

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
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
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.) ☐ 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: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan <u>THE ALCOTT GROUP 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>09/01/1981</u>	2b	Employer Identification Number (EIN) <u>26-1638437</u>
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) <u>ALCOTT HR GROUP, LLC</u> <u>71 EXECUTIVE BLVD</u> <u>FARMINGDALE, NY 11735</u>	2c	Plan Sponsor's telephone number
2d	Business code (see instructions) <u>561300</u>		

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.	<u>10/15/2021</u>	<u>DALE M GAYLOR</u>
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ 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	3400
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)	2681
a(2) Total number of active participants at the end of the plan year		6a(2)	2329
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	1011
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3340
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	3340
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2370
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	29
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 2G 2J 2K 2R			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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 THE ALCOTT GROUP 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALCOTT HR GROUP, LLC	D Employer Identification Number (EIN) 26-1638437	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(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 38 50	TPA/RECORDKEEPER	452193	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALCOTT HR GROUP LLC

71 EXECUTIVE BLVD
FARMINGDALE, NY 11735

(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?
14	PLAN ADMINISTRATOR	79806	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SKLAR, KANTOR , BLOCK LLP

11-2690003

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	31750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BKS FINANCIAL INVESTMENTS LLC

84-1921272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		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 THE ALCOTT GROUP 401(K) PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ALCOTT HR GROUP, LLC				D Employer Identification Number (EIN) 26-1638437	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TRUST STABLE VALUE EMPLOYE					
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY					
c EIN-PN 46-6350416-001		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6146841		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (		

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>THE ALCOTT GROUP 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALCOTT HR GROUP, LLC</u>	D Employer Identification Number (EIN) <u>26-1638437</u>	

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)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	72473	12349
(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)	1318737	1218218
(9) Value of interest in common/collective trusts	1c(9)	5626613	6146841
(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)	95618128	135354984
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2740409	6650185

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	105376360	149382577

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	105376360	149382577
--	-----------	-----------	-----------

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)	3046612	
(B) Participants	2a(1)(B)	8011399	
(C) Others (including rollovers).....	2a(1)(C)	417016	
(2) Noncash contributions	2a(2)		11475027
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		61263
(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)	61157	
(F) Other	2b(1)(F)	106	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		61263
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		4939953
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4939953	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		4939953
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		0
(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)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		0
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		120146
(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)		16729565
c Other income	2c		667560
d Total income. Add all income amounts in column (b) and enter total.....	2d		33993514

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11674629	
(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)		11674629
f Corrective distributions (see instructions)	2f		35823
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	31750	
(2) Contract administrator fees	2i(2)	531999	
(3) Investment advisory and management fees	2i(3)	30000	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		593749
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		12304201

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		21689313
l Transfers of assets:			
(1) To this plan.....	2l(1)		23040253
(2) From this plan	2l(2)		723349

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) ☒ 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) ☒ 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: SKLAR, KANTOR, BLOCK LLP

(2) EIN: 11-2690003

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:

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.)

	Yes	No	Amount
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?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
GRELAK MECHANICAL, INC. 401(K) PROFIT SHARING PLAN	16-1389758	001
EMPLOYER SERVICES CORPORATIONS 401(K) PLAN	16-1479373	003
BARGNESI BRITT 401(K) PLAN	83-2917352	001

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

A Name of plan THE ALCOTT GROUP 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALCOTT HR GROUP, LLC	D Employer Identification Number (EIN) 26-1638437

Part I	Distributions
--------	---------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 58-1428634		
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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2020
v. 200204

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).....

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).....

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).....

14a	
14b	
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.....

b The corresponding number for the second preceding plan year.....

15a	
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.....

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.....

16a	
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 _____

THE ALCOTT GROUP 401(k) PLAN
FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT
DECEMBER 31, 2020 AND 2019

THE ALCOTT GROUP 401(k) PLAN
FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT
DECEMBER 31, 2020 AND DECEMBER 31, 2019

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Independent Auditor's Report	
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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
The Alcott Group 401(k) Plan
Alcott HR Group, LLC d/b/a Alcott HR, Sponsor

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Alcott Group 401(k) Plan, which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2020 and December 31, 2019, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2020 and related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in the Basis of accounting note; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for 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 sponsor and administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in the note "INFORMATION PREPARED AND CERTIFIED BY PLAN TRUSTEE", which was certified by both Fidelity Personal Trust Company FSB and Great-West Trust Company, LLC, as trustees, except for comparing the information with the related

information included in the financial statements. We have been informed by the plan administrator that Fidelity Personal Trust Company FSB held Plan investment assets and executed investment transactions for the years ended December 31, 2020 and December 31, 2019 and Great West Trust held certain Plan investment assets and executed investment transactions through September 26, 2019. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2020 and December 31, 2019, that the information provided to the plan administrator 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.

Basis of Accounting

We draw attention to the notes to the financial statements, which describe the basis of accounting. The financial statements and supplemental schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

Other Matters

The supplemental schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2020, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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.



Certified Public Accountants Bellmore, New York
October 13, 2021

THE ALCOTT GROUP 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(Modified Cash Basis)
DECEMBER 31, 2020 AND DECEMBER 31, 2019

	Dec. 31, 2020	Dec. 31, 2019
ASSETS		
Investments at fair value		
Common collective trust - Stable Value	\$ 6,146,841	\$ 5,626,613
Mutual funds	135,354,984	95,618,128
Participant directed securities accounts	<u>6,650,185</u>	<u>2,740,409</u>
Total investments at fair value	148,152,010	103,985,150
Other Investments		
Interest bearing cash	<u>12,349</u>	<u>72,473</u>
Total Investments	148,164,359	104,057,623
Receivables		
Notes receivable from participants	<u>1,218,218</u>	<u>1,318,737</u>
Total Assets	\$149,382,577	\$105,376,360
LIABILITIES	-	-
Net assets available for benefits	<u>\$149,382,577</u>	<u>\$105,376,360</u>

THE ALCOTT GROUP 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(Modified Cash Basis)

YEAR ENDED DECEMBER 31, 2020

ADDITIONS

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$16,849,711	
Interest and dividends	4,939,953	
Interest income on notes receivable from participants	61,263	
Other income	<u>667,560</u>	\$22,518,487

Contributions:

Participants	8,011,399	
Employers	3,046,612	
Participants rollovers	<u>417,016</u>	
		<u>11,475,027</u>
Total additions		33,993,514

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants and rollovers	11,674,629	
Corrective Distributions	35,823	
Administration costs	<u>593,749</u>	
Total Deductions		<u>12,304,201</u>

Net increase before transfers to other qualified plans	21,689,313
Net transfers from other qualified plans	<u>22,316,904</u>
Net increase	44,006,217

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>105,376,360</u>
End of year	<u>\$149,382,577</u>

THE ALCOTT GROUP 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis)

DESCRIPTION OF THE PLAN

The following description of The Alcott Group 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Alcott Group 401(k) Plan is a "multiple employer plan" as defined in Section 413 of the Internal Revenue Code of 1986, as amended. (the "Code"). It is the purpose of the Plan to provide retirement and other benefits to the employees of Alcott HR Group LLC (Alcott HR) a Professional Employer Organization (PEO) ,which is plan sponsor and administrator, and two of it's wholly owned subsidiaries. The subsidiaries are Alcott HR Group I, also a PEO, and Alcott Management LLC, which employs all of the organization's internal administrative staff.

In 2018, Alcott HR Group LLC (Alcott HR) adopted The Slavic Integrated Administration Multiple Employer Prototype Plan document for its employees and adopting employers. As of that date, the Plan Trustee became Fidelity Personal Trust Company FSB (Fidelity Trust). Fidelity Trust and it's affiliate, National Financial Services LLC (National Financial) serve as custodians for Plan assets and Slavic Integrated Administration Inc. (Slavic) serves as record keeper and third party administrator.

Prior to the change, Great West Trust Company, LLC (Great West Trust) served as Trustee and custodian for the majority of Plan assets and it's affiliated entity, Fascore LLC (Fascore) served as record keeper. As a result of this adoption, the mutual fund investments Great West was holding as custodian for the Plan were sold and cash proceeds were transferred to Fidelity Trust, the Slavic designated trustee. The cash was reinvested into mapped funds for each participant through its custodian. As Slavic has extensive experience in administering 401K plans for PEO's throughout the United States, Alcott's Trustee determined that this change would benefit both internal Plan administration and its adopting employers and participants. Due to contractual obligation, the Guaranteed Investment contract assets being held by Great West in the Key Guaranteed Portfolio Fund were required to be retained through September 26, 2019 when this account was closed and all remaining funds were transferred to Fidelity. As such, Great West Trust and Fascore remained as additional trustee and record keeper for the funds it held through that date.

Certain employees of Alcott HR who perform services for recipient organizations as leased employees are covered by the recipients' plans under Section 414 of the Internal Revenue Code, and are not participants in this plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

THE ALCOTT GROUP 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis)

DESCRIPTION OF THE PLAN *(Continued)*

Eligibility and Participant Contributions

All employees that have attained age 21 are eligible to participate in the Plan after meeting service requirements ranging from initial hiring date to up to one year of service. Each participant may contribute up to 90% of annual compensation, up to the IRS limitation of \$19,500 for 2020 and \$19,000 for 2019. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions of up to \$6,500 and \$6,000 for 2020 and 2019, respectively. Participants may also contribute amounts representing distributions from other qualified defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Each individual participant's account is adjusted daily on a ratable basis for all changes in net assets. Statements are issued to participants on a quarterly basis. Participants are 100% vested in their own account contributions and related earnings as well as their Safe Harbor matching and profit sharing accounts. Employer matching contributions (see note "Matching Contributions") and certain other profit sharing contributions (see note "Profit Sharing Policies") are vested over time.

Matching Policy

The sponsor has the ability to make discretionary matching contributions on a division or site location basis with each division electing its own eligibility requirements, matching requirements and vesting schedule. Matching contributions are permitted subject to statutory limits (as much as 6% of each employee's annual compensation) and vesting periods cannot exceed 6 years. Eligible employees must have met Plan requirements for employee contributions. An adopting employer may elect to contribute Safe Harbor contributions to the Plan on behalf of each participant who is a Non-Highly Compensated Employee. There were \$2,257,651 and \$2,212,757 (net of forfeitures) of site location matching contributions, including Safe Harbor matching contributions, made by the adopting employers during 2020 and 2019, respectively.

Profit Sharing Policies

The Plan allows the sponsor to make profit sharing contributions on a division or site location basis based on a number of factors including division profitability. Regular Profit sharing contributions are vested over time; however, these contributions may not be withdrawn prior to the employee's retirement, termination, or attainment of age 59 ½. Safe Harbor profit sharing contributions are immediately vested. Employer site location profit sharing contributions, including Safe Harbor contributions, totaled \$788,961 and \$691,938 for 2020 and 2019, respectively.

THE ALCOTT GROUP 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis)

DESCRIPTION OF THE PLAN *(Continued)*

Forfeited Participant Accounts Policy

At December 31, 2020 and 2019, forfeited non-vested participant accounts totaling \$101,654 and \$61,210 respectively, were available to reduce future employer contributions. Forfeitures by participants who took distributions or left the plan totaled \$76,729 and \$34,121 during 2020 and 2019, respectively.

Payment of Benefits Policy

On termination of service due to retirement, death or disability, a participant (or their beneficiary) may elect to receive a lump-sum payment equal to the value of the vested balance in their account or periodic installments based on the participant's life expectancy or the joint and last survivor expectancy of the participant and their designated beneficiary. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. In service and hardship distributions are permitted by the Plan. For participants adversely affected by the Covid-19 pandemic, the CARES ACT allowed them to withdraw, penalty free, up to \$100,000 during 2020. The sponsor has authorized an automatic force out, with prior notice, of all terminated participants that have investment balances of less than \$5000.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to amend or discontinue the Plan, at any time and to terminate the plan subject to the provision of ERISA. In the event of Plan termination, participants will become fully vested in their accounts.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The financial statements are prepared under the "modified cash" method whereby the Plan utilizes the cash method of accounting and states all Plan investments and investment contracts at either fair value or contract value as appropriate. As of December 31, 2020 and 2019 "Net Assets Available for Plan Benefits" do not include the sums of \$424,055 and \$542,618, respectively, of annual matching and Safe Harbor contributions (see note "Matching Policy") and profit sharing contributions (see note "Profit Sharing Policy") that were received by the Plan in the following year.

Use of accounting estimates – The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

THE ALCOTT GROUP 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis)

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment valuation and income recognition – 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. Plan management determines the Plan’s valuation policies utilizing information provided by the investment advisers and trustee. See note FAIR VALUE MEASUREMENTS for discussion of fair value. Purchases and sales of securities are recorded on a trade-date basis and dividends are recorded on the ex-dividend date.

Notes receivable from participants – Notes receivable from participants are measured at their unpaid principal balances. Interest is calculated on the outstanding unpaid principal balance in accordance with an amortization schedule generated at loan issuance. Fixed installment payments consisting of principal and interest, are withheld from salary on each participant’s regular pay cycle, which is different for each division. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowances for credit losses have been recorded as of December 31, 2020 or 2019.

Benefit payments – Benefits are recorded when paid.

Administrative Expenses – Certain expenses of maintaining the Plan are either paid from plan assets or directly by the sponsor, Alcott HR. Investment related expenses are included in net appreciation of fair value of investments.

LIMITED SCOPE AUDITS UNDER DOL REGULATIONS

Under DOL (“Department of Labor”) Rules and Regulations 29 CFR 2520.103-8, the Plan auditor need not examine and report on certain information prepared by banks, similar institutions or insurance carriers that are regulated, supervised and subject to periodic examination by a state or federal agency if that information is certified as complete and accurate by the bank or similar institution or an insurance carrier, and the Plan administrator elects the limited-scope audit exemption. Thus, the Plan administrator may instruct the auditor not to perform any auditing procedures with respect to investment information prepared and certified by a qualifying institution.

The wording of the standard limited-scope audit report was established by agreement between the Auditing Standards Board and the DOL shortly after the limited-scope regulations were issued as a way of complying with the reporting requirements of the DOL regulations while still adhering to US Generally Accepted Auditing Standards (“GAAS”). In the limited-scope audit, GAAS requires the auditor to disclaim an opinion on the financial statements due to the limitation on the scope of the audit.

THE ALCOTT GROUP 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis)

INFORMATION PREPARED AND CERTIFIED BY PLAN TRUSTEE

The following is a summary of the information included in the accompanying financial statements and supplemental schedule that was obtained from data that has been prepared and certified to as complete and accurate by and Fidelity Personal Trust Company FSB and Great-West Trust Company LLC, as trustees.

	December 31, 2020	December 31, 2019
Investments at fair value:	\$141,501,825	\$101,244,741
	Year ended	Year ended
	December 31, 2020	December 31, 2019
Net Appreciation in fair value of investments	\$16,849,711	\$15,344,612
Interest and dividends	\$4,939,953	\$3,137,847

FAIR VALUE MEASUREMENTS

The Plan accounts for financial instruments measured at fair value in accordance with accounting guidance for fair value measurements and disclosures which establishes 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

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

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

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

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

THE ALCOTT GROUP 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis)

FAIR VALUE MEASUREMENTS (Continued)

The level in the fair value hierarchy within which the fair value measurement is classified, is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

The following is a description of the valuation techniques and inputs used for each general type of assets measured at fair value by the Plan:

Common collective trusts-Stable value fund-Stated at fair value, which is determined by the trustee of the common collective trust based on the underlying assets, which represents the net assets value of units held by the trust.

Mutual funds – Stated at fair value based on unadjusted quoted prices in an actively traded market for each share held by the Plan.

Common stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments, including participant directed investments, at fair value as of December 31, 2020 and December 31, 2019 as follows:

Fair Value Measurements at Reporting Date Using:			
	Quoted Prices in Active Markets for Identical Assets		Totals
	(Level 1)	(Level 2)	
December 31, 2020			
Common collective trust-Stable Value	\$ -	\$ 6,146,841	\$ 6,146,841
Mutual funds	135,354,984	-	135,354,984
Participant directed securities accounts	<u>6,650,185</u>	<u>-</u>	<u>6,650,185</u>
 Asset totals	 <u>\$142,005,169</u>	 <u>\$ 6,146,841</u>	 <u>\$148,152,010</u>

THE ALCOTT GROUP 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis)

FAIR VALUE MEASUREMENTS (Continued)

Fair Value Measurements at Reporting Date Using:			
December 31, 2019	Quoted Prices in Active Markets for Identical Assets		Totals
	(Level 1)	(Level 2)	
Common collective trust-Stable Value	\$ -	\$ 5,626,613	\$ 5,626,613
Mutual funds	95,618,128		95,618,128
Participant directed securities accounts	<u>2,740,409</u>	<u>-</u>	<u>2,740,409</u>
Asset totals	<u>\$98,358,537</u>	<u>\$ 5,626,613</u>	<u>\$103,985,150</u>

COMMON COLLECTIVE TRUST-STABLE VALUE
GUARANTEED INVESTMENT CONTRACT-STABLE VALUE

Through September 26, 2019 the Plan had investments in a participant-only benefit responsive guaranteed investment contract held in the Key Guaranteed Portfolio Fund which is a general account offered through the group annuity contract with Great West Life & Annuity insurance Company of New York. This investment contract reached maturity and terminated on that date and a total of \$3,869,505, which was the remaining investment balance, was liquidated and transferred directly to Fidelity to be invested. This transaction ended the Plan's contract with Great-West.

The Plan has investments in the Reliance Trust New York Life Anchor Account. This is a bank common collective Trust fund for which Reliance Trust Company serves as trustee and investment manager. The fund yielded approximately 2.14 % for the year.

Both of these stable value funds have the backing of each insurance company's general account assets and, are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Interest rates are reviewed on a quarterly basis for resetting. The contracts do not allow for termination prior to scheduled maturity dates. As the portfolios are fully benefit responsive, the contract value is the relevant measurement attribute for that portion of net assets. Contract value includes contributions made, plus earnings on the underlying investments, less participant withdrawals and administrative expenses. Participants direct the withdrawal or transfer of all or a portion of their investment at contract value. Each fund's investment strategy is to seek consistent returns to support a competitive credit rate by investing in investment grade bonds along a diversified range of fixed-income asset classes such as asset-backed securities, mortgage backed securities, commercial mortgage backed securities etc.

THE ALCOTT GROUP 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis)

COMMON COLLECTIVE TRUST-STABLE VALUE *(Continued)*
GUARANTEED INVESTMENT CONTRACT-STABLE VALUE

The Plan's ability to receive amounts due is dependent on the issuers ability to meets their financial obligations. The issuer's ability to meets their contractual obligations may be affected by future economic and regulatory developments. There are no reserves against contract value for credit risk of the contract issuer.

The fair value of the Reliance Trust New York Life Anchor Account fund, which approximated contract value was \$6,146,841 and \$5,626,613 at December 31, 2020 and 2019 respectively.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA and (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants. In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under contract, (3) a material misrepresentation, and (4) a material amendment to the agreement with the consent of the issuer.

MUTUAL FUNDS

At December 31, 2020 and 2019 the Plan had investments in forty stock and bond mutual funds with varying degrees of return potential and risk.

PARTICIPANT DIRECTED SECURITIES ACCOUNTS

These consist of individual participant brokerage accounts held at Fidelity Investments with National Financial. This brokerage house is a member of both the Financial Industry Regulatory Authority (FINRA) and the Securities Investor Protection Corporation (SIPC). SIPC provides individuals investors up to \$500,000 of insurance coverage for original securities held at an investment firm. Certain cash accounts held are FDIC insured up to \$250,000. Fidelity has been designated by the trustee to provide these services for the Plan. The separate accounts are titled in the name of the Plan for the benefit of each participant who directs all investment activities. Assets in the accounts include money market funds, mutual funds, individual bonds and equity securities.

THE ALCOTT GROUP 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis)

NOTES RECEIVABLE FROM PARTICIPANTS

Plan participants have the ability to borrow from the Plan. Under normal circumstances, these loans may not exceed 50% of the participant's own vested account balance, or \$50,000, whichever is less. The minimum amount of any loan shall be \$1,000. Under the provisions of the CARES ACT which took effect in March of 2020, participants adversely affected by the Covid pandemic were allowed to borrow up to \$100,000 or 90% of their vested account balances. Loan terms are a maximum of five years, unless the monies are used to acquire a principal residence. The participant's vested account balance secures the loans. Interest rates are fixed for the life of the individual loan, and are set at a reasonable rate related to the prime rate in effect at the time the loan is disbursed. The Interest rate ranged between 4.25% and 6.00% for loans originated in 2020. All 2019 loans were 6%. Principal and interest is paid ratably through payroll deductions into the Plan. The unpaid loan principal balances as of December 31, 2020 and 2019 were \$1,218,218 and \$1,318,737, respectively with interest rates ranging from 4.25% to 7.25%.

Upon termination of employment, participants generally stop making their required loan payments. These loans are declared in default and reportable as taxable distributions unless payments are received. During 2020 and 2019, \$50,184 and \$85,123 of loans in default were distributed out of the plan. 1099R's were issued to the recipients as each of these distributions was considered taxable. Unless a participant has a distributable event such as employment termination, death or disability, a defaulted loan deemed distributed to an active participant with other deferrals and matching investments, will continue to be tracked by the Plan. As of December 31, 2020 there were 12 loans with principal balances totaling \$96,464 that were in default. Under the provision of the CARES ACT, scheduled participant loan payments due from March 27, 2020 through December 31, 2020, were allowed to be delayed for up to one year for qualifying employees. Interest would continue to accrue during the deferment period and subsequent repayments with respect to any such loan shall be appropriately adjusted to reflect the delay in the due date. None of these loans were actually paid down during 2021 so each participant will be issued a 1099R. Due to this deferral provision, all of these loans are included in the Notes receivable from participants balance as of 12/31/20.

INVESTMENTS

During 2020, the Plan's mutual fund investments appreciated in value by \$16,849,711. This total includes realized gains and losses on investments sold during the year, as well as the change in the unrealized gains and losses on those held as of the end of each year as follows:

Mutual funds and common collective trusts –Unrealized Gains	\$17,071,515
Mutual funds and common collective trusts – Realized Losses	(248,138)
Other investment income	<u>26,334</u>
	<u>\$16,849,711</u>

THE ALCOTT GROUP 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis)

OTHER INCOME

Realized and unrealized gains and losses on Participant directed securities accounts, along with interest and dividends generated by these accounts, is included in other income.

NET TRANSFERS TO AND FROM OTHER QUALIFIED PLANS

The Plan may receive participant assets directly from or disburse participant assets directly to separate qualified plans at the inception or termination of a Professional Employer Organization (PEO) co-employer relationship with Alcott HR. These bulk asset transfers, which are called conversions, include participant loans and forfeiture funds. As they are not considered rollovers, they are therefore segregated.

The net transfer activity for 2020 and 2019 is as follows:

	December 31, 2020	December 31, 2019
Transfers from other qualified plans	\$23,040,253	\$ 2,444,758
Transfers to other qualified plans	<u>(723,349)</u>	<u>(2,129,515)</u>
Net transfers (to) from other qualified plans	<u>\$22,316,904</u>	<u>\$ 315,243</u>

ADMINISTRATION COSTS

During 2020, a total of \$513,943 was paid out of the Plan for contract management fees, investment advisory fees, professional fees and testing services. An additional \$79,806 has been paid to the Sponsor, Alcott HR, as a partial reimbursement for compensation and related expenses paid to members of the retirement services department. Of these totals, \$141,556 was paid directly out of the plan expense reimbursement account.

TAX STATUS

In September 2013, the Plan obtained its latest Internal Revenue Service determination letter that covered all amendments executed through June 11, 2013. The letter stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date. The Slavic Prototype Multiple Employer Plan's last determination letter was dated March 31, 2014.

Management has evaluated all of the Plan's tax positions for all open years and has concluded that the Plan had no uncertain tax positions that require recognition of a liability or disclosure in the financial statements.

THE ALCOTT GROUP 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis)

RISKS AND UNCERTAINTIES

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

PARTIES IN INTEREST

The Plan Trustees, Fidelity Personal Trust Company FSB and Great-West Trust Company, LLC along with National Financial, Fascore, and Slavic, the custodians and record keepers, are considered parties in interest because they handled all of the Plan's investment transactions. In addition, Fidelity Investments, which holds self directed assets, Alcott HR, the Plan administrator and sponsor along with two of it's officers who are also deemed to be parties in interest.

SUBSEQUENT EVENTS

Management has evaluated subsequent events or transactions occurring through October 13, 2021, the date the financial statements were available to be issued and determined that no additional disclosures are necessary.

The Alcott Group 401K Plan
 EIN: 26-1638437
 Plan Number 001
 Schedule H, Line 4i-Schedule of Assets (Held at end of year)
 December 31,2020

(a) Partry in Interest	(b) Identification	(c) Description	(d) Cost Basis	(e) Current Value
<u>Registered Investment Company-Mutual Funds</u>				
*	Fidelity Investments	Fidelity US Bond Index	X	2,197,238
	Blackrock	iShares MSCI EAFE International Index K	X	1,358,966
	Alliance Bernstein	AB Small Cap Growth Portfolio	X	2,578,906
	American Funds	American Funds Euro Pacific R6	X	6,600,092
	DFA	DFA Emerging Markets Core Equity	X	835,980
	BNY Mellon	BNY Mellon Sm Mid Cap Grw I	X	8,029,853
	Kemper Multi Fund	DWS RREEF Real Estate Securities R6	X	1,334,857
	Franklin Templeton	Franklin Growth Fundclass R6	X	8,930,690
	Janus	Janus Global Life Sciences CI T	X	2,376,562
	Metropolitan West	Metropolitan West Total Return I	X	5,560,141
	Prudential	Prudential High Yield CI Q	X	2,026,257
	American Funds	The Income Fund of America Class R-6	X	2,667,620
	JP Morgan	Undiscovered Mgrs Behavioral Value R6	X	631,307
	Vanguard Funds	Vanguard Equity Income Admiral	X	5,692,211
	Vanguard Funds	Vanguard Index 500 (Institutional)	X	12,901,133
	Vanguard Funds	Vanguard Life Strategy Consv Growth	X	284,701
	Vanguard Funds	Vanguard Life Strategy Growth	X	1,875,974
	Vanguard Funds	Vanguard Life Strategy Mod Growth	X	763,271
	Vanguard Funds	Vanguard Life Strategy Income	X	307,144
	Vanguard Funds	Vanguard Mid Cap Index Admiral	X	3,349,346
	Vanguard Funds	Vanguard Select Value	X	1,801,810
	Vanguard Funds	Vanguard Short-Term Inf Prot Index Admir	X	51,269
	Vanguard Funds	Vanguard Small Cap Index Admiral	X	4,204,178
	Vanguard Funds	Vanguard Target Retirement 2015	X	2,144,131
	Vanguard Funds	Vanguard Target Retirement 2020	X	4,501,406
	Vanguard Funds	Vanguard Target Retirement 2025	X	6,817,403
	Vanguard Funds	Vanguard Target Retirement 2030	X	8,087,694
	Vanguard Funds	Vanguard Target Retirement 2035	X	6,173,953
	Vanguard Funds	Vanguard Target Retirement 2040	X	7,031,879
	Vanguard Funds	Vanguard Target Retirement 2045	X	6,003,677
	Vanguard Funds	Vanguard Target Retirement 2050	X	3,209,577
	Vanguard Funds	Vanguard Target Retirement 2055	X	2,092,881
	Vanguard Funds	Vanguard Target Retirement 2060	X	738,137
	Vanguard Funds	Vanguard Target Retirement 2065 Inv	X	28,098
	Vanguard Funds	Vanguard Target Retirement Income	X	2,176,548
	Vanguard Funds	Vanguard Total Bond Market Index Admiral	X	2,106,575
	Vanguard Funds	Vanguard Total Intl Stock Admiral	X	2,004,330
	Vanguard Funds	Vanguard Total Stock Market Index Admiral	X	5,766,374
	Vanguard Funds	Vanguard Federal Money Market	X	10,990
	Gabelli Funds	Gabelli US Treasury Money Market	X	101,825
				<u>135,354,984</u>
<u>Common Collective Trust</u>				
	Reliance Trust	Reliance NY Life Anchor Series 1 CL O	X	6,146,841
*	Fidelity Investments	Interest bearing cash	X	12,349
*	Fidelity Investments	Participant-directed brokerage accounts	X	6,650,185
		Notes receivable from participants- interest 4.25%-7.25%		1,218,218
		Total assets held at year end		<u>\$ 149,382,577</u>

* Indicates party-in-interest

X Investments are participant directed and therefore do not require indicating the cost

Multiple-Employer Plan Participating Employer Information

THE ALCOTT GROUP 401(K) PLAN

PLAN #: 001

EIN: 26-1638437

(a) Name of participating employer	(b) EIN	(c) Percent of total contributions
Alcott HR Group LLC	26-1638437	4.65%
1320 Military Road, Inc.	47-1391103	0.27%
Accipiter Radar Corporation	46-0521186	0.00%
American Community Bank	11-3469788	2.25%
Contract Pharmaceuticals Limited Niagara	20-2417814	0.00%
Danny Bosque Agency, Inc.	13-4042980	0.00%
Field & Fork Network, Inc.	26-4287659	0.00%
Harker Bio, LLC	47-1239306	0.00%
Hoffman Hanafin & Associates	46-2997252	0.00%
IHS Dialysis, Inc.	22-3869734	0.00%
Insurance Associates Marketplace Agency, Inc.	16-1438047	0.00%
Marco Promotional Management, Inc.	16-1493497	0.00%
Marksans Pharma, Inc.	47-2836231	0.04%
Northtown Podiatry Group, P.C.	16-1286643	0.00%
Ramapo Valley Surgical Center	20-0580403	0.22%
Ulbrich's Tree Farm, Inc.	16-0984253	0.00%
US Off-Track, LLC	59-3631572	0.00%
WNY Fun Foods	46-3722022	0.06%
Milberg Phillips Grossman LLP	82-2809512	1.64%
Nutrablend Foods, LLC	27-0680651	0.00%
Provitello, LLC	20-1444039	0.03%
Central Nassau Guidance	11-2438388	0.00%
Decision Support Dynamics, LLC	16-1588494	0.24%
eDoctrina Corp.	27-1877269	1.12%
Emulso International Corporation	81-4066161	0.00%
Falcon Real Estate	13-3625208	0.00%
GT Forge, Inc.	27-3561093	0.00%
Vascular and Endovascular Center of WNY	16-1583974	0.00%
Kids Alliance Pediatric Group	01-0588852	0.00%
Loyal Group, REM	81-1508259	0.00%
Marathon Information Services, Inc.	82-2672438	0.00%
Miniature Market, LLC	90-0334049	0.30%
Navidor, Ltd.	03-0540214	0.51%
New Ophthalmic Network of Excellence, LLC	13-4187826	0.00%
SelectLeaders, LLC	06-1633011	0.00%
Stadt-Sinatra Management LLC	36-4819273	0.00%
The Kane Firm Certified Public Accountants, P.C.	20-4897852	0.00%
UC Solutions, LLC	46-3136498	0.07%
SSIL Orchard Village, LLC	35-2543096	0.00%
Grelak Mechanical, Inc	16-1389758	0.00%
The Law Offices of Melissa A. Day, PLLC	90-0912514	0.00%
TPM Management LLC	27-1357678	0.37%
Literacy New York, Inc.	16-6171654	0.33%
Nassau County SH Medical, PC	83-2783693	0.00%
Oklahoma State Chamber of Commerce & Co-adopting Companies	73-1114164	2.12%
43 North BPC Inc.	47-2878159	0.25%
Genome Protection, Inc.	82-5517572	0.41%
Imagen of WNY, Inc. d/b/a Buffalo Printing Co.	16-1162064	0.00%
Whiteboard Information Technology Solutions LLC	46-1314149	0.18%
Summit Financial Consultants	13-3834822	0.14%
Allegany/Western Steuban /Ardent Solutions	34-2030783	0.01%

(a) Name of participating employer	(b) EIN	(c) Percent of total contributions
Global Affinity Managers, Inc.	27-2234916	0.09%
Sinatra Development Company LLC	46-4081713	0.25%
Blue Ocean Partners LLC	20-2318626	0.26%
Counsel Financial II, LLC	27-0440769	3.48%
People First Mobility, LLC	47-4385261	0.24%
MacGregor Abstract Corp.	11-2811106	0.51%
Metropolitan Interactive LTD	46-1957702	1.17%
Genadyne Biotechnologies, Inc.	11-3129276	0.50%
SomaDetect Inc.	37-1864953	0.35%
Tadler Law LLP	83-4192488	0.00%
Kemper System America, Inc.	16-1386548	3.51%
Priam Property Management, LLC	47-2089294	0.37%
Veteran's One-Stop Center of WNY, Inc.	45-5098692	0.05%
Fichman Furniture, LLC	99-0375799	0.10%
KP America	13-3276084	0.40%
Rochester/Monroe County Homeless Continuum of Care, Inc.	46-5691570	0.03%
Nina McLemore, Inc.	80-0020158	0.07%
Pincus Law Group	81-0752054	0.04%
Alcott HR Group Reimbursement Account Plan	26-5546655	0.00%
QIMA (US), LLC	26-0866531	0.86%
Primary Care of Western New York, LLP	16-1680943	6.09%
Abbey Mecca & Company Inc.	16-0951713	0.26%
ASI Marine, L.P.	98-0423249	0.63%
WNY Podiatric Associates PLLC	26-1976359	0.23%
Connors and Sullivan Attorneys-At-Law, PLLC	27-0602444	2.04%
P-Ryton	13-2608476	0.00%
Invest Buffalo Niagara	16-1579523	0.57%
Richlin Machinery, Inc.	11-2505574	0.22%
Clinical Neuroscience Services Med/Surg, PLLC	45-4048180	0.23%
Linstar, Inc.	16-1559780	1.46%
Datasure24, LLC	83-1483354	0.00%
WNY Knee & Orthopedic Surgery, PC	47-2242280	1.93%
Persistence Preparatory Academy Charter School	82-2169421	0.82%
Sinatra and Company Management LLC	36-4891999	1.49%
Union Square Eye Care, PLLC	27-1597599	1.06%
Castle Point Apartments Property, LLC	83-3518733	0.26%
Federspiel Pfeifer & Kubicki, CPA PC	16-1492835	1.04%
O. L. V. Foundation	23-7416325	0.02%
Amendola Industries, Inc.	11-2356286	2.13%
VR Subsidiary, LLC	26-2274381	0.00%
Handweavers Guild of America, Inc	06-0866181	0.05%
Planned Futures Financial Group, LLC	16-1546432	0.09%
Dave & Adam's Card World, LLC	16-1595496	1.49%
Dejero Inc.	42-1773302	0.10%
Advanced Material & Mnf Tech Innovation	27-0685219	0.00%
Western New York ENT	16-1472493	0.71%
Kevin Schaefer & Associates LLC	27-0529237	0.09%
T.F. O'Brien & Company, Inc.	11-2146098	1.51%
Peter J. Bruno MD PC	73-1709083	0.15%
Takle Management, LLC	43-1969106	1.08%
SSIL Woodridge LLC	35-2561536	0.12%
Algonquin Bridge (USA) Ltd.	30-1208178	0.14%
WNY Claims Services, LLC	81-1789879	0.07%
New Westbrook Properties, LLC	16-1481941	0.15%

(a) Name of participating employer	(b) EIN	(c) Percent of total contributions
Richter Consulting, Inc.	52-2172524	0.27%
WQS Food Verification LLC	27-0678772	0.35%
Indoor Air Professional, Inc.	16-1434548	0.66%
Level Five Consulting LLC	47-5285031	0.17%
University Dental Practice Services, Inc.	16-1534221	0.05%
Century-Airport Pediatrics, PC	16-1488758	0.39%
CORRECTIONAL ASSOCIATION OF NEW YORK	13-5562324	0.54%
Duffy's AIS	82-4289412	1.30%
Ear, Nose, & Throat Care of WNY	05-0630938	0.88%
Larkin Express Logistics	82-3859553	0.24%
Morlock & Company, LLC	59-3771624	0.00%
G Adventures, Inc.	39-2077874	1.36%
Fusion Chemical Corp.	45-4775458	0.58%
Ciminelli Properties, LLC	27-2248588	0.13%
Charter School of Inquiry	47-1284283	1.53%
LSS Software Holdings, Inc.	45-4456934	0.25%
Nob Hill Apartment Group LLC	35-2630468	0.33%
Climb Your Mountain, Inc.	32-0141508	0.07%
Construction Exchange of Buffalo & WNY, Inc.	22-2464560	0.19%
P2 Collaborative of Western New York, Inc.	42-1604185	0.58%
Butler Associates, LLC	11-3325542	0.05%
Targeted Lease Capital LLC	36-4815994	0.92%
Charles S. Freeman Co., Inc.	16-1074026	0.24%
Buffalo Dental Group, LLP	16-1513859	0.69%
Maximum Security Services, Inc.	16-1612208	0.21%
City Care Family Practice	13-3894919	0.37%
Actors Studio	13-6002851	0.06%
Health Foundation of Western and Central New York	22-3804398	1.24%
The Jacobs Institute, Inc.	26-3085485	1.09%
Richards & Jurusik, LLP	46-1588688	0.10%
Kaiser Time Incorporated	13-4118051	0.43%
Town of Oyster Bay Dpt. Of Intergovernmental Affairs	11-6001934	0.20%
Strategy Leaders	13-3862978	0.26%
The John R. Oishei Foundation	16-0874319	2.21%
CSI International	16-1362741	0.46%
Dr. Charlene Berkman, DMD	01-3387771	0.03%
Alcott HR Group Suspense Plan	26-2556666	0.00%
Universe Appliance Repairs, Inc.	11-2522084	4.25%
Read to Succeed Buffalo, Inc.	26-3606661	0.41%
Vital BF Inc	85-2410330	0.80%
SMARTWARE TECHNOLOGIES GROUP,LLC	81-1327714	0.44%
Little Airplane Productions, Inc.	13-4055153	0.33%
ERASE Racism	65-1218069	0.09%
Digital Surveillance Solutions, Inc.	20-0886315	0.68%
WNY Women's Foundation	27-4154672	0.13%
AT Technology, Inc.	16-1553876	0.86%
Kangarootime, Inc.	47-3524704	0.37%
C.H. SMITH CONSTRUCTION, INC.	73-1004991	0.19%
Dr. Langone	09-7545246	0.00%
J.C. Ross, Inc.	16-1560271	0.12%
Herstory Writers Workshop	11-3377741	0.06%
Holding Capital Group, Inc.	13-2964405	0.49%
Buffalo Niagara Manufacturing Alliance	27-1356778	0.10%
Sienna Environmental Technologies, LLC	16-1581864	0.75%

(a) Name of participating employer	(b) EIN	(c) Percent of total contributions
International Advertising Association	13-1661667	0.09%
Niagara Punch & Die Corp.	16-0839028	0.36%
Bronx Pro Group, LLC	45-4657572	1.01%
Dr. Steven Blonder, DDS	06-5469688	0.05%
Buffalo Niagara Partnership	16-0365700	1.09%
Superior Glove Works USA Limited	35-2491374	0.63%
Eastern New York Youth Soccer Association	11-2590396	0.09%
Innomotive Solutions Group, LLC	41-2282416	0.65%
NBF Holdings USA, Inc	32-0546102	1.68%
TSSCO, Inc.	11-3088867	0.38%
M and M Forwarding of Buffalo NY, Inc.	16-0975939	0.21%
Photolitec, LLC	90-0642326	0.07%
Gas Technology Energy Concepts, LLC	16-1572677	0.04%
Webair Internet Development, Co.	11-3460094	1.89%
Challenger Logistics International Inc.	38-3588676	0.43%
The Economic Development Group dba Northland Workforce Train	22-3781639	0.48%
Bargnesi Britt PLLC	83-2917352	0.41%
Nextcorps, Inc.	16-1195028	2.58%
TSS Integrated	13-3867116	0.54%
Norman Hecht Research	11-2774791	1.44%
Buffalo ENT Specialists, LLP	16-1626920	1.66%
Contract Pharmaceuticals Ltd & All Control Group Companies	98-0359212	0.56%
Robert Optical Inc.	16-0843787	0.20%
Family Justice Center of the Erie County	20-2250813	0.21%

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF THE YEAR).

THE ALCOTT GROUP 401(K) PLAN

PLAN #: 001

EIN: 26-1638437

(a)	(b) Identity of issuer, borrower or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	BlackRock	BTMKX - iShares MSCI EAFE International Index K		1,358,966
	DFA	DFCEX - DFA Emerging Markets Core Equity		835,980
	Franklin/Templeton	FIFRX - FRANKLIN GROWTH FUNDCLASS R6		8,930,690
	Self-Directed Brokerage	FISDB - Fidelity SDBA		6,650,011
	Fidelity	FXNAX - Fidelity US Bond Index		2,197,238
	Gabelli Funds/SSga	GABXX - Gabelli US Treasury Money Market		101,828
	Janus	JAGLX - Janus Global Life Sciences Fund CI T		2,376,562
	Metropolitan West	MWTIX - Metropolitan West Total Return I		5,560,141
	Prudential	PHYQX - Prudential High Yield CI Q		2,026,257
	Reliance Trust	QEWFO - Reliance NY Life Anchor Series 1 CL 0		6,146,841
	AllianceBernstein Funds	QUAKX - AB Small Cap Growth K		2,578,906
	American Funds	RERGX - American Funds EuroPacific R6		6,600,092
	American Funds	RIDGX - American Funds Income Fund of America R6		2,667,620
	Kemper Multi-Fund	RRRZX - DWS RREEF Real Estate Securities R6		1,334,857
	Dreyfus	SDSCX - BNY Mellon Small Midcap Growth I		8,029,853
	JPMorgan	UBVFX - Undiscovered Managers Behavioral Val R6		631,307
	Vanguard	VASGX - Vanguard Life Strategy Growth		1,875,974
	Vanguard	VASIX - Vanguard LifeStrategy Income		307,144
	Vanguard	VASVX - Vanguard Select Value		1,801,810
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		2,106,575
	Vanguard	VEIRX - Vanguard Equity Income Admiral		5,692,211
	Vanguard	VFFVX - Vanguard Target Retirement 2055		2,092,881
	Vanguard	VFIFX - Vanguard Target Retirement 2050		3,209,577
	Vanguard	VFORX - Vanguard Target Retirement 2040		7,031,879
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		3,349,346
	Vanguard	VINIX - Vanguard Institutional Index		12,901,133
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		28,098
	Vanguard	VMFXX - Vanguard Federal Money Market		10,990
	Vanguard	VSCGX - Vanguard Life Strategy Conservative		284,701
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		4,204,178
	Vanguard	VSMGX - Vanguard Life Strategy Moderate		763,271
	Vanguard	VTAPX - Vanguard Short-Term Int'l Prot Index Admir		51,269
	Vanguard	VTHRX - Vanguard Target Retirement 2030		8,087,694
	Vanguard	VTIAX - Vanguard Total Int'l Stock Index Admiral		2,004,330
	Vanguard	VTINX - Vanguard Target Retirement Income		2,176,548
	Vanguard	VTIVX - Vanguard Target Retirement 2045		6,003,677
	Vanguard	VTMAX - Vanguard Total Stock Market Index Admira		5,766,374
	Vanguard	VTTHX - Vanguard Target Retirement 2035		6,173,953
	Vanguard	VTTX - Vanguard Target Retirement 2060		738,137
	Vanguard	VTTVX - Vanguard Target Retirement 2025		6,817,403
	Vanguard	VTWXX - Vanguard Target Retirement 2020		4,501,406
	Vanguard	VTXVX - Vanguard Target Retirement 2015		2,144,131
	Participant Loan	3.5% - 6.25%		1,218,218