CERTIFIED PUBLIC ACCOUNTANTS

30700 Russell Ranch Road | Suite 280 | Westlake Village, CA 91362-9500
818.444.1222 | fax 818.444.1223 | www.perryhay.com

# INDEPENDENT AUDITOR'S REPORT

The Retirement Committee
Musick, Peeler & Garrett LLP
Employee Asset Accumulation Program
Los Angeles, California

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Musick, Peeler & Garrett LLP Employee Asset Accumulation Program (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.

## Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 5, which was certified by Charles Schwab Trust Company, the trustee of the Plan (the "Trustee"), 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 held the Plan's investment assets and executed investment transactions. The plan administrator has obtained certifications 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**

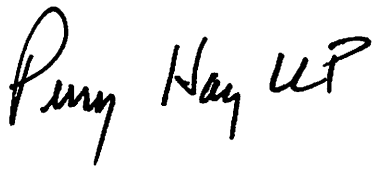
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter – Supplemental Schedule**

The supplemental schedule, as listed in the table of contents, 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 purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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



Westlake Village, California
October 6, 2021

**MUSICK, PEELER & GARRETT LLP**
**EMPLOYEE ASSET ACCUMULATION PROGRAM**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2020 AND 2019**

| | 2020 | 2019 |
|---|---|---|
| Investments, at fair value: | | |
| Cash and cash equivalents | $ 11,217,935 | $ 11,461,575 |
| Registered investment companies | 86,654,387 | 85,622,722 |
| Self-directed brokerage accounts | 32,786,999 | 25,967,169 |
| Total investments | 130,659,321 | 123,051,466 |
| Notes receivable from participants | 869,504 | 989,272 |
| Participant contributions receivable | 129,244 | 113,309 |
| Company contributions receivable | 2,114,124 | 2,228,659 |
| **Net assets available for benefits** | $ 133,772,193 | $ 126,382,706 |

See accompanying Independent Auditor's Report and Notes to Financial Statements.

**MUSICK, PEELER & GARRETT LLP**
**EMPLOYEE ASSET ACCUMULATION PROGRAM**
**STATEMENT OF CHANGES IN NET ASSETS**
**AVAILABLE FOR BENEFITS**
**YEAR ENDED DECEMBER 31, 2020**

| | | |
|---|---|---|
| Additions: | | |
| Investment income: | | |
| Dividend and capital gain distributions | $ | 2,841,326 |
| Interest income | | 286,268 |
| Net appreciation in fair value of investments | | 14,160,069 |
| Total investment income | | 17,287,663 |
| Interest income on notes receivable from participants | | 59,137 |
| Contributions: | | |
| Company | | 2,228,476 |
| Participant pre-tax elective deferrals | | 1,797,117 |
| Participant Roth after-tax elective deferrals | | 234,225 |
| Participant rollover contributions received | | 163,788 |
| Total contributions | | 4,423,606 |
| Deductions: | | |
| Benefits paid to participants | | 14,303,788 |
| Administrative expenses | | 77,131 |
| Total deductions | | 14,380,919 |
| **Net increase** | | 7,389,487 |
| Net assets available for benefits - December 31, 2019 | | 126,382,706 |
| **Net assets available for benefits - December 31, 2020** | $ | 133,772,193 |

See accompanying Independent Auditor's Report and Notes to Financial Statements.

# MUSICK, PEELER & GARRETT LLP
# EMPLOYEE ASSET ACCUMULATION PROGRAM
# NOTES TO FINANCIAL STATEMENTS
# DECEMBER 31, 2020

## 1. Description of the Plan

General

The following description of the Musick, Peeler & Garrett LLP (the "Company") Employee Asset Accumulation Program (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan provisions. The Plan is a defined contribution plan, intended to qualify as a profit sharing plan under Section 401 and as a cash or deferred arrangement under Section 401(k) of the Internal Revenue Code ("IRC). The Plan covers all partners and employees of the Company who have completed at least one hour of service as defined in the Plan documents. For Company contributions, the Plan entry dates are January 1 or July 1 following eligibility. For employee contributions, the Plan entry date is the first day of the month following eligibility. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). At December 31, 2020, there were 243 participants in the Plan.

CARES Act

Effective January 1, 2020 through December 31, 2020 the Coronavirus Aid, Relief, and Economic Security Act of 2020 ("CARES Act") made changes to qualified retirement plans whereby the limit on loans that a plan participant can obtain increased from $50,000 to $100,000 if the participant is considered a coronavirus ("COVID-19") impacted taxpayer. Any loan repayments due during the period beginning March 27, 2020 to December 31, 2020 are delayed for one year and the five-year repayment requirement is extended to six years. This applies even if the repayment is related to a loan taken out prior to March 27, 2020. The repayment rule only applies if the participant is still employed by the same employer.

Impacted individuals are permitted to take COVID-19 related distributions between March 27, 2020 and September 23, 2020 limited to the lesser of $100,000 or 100% of the participant's vested account balance.

COVID-19 related distributions between January 1, 2020 and December 31, 2020 are not to be subject to the mandatory distribution rules and not subject to the 10% early withdrawal penalty. The participant may repay the distribution during the 3-year period beginning on the date the distribution is received.

Another change was the suspension of required minimum distributions for participant distributions due in calendar 2020.

Administration of Plan assets

The Plan is administered by a committee appointed by the Company's partners. The committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

## 1. Description of the Plan (continued)

Participant contributions

Participants may make pre-tax elective deferrals or Roth after-tax elective deferrals of up to 50% of their compensation not to exceed the maximum allowed under the appropriate provisions of the IRC. Rollovers from qualified plans and qualifying IRA accounts are allowed under the provisions of the Plan.

Company contributions

The Company annually contributes a discretionary profit sharing cash contribution determined by the Company's partners not to exceed the maximum allowed under the appropriate provisions of the IRC. Company contributions are allocated to the employee-participants based on a determined percentage of each participant's cash basis compensation during the Plan year for those participants who have worked at least 1,000 hours during the Plan year and who are employed at the Plan year-end. Contributions are allocated to partner-participants based upon a designated allocation groups method.

Participant accounts

Each participant's account is credited with their elective deferrals, rollover contributions and allocations of (a) the Company's profit sharing contribution and (b) Plan earnings (losses) and expenses. Allocations are based on participant's earnings as defined in the Plan document. The benefit to which a participant is entitled is dependent on the vested balance of the participant's account.

Vesting

Participants are immediately 100% vested in their elective deferrals, rollover contributions and qualified non-elective employer contributions plus actual earnings (losses) thereon. Vesting in Company contributions plus actual earnings (losses) thereon will vest as follows:

| Years of Service Completed | Vesting Percentage |
|---|---|
| 1 | 33% |
| 2 | 66% |
| 3 | 100% |

The Company contributions also become 100% vested upon reaching the normal retirement age of 59½ and 5 years of participation, or upon death or termination of employment because of a disability while employed by the Company.

## 1. Description of the Plan (continued)

Payment of benefits

Upon retirement, termination of employment, death or disability, the participant's vested elective deferrals, rollover contributions and Company contributions are paid to the participant or beneficiaries as soon as administratively feasible in the form of a single-sum cash payment. The forfeited portion of the participant's account, if any, is used to pay administrative expenses of the Plan and then to reduce Company contributions. During the year ended December 31, 2020 there were no forfeitures.

In-service withdrawals of Company contributions are permitted under certain conditions. Participants who attain age 59½ may request an in-service withdrawal once a year to receive a distribution of all or any portion of their vested account. In addition, financial hardship distributions of elective deferral accounts are permitted if the requirements of financial hardship are met.

Investment options

All investments are held in trust and were invested in cash and cash equivalents, registered investment companies and other self-directed investments at the direction of the participants. The Plan allows the participants very broad investment options ranging from very low volatility to very high volatility. Charles Schwab Trust Company (the "Trustee") (deemed to be a party-in-interest) held the Plan's investment assets and executed investment transactions as of and during the year ended December 31, 2020 under a nondiscretionary trust agreement. Investment income, gains and losses are allocated to each participant's account each business day.

Notes receivable from participants

Participants may borrow from their vested account balances up to $50,000 or 50%, whichever is less. The loans are secured by the balance in the participants' accounts and bear interest at a bank prime rate in effect at the time of the loan plus 1%. The interest rates on the loans range from 5.75% to 8.0%. Loan terms range from one to five years or up to 10 years for the purchase of a primary residence. Principal and interest are paid through payroll deductions.

Plan termination

Although, it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the participants' Company contribution accounts will become 100% vested and the net assets of the Plan will be distributed as prescribed by ERISA.

## 2. Summary of significant accounting policies

Basis of accounting

The Plan financial statements are prepared in accordance with accounting principles generally accepted in the United States ("U.S. GAAP"), using the accrual method of accounting.

Use of estimates

The preparation of the financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amount of the Plan assets, liabilities and disclosures at the date of the financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's administrative committee determines the Plan valuation policies utilizing information provided by the Trustee and its investment advisors.

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

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 or 2019. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of benefits

Benefits are recorded when paid.

## 2. Summary of significant accounting policies (continued)

Risk and uncertainties

The Plan, at the direction of its participants, invests in various investment securities that are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term. On March 11, 2020 the World Health Organization declared COVID-19 a pandemic and national governments have implemented a range of policies and actions to combat it. The extent of the impact of COVID-19 on world economics and ultimately on the financial statements is highly uncertain and cannot be predicted at this time. Accordingly, such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits as of December 31, 2020.

Administrative expenses

Plan administrative expenses, including accounting services, trustee, administration, auditing and legal fees, are paid by the Company and not included in these financial statements. Investment management related expenses are included in net appreciation or depreciation in fair value of investments.

Subsequent events

The Plan's management has evaluated subsequent events through October 6, 2021, the date the financial statements were available to be issued.

## 3. Fair value measurements

FASB Accounting Standards Codification establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy give 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 following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019 and no level 2 or 3 inputs were used.

Level 1 fair value measurements

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.

All of the Plan's investments at fair value totaling $130,659,321 in 2020 and $123,051,466 in 2019 were valued using level 1 fair value measurements.

## 4. Net appreciation in fair value of investments

During the year ended December 31, 2020, the Plan investments appreciated (depreciated) in value as follows:

| | | |
|---|---|---|
| Net realized loss | $ | (1,616,875) |
| Net unrealized appreciation | | 15,776,944 |
| Net appreciation in fair value of investments | $ | 14,160,069 |

## 5. Certification

The following is a summary of the unaudited information included in the Plan's financial statements and supplemental schedule that were provided by the Trustee and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that the following information is complete and accurate:

(a) The fair value and cost of investments as of December 31, 2020 and 2019.

(b) Net appreciation in fair value of investments, interest, dividends and capital gain distributions for the year ended December 31, 2020.

(c) Supplemental schedule of assets (held at end of year) as of December 31, 2020.

## 6. Tax status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated November 30, 2016, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan may be amended since receiving this determination letter, the Plan administrator and tax counsel believe that the Plan is designed and was operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires Plan administrators to evaluate tax positions taken by the Plan and recognize a tax liability if the Company has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any periods in progress.

## 7. Reconciliation to Form 5500

The financial statements for the year ended December 31, 2020 agreed to the IRS Form 5500, Annual Return/Report of Employee Benefit Plan, without exception.

# SUPPLEMENTAL SCHEDULE

# MUSICK, PEELER & GARRETT LLP
# EMPLOYEE ASSET ACCUMULATION PROGRAM
# E.I.N. 95-1777575 - PLAN NUMBER 005
# SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
# DECEMBER 31, 2020

| (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 |
|---|---|---|---|---|
| | Cash and cash equivalents: | | | |
| | Uninvested cash | - | $ 25,548 | $ 25,548 |
| | Vanguard Fed Money Market | 11,192,386.830 shares | 11,192,387 | 11,192,387 |
| | Total cash and cash equivalents | | 11,217,935 | 11,217,935 |
| | Registered investment companies: | | | |
| | Vanguard Target Retirement 2015 | 88,648.146 shares | 1,278,058 | 1,394,435 |
| | Vanguard Target Retirement 2020 | 207,640.412 shares | 5,742,111 | 7,119,990 |
| | Vanguard Target Retirement 2025 | 113,809.355 shares | 2,238,004 | 2,451,454 |
| | Vanguard Target Retirement 2030 | 91,515.842 shares | 2,949,831 | 3,710,967 |
| | Vanguard Target Retirement 2035 | 86,425.419 shares | 1,872,556 | 2,179,649 |
| | Vanguard Target Retirement 2040 | 20,620.189 shares | 687,355 | 912,856 |
| | Vanguard Target Retirement 2045 | 39,133.471 shares | 805,179 | 1,103,173 |
| | Vanguard Target Retirement 2050 | 14,600.939 shares | 485,137 | 663,613 |
| | Vanguard Target Retirement Income | 29,069.398 shares | 402,700 | 434,006 |
| | Janus Enterprise | 44,516.473 shares | 4,737,027 | 7,065,209 |
| | Vanguard Small Cap Index | 31,699.809 shares | 2,025,065 | 2,955,056 |
| | Dodge & Cox Stock | 32,770.364 shares | 5,192,480 | 6,310,261 |
| | American Europacific Growth | 108,014.204 shares | 5,161,610 | 7,485,384 |
| | Metropolitan West Total Return Bond | 523,840.662 shares | 5,381,220 | 5,495,089 |
| | American Balanced | 127,971.919 shares | 3,397,872 | 3,866,032 |
| | Vanguard Total International Stock Index | 4,688.061 shares | 130,428 | 152,174 |
| | T. Rowe Price Small Cap Value | 29,611.516 shares | 1,405,855 | 1,562,304 |

**MUSICK, PEELER & GARRETT LLP**
**EMPLOYEE ASSET ACCUMULATION PROGRAM**
**E.I.N. 95-1777575 - PLAN NUMBER 005**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2020**

| (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 |
|---|---|---|---|---|
| | Registered investment companies (continued): | | | |
| | JP Morgan Emerging Market Equity | 7,954.520 shares | $ 283,927 | $ 350,158 |
| | Vanguard Institutional Index | 26,425.037 shares | 5,727,103 | 8,759,107 |
| | T. Rowe Price Blue Chip | 59,029.341 shares | 5,412,421 | 9,770,536 |
| | Vanguard Short-Term Bond Index | 216,353.329 shares | 2,275,950 | 2,351,761 |
| | Vanguard Total Stock Market Index | 73,622.703 shares | 4,534,365 | 6,975,751 |
| | Vanguard Total Bond Market Index | 308,556.111 shares | 3,348,863 | 3,585,422 |
| | Total registered investment companies | | 65,475,117 | 86,654,387 |
| | Self-directed brokerage accounts | N/A | 32,816,461 | 32,786,999 |
| | Total investments | | 109,509,513 | 130,659,321 |
| * | Notes receivable from participants | (1) | 869,504 | 869,504 |
| | Total assets held at end of year | | $ 110,379,017 | $ 131,528,825 |

* Party-in-interest

(1) Loan terms range from one to five years or up to 10 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account. The interest rates on participant loans range from 5.75% to 8.0%.

**Musick, Peeler & Garrett LLP Employee Asset Accumulation Program**
**Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information**
**December 31, 2020**

**EIN: 95-1777575**
**Plan Number: 005**

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

| Fund Family/Provider | EIN | Formula |
|---|---|---|
| Allianz Funds | 06-1349805 | Range of 0.02 - 0.40% of average daily balance of assets |
| American Funds | 90-0924512 | Rate of 0.12% of average daily balance of asset(s) |
| AMG Funds | 06-1555943 | Rate of 0.50% of average daily balance of asset(s) |
| BlackRock | 04-6171663 | Rate of 0.05% of average daily balance of asset(s) |
| Buffalo | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Columbia Threadneedle | 93-0577450 | Rate of 0.10% of average daily balance of asset(s) |
| CrossingBridge | Not Available | Rate of 0.10% of average daily balance of asset(s) |
| Dodge & Cox | Not Available | Rate of 0.02% of average daily balance of asset(s) |
| DoubleLine | Not Available | Range of 0.15 - 0.36% of average daily balance of assets |
| First Eagle | 13-3392291 | Rate of 0.10% of average daily balance of asset(s) |
| Foundry | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Franklin Templeton Investments | 94-3167260 | Range of 0.22 - 0.36% of average daily balance of assets |
| Guggenheim Investments | Not Available | Rate of 0.10% of average daily balance of asset(s) |
| Janus Henderson | 43-1804048 | Rate of 0.35% of average daily balance of asset(s) |
| JPMorgan | 13-2624428 | Rate of 0.20% of average daily balance of asset(s) |
| Liberty Street | Not Available | Rate of 0.10% of average daily balance of asset(s) |
| Metropolitan West Funds | 95-4597302 | Rate of 0.35% of average daily balance of asset(s) |
| Morgan Stanley | 36-3145972 | Rate of 0.40% of average daily balance of asset(s) |
| PGIM Funds (Prudential) | Not Available | Rate of 0.25% of average daily balance of asset(s) |
| Schwab Funds | 94-3106735 | Rate of 0.15% of average daily balance of asset(s) |
| Stone Ridge Funds | Not Available | Rate of 0.10% of average daily balance of asset(s) |
| T. Rowe Price | 52-2264646 | Rate of 0.02% of average daily balance of asset(s) |
| Voya | 95-4516049 | Rate of 0.25% of average daily balance of asset(s) |
| Zevenbergen Capital Investments | Not Available | Rate of 0.10% of average daily balance of asset(s) |

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

NAME OF PLAN SPONSOR: Musick, Peeler & Garrett LLP
NAME OF PLAN: Musick, Peeler & Garrett LLP Employee Asset Accumulation Program
EIN: 95-1777575
PLAN NUMBER: 005

| (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 (5.75% - 8.00%) | | 869,504 |
| | VANGUARD FED MONEY MARKET FUND | Money Market / Cash Equivalent | | 11,192,387 |
| | Auditor Adjustments Uninvested Cash | Money Market / Cash Equivalent | | 25,548 |
| | PCRA | Self-Directed Brokerage Account | | 32,766,569 |
| | AMERICAN BALANCED FUND R6 | Registered Investment Company | | 3,866,032 |
| | DODGE & COX STOCK FUND | Registered Investment Company | | 6,310,261 |
| | EUROPACIFIC GROWTH R6 | Registered Investment Company | | 7,485,384 |
| | JANUS HENDERSON ENTERPRISE N | Registered Investment Company | | 7,065,209 |
| | JPMORGAN EMERG MKTS EQTY R6 | Registered Investment Company | | 350,158 |
| | METROPOLITAN WEST TTL RTN BD P | Registered Investment Company | | 5,495,089 |
| | T ROWE PRICE BLUE CHIP | Registered Investment Company | | 9,770,536 |
| | T ROWE PRICE SMALL CAP VAL I | Registered Investment Company | | 1,562,304 |
| | VANGUARD INSTITUTIONAL INDEX | Registered Investment Company | | 8,759,107 |
| | VANGUARD SHORT TERM BD IDX ADM | Registered Investment Company | | 2,351,761 |
| | VANGUARD SMALL CAP INDEX ADMRL | Registered Investment Company | | 2,955,056 |
| | VANGUARD TARGET RETIREMNT 2015 | Registered Investment Company | | 1,394,435 |
| | VANGUARD TARGET RETIREMNT 2020 | Registered Investment Company | | 7,119,990 |
| | VANGUARD TARGET RETIREMNT 2025 | Registered Investment Company | | 2,451,454 |
| | VANGUARD TARGET RETIREMNT 2030 | Registered Investment Company | | 3,710,967 |
| | VANGUARD TARGET RETIREMNT 2035 | Registered Investment Company | | 2,179,649 |
| | VANGUARD TARGET RETIREMNT 2040 | Registered Investment Company | | 912,856 |
| | VANGUARD TARGET RETIREMNT 2045 | Registered Investment Company | | 1,103,173 |
| | VANGUARD TARGET RETIREMNT 2050 | Registered Investment Company | | 663,613 |
| | VANGUARD TARGET RETMT INCOME | Registered Investment Company | | 434,006 |
| | VANGUARD TOT INTL STK IDX ADM | Registered Investment Company | | 152,174 |
| | VANGUARD TOTAL STK INDEX INST | Registered Investment Company | | 6,975,751 |
| | VANGUARD TTL BOND MKT IDX ADM | Registered Investment Company | | 3,585,422 |
| | LIMITED PARTNERSHIP | Limited Partnership | | 20,430 |

* Party-in-interest