Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [X] special extension (enter description) IDA EXTENSION

Part II Basic Plan Information—enter all requested information

1a Name of plan
MORITT HOCK & HAMROFF LLP 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2010

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)
MORITT HOCK & HAMROFF LLP

400 GARDEN CITY PLAZA
SUITE 200
GARDEN CITY, NY 11530

2b Employer Identification Number (EIN) 11-2954522

2c Plan Sponsor's telephone number 516-873-2000

2d Business code (see instructions) 541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/20/2022	PATRICIA B. ISAACSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	152
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)**	140
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	139
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	159
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	159
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	139
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2F 2G 2J 2K 2T 3B 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
MORITT HOCK & HAMROFF LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MORITT HOCK & HAMROFF LLP

D Employer Identification Number (EIN)
11-2954522

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
35-0472300	65676	895617087	9	01/01/2020	12/31/2020

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	785965
c	Additions: (1) Contributions deposited during the year	7c(1)	6203		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	17978		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	847862		
	▶ OTHER INCOME				
	(6) Total additions			7c(6)	872043
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1658008
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	16156		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	462545		
	▶ OTHER EXPENSES				
	(5) Total deductions			7e(5)	478701
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1179307

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

A Name of plan
MORITT HOCK & HAMROFF LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MORITT HOCK & HAMROFF LLP

D Employer Identification Number (EIN)
11-2954522

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

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

COMMONWEALTH FINANCIAL NETWORK

04-2675571

(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	ADVISOR	41843	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

RAICH ENDE MALTER & CO LLP

11-2336434

(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	25781	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	48761	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

MLF CONSULTING GROUP, INC.

(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?
17	CONSULTANT	60700	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AB DISC GRTH I - ALLIANCEBERNSTEIN 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMG YACKTMAN I - BNY MELLON INVEST	P.O. BOX 9793 PROVIDENCE, RI 02940	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARIEL FUND - U.S. BANK GLOBAL FUND	615 EAST MICHIGAN STREET MILWAUKEE, WI 53202	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
C&S REAL ESTATE I - DST ASSET MANA 430 W 7TH STREET SUITE 219432 KANSAS CITY, MT 64105	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DLWR HEALTHCARE I - DELAWARE INVES 2005 MARKET STREET PHILADELPHIA, PA 19103	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FROST TOT RTN BD IS - DST SYSTEMS 43-1581814	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS CORE PL BD Y - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MT 64105	0.20%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS INTL DIVRSN R4 - MFS SERVICE C 04-2865649	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIF SMCP S&P600 INST - PRINCIPAL S 711 HIGH STREET DES MOINES, IA 50392	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO INCOME I2 - DST ASSET MANAGE 430 W 7TH STREET STE 219432 KANSAS CITY, MT 64105	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VRS SMALL CAP GRTH Y - FIS INVESTO 4249 EASTON WAY SUITE 400 COLUMBUS, OH 43219	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WF SMALL CO VALUE IS - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MT 64105	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WHITE OAK SEL GROWTH - ULTIMUS FUN 31-1663251	0.40%	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
MORITT HOCK & HAMROFF LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MORITT HOCK & HAMROFF LLP

D Employer Identification Number (EIN)
11-2954522

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 reported 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		3129
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		65392
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	32058	127378
(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)	221874	139728
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18602993	32658403
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	785964	1179307
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	19642889	34173337
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	19642889	34173337

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)	69354	
	(B) Participants	2a(1)(B)	1354411	
	(C) Others (including rollovers)	2a(1)(C)	265706	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1689471
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	359	
	(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)	5660	
	(F) Other	2b(1)(F)	28800	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		34819
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	3976	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1740439	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1744415
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	469095	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	493194	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-24099
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3053821
c Other income	2c		49921
d Total income. Add all **income** amounts in column (b) and enter total	2d		6548348
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1050724	
(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)		1050724
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	41843	
(4) Other	2i(4)	94142	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		135985
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1186709
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5361639
l Transfers of assets:			
(1) To this plan	2l(1)		9168809
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RAICH ENDE MALTER & CO LLP **(2)** EIN: 11-2336434

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
MORITT HOCK & HAMROFF LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MORITT HOCK & HAMROFF LLP

D Employer Identification Number (EIN)
11-2954522

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

MORITT HOCK & HAMROFF LLP
401(K) PROFIT SHARING PLAN

Financial Statements
December 31, 2020 and 2019

MORITT HOCK & HAMROFF LLP
401(K) PROFIT SHARING PLAN

Table of Contents *December 31, 2020 and 2019*

PAGE

INDEPENDENT AUDITORS' REPORT 1-2

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits 3

Statement of Changes in Net Assets Available for Benefits 4

NOTES TO FINANCIAL STATEMENTS 5-12

SUPPLEMENTAL INFORMATION

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) 13

Schedule H, Line 4(i) - Schedule of Assets (Acquired and Disposed of Within Year) 14

RAICH ENDE MALTER & CO. LLP
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

100 Campus Drive, Suite 106
Florham Park, NJ 07932
973.267.4200
973.984.9634 (fax)
cpa@rem-co.com

Offices in New York City, Long Island, New Jersey & Cayman Islands

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Moritt Hock & Hamroff LLP 401(k) Profit Sharing Plan
Garden City, New York

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

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

Disclaimer of Opinion

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

RAICH ENDE MALTER & CO. LLP

CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

Other Matter - Supplemental Information

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2020 and Schedule H, Line 4(i) - Schedule of Assets (Acquired and Disposed of Within Year) for the year ended December 31, 2020, together referred to as "supplemental information", are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental 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 schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Raich Ende Malter & Co LLP

RAICH ENDE MALTER & CO. LLP
Florham Park, New Jersey
January 13, 2022

MORITT HOCK & HAMROFF LLP
401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2020	*2019*
ASSETS		
Investments - at fair value	**$ 32,785,781**	$ 18,635,051
Investments - at contract value	**1,179,307**	785,964
	33,965,088	19,421,015
Cash	**3,129**	-
Receivables		
Notes receivable from participants	**139,728**	221,874
Employee contributions	**65,392**	20,000
Employer contributions	**-**	15,827
	205,120	257,701
NET ASSETS AVAILABLE FOR BENEFITS	**$ 34,173,337**	$ 19,678,716

See notes to financial statements.

MORITT HOCK & HAMROFF LLP
401(K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2020

Additions to Net Assets Attributable to:	
Investment income:	
Net appreciation in fair value of investments	$ 3,053,821
Dividend income	1,744,415
Other income	49,921
Interest income	29,159
Realized (loss) on sale of assets	(24,099)
	4,853,217
Interest income on notes receivable from participants	5,660
Contributions:	
Participants	1,334,411
Rollover	265,706
Employer	53,527
	1,653,644
Total Additions	6,512,521
Deductions from Net Assets Attributable to:	
Benefits paid to participants	1,050,724
Administrative expenses	135,985
Total Deductions	1,186,709
Net Increase in Net Assets Available for Benefits	5,325,812
Net Assets Available for Benefits - beginning	19,678,716
Assets transferred in from Moritt Hock and Hamroff Profit Sharing Plan	9,168,809
Net Assets Available for Benefits - end	$ 34,173,337

See notes to financial statements.

1 - Description of the Plan

The Moritt Hock & Hamroff LLP 401(k) Plan (the "401(k) Plan") became effective January 1, 2010. The 401(k) Plan was amended effective January 1, 2020, to merge the 401(k) Plan with the Moritt Hock and Hamroff Profit Sharing Plan to create the Moritt Hock & Hamroff 401(k) Profit Sharing Plan (the "Plan"). All other significant provisions of the Plan remained the same. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") was signed into law. The CARES Act contains several provisions that temporarily impact 401(k) type plans, such as the waiver of required minimum distributions for 2020. The Plan allows eligible individuals to receive COVID-19 relief available under the CARES Act in the form of coronavirus-related distributions and a delay in the due date for repayments for outstanding plan loans occurring during the period beginning on March 27, 2020 and ending on December 31, 2020, for one year as provided. The Plan has not been formally amended to incorporate these provisions into the Plan. The deadline for adopting these amendments is December 31, 2022.

a. ***General*** - The Plan is a defined contribution plan which covers eligible employees and partners of Moritt Hock & Hamroff LLP (the "Company" or the "Employer") as defined in the Plan agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Each full-time, nonunion employee or partner of the Company becomes eligible for participation in the Plan upon attaining 21 years of age. Upon fulfilling eligibility requirements, employees become eligible on the first, fourth, seventh, and tenth month of the plan year.

During the year ended December 31, 2020, $9,168,809 of assets were transferred from the Moritt Hock and Hamroff Profit Sharing Plan into the Plan.

b. ***Contributions*** - Plan contributions consist of compensation reduction elections of participants for pre-tax and Roth contributions, rollovers, discretionary profit sharing, and employer discretionary match contributions. Each year, participants of the Plan may elect to have up to 92% of their compensation, subject to certain statutory limitations, contributed to the Plan. Participants may elect to have a portion or all of their contributions to be Roth 401(k) contributions that are includable in the participant's gross income at the time deferred. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds, a stable value fund (a guaranteed investment contract) and a money market fund as investment options for participants. The Plan also provides for rollover contributions by participants, subject to limitations defined in the Plan agreement. Rollover contributions are comprised of contributions by participants from other qualified defined benefit or defined contribution plans. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Under the terms of the Plan, the Company makes discretionary matching contributions to the Plan equal to 25% of employee deferrals, up to a maximum deferral of 6% of employee eligible compensation. Effective April 1, 2020, the Company temporarily suspended employer matching contributions. The employer match was reinstated in January 2021.

For the year ended December 31, 2020, the Company elected not to make profit-sharing contributions.

At December 31, 2020, all investments are participant-directed, except for both interest and non-interest bearing cash. Participants direct the investment of contributions into the various investment options offered by the Plan.

c. ***Participant Accounts*** - Each participant's account is credited with the participant's contribution including any rollover contributions and allocations of employer matching contributions and profit sharing contributions, and Plan earnings, and charged with an allocation of investment-related expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

d. ***Vesting*** - Participants are immediately vested in their voluntary contributions, rollovers, and qualified nonelective contributions, plus actual earnings thereon. Any employer matching contributions, discretionary contributions, and profit sharing contributions, and any earnings thereon, are subject to vesting provisions based upon periods of service, as defined, and are as follows:

Years of Service	***Vesting Percentage***
less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

e. ***Notes Receivable from Participants*** - Participants may borrow from their Plan accounts a minimum of $1,000, up to a maximum equal to either the lesser of $50,000 reduced by the participant’s highest outstanding note balance to the Plan during the one-year period ending on the day before the date on which the note is made, or 50% of their vested account balance, less current outstanding note balances. Effective November 1, 2018, participants may only have one loan outstanding at any given time. All notes, other than those used to purchase a principal residence, must be repaid within five years. Notes used to purchase a principal residence can have repayment terms extending beyond five years. Interest rates are set by the plan administrator at issuance based on comparable rates offered by local commercial lenders. At December 31, 2020, the interest rate on outstanding notes, maturing through November 2025, was 3.25% to 5.75%. Principal and interest are paid ratably through semi-monthly payroll deductions. Loan repayments may be suspended for up to 12 months for any period during which a participant is on unpaid leave of absence, and for any period a participant is on military leave. Participant notes are due and payable on the date the participant terminates employment with the Company.

In accordance with the CARES Act, the maximum participant loan limit was temporarily increased to the lesser of $100,000 or 100% of the participant’s vested account balance for qualified participants and participants were given the option to suspend loan repayments for up to one year.

f. ***Payments of Benefits*** - On termination of service due to death, disability, or retirement, participants become 100% vested in their account balance. For termination of service for other reasons, a participant may receive a distribution amount equal to the value of the vested interest in his or her account at the time of termination. Normal retirement age is 65. Participants who have vested benefits in excess of $1,000 and are eligible to receive benefits may elect to receive an amount equal to the participant’s vested interest in his or her account as a lump-sum distribution or a direct rollover to an individual retirement account or other qualified plan. If, at the time of termination, the participant’s vested account balance does not exceed $1,000, the Plan shall make involuntary cash-out distributions of the vested account balance.

In accordance with the CARES Act, qualified participants were permitted to request penalty-free distributions of up to $100,000 for qualifying coronavirus-related reasons. These reasons include the participant or the participant's spouse or dependent being diagnosed with COVID-19 and adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced, or being unable to work due to lack of childcare due to COVID-19. The Plan made approximately $346,000 of CARES Act distributions during the plan year ended December 31, 2020.

g. ***Forfeitures*** - The forfeited portion of nonvested accounts may first be used to pay administrative expenses. Any remaining amounts will be used to reduce future employer contributions. At December 31, 2020 and 2019, forfeitures recorded by the Plan amounted to $64,713 and $8,549, respectively. For the year ended December 31, 2020, $14,978 of forfeitures were used to pay administrative expenses.

2 - Summary of Significant Accounting Policies

a. ***Basis of Accounting*** - The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

b. ***Investment Valuation and Income Recognition*** - Investments held are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. *Net appreciation in fair value of investments* includes the Plan's gains and losses on investments bought and sold, as well as held during the year. See Note 5 for a discussion of fair value measurements

c. ***Notes Receivable from Participants*** - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as *administrative expenses* and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If a participant ceases to make loan repayments and management deems the participant loan to be in default, the participant loan balance is reduced and a deemed distribution is recorded. There were no deemed distributions during the year ended December 31, 2020.

d. ***Payment of Benefits*** - Benefits are recorded when paid.

e. ***Use of Estimates*** - The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

f. ***Plan Expenses*** - Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account. Investment related expenses, other than management services, are included in *net appreciation in fair value of investments*. Investment management services and record keeping expenses are included in *administrative expenses* on the statement of changes in net assets.

g. ***Other Income*** - *Other income* of $49,921 is the excess revenue earned on mutual funds, which was deposited into a Revenue Credit Account during 2020. Amounts held in the Revenue Credit Account are permitted to be used to reimburse the Company for fees and expenses associated with services provided to the Plan, or to pay vendors, including the trustee or third parties, directly. Plan expenses paid from the Revenue Credit Account during 2020 amounted to $15,025.

3 - Information Certified by the Trustee (Unaudited)

At December 31, 2020, the Plan invests in mutual funds, a money market fund, and a guaranteed investment contract that are held by Fidelity Management Trust Company. Certain information related to these investments disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year) was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Management Trust Company, the trustee of the Plan.

The participant directed assets held and certified by Fidelity Management Trust Company, the Trustee, are summarized as follows:

	December 31,	
	2020	***2019***
Investments - at fair value	**$ 32,725,442**	$ 18,635,051
Investments - at contract value	**1,179,307**	785,964
Notes receivable from participants	**139,728**	221,874
	$ 34,044,477	$ 19,642,889

The changes in participant directed net assets available for benefits held and certified by Fidelity Management Trust Company, the Trustee, are as follows:

	For the Year Ended December 31, 2020
Net appreciation in fair value of investments	$ 3,090,250
Dividend income	1,738,841
Contributions	1,653,644
Other income	49,921
Interest income	28,886
Interest income on notes receivable from participants	5,660
Benefits paid to participants	(1,050,724)
Administrative expenses	(68,088)
	$ 5,448,390

4 - Non Participant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	December 31, 2020
Net Assets:	
Investments - at fair value	$ 60,339
Cash	3,129
	$ 63,468

	For the Year Ended December 31, 2020
Changes in Net Assets:	
Net depreciation in fair value of investments	$ (36,429)
Realized (loss) on sale of assets	(24,099)
Dividend income	5,574
Interest income	273
Administrative expenses	(67,897)
	$ (122,578)

5 - Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

Mutual Funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These

funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money Market Fund - The Plan holds an investment in the Fidelity Government Money Market Fund. Fair value of the money market fund is based on NAV, which is the fund's readily determinable fair value. This investment is categorized as a Level 2 in the fair value hierarchy below. This portfolio represents a commingled fund with an investment objective to seek a high level of current income with the preservation of principal and liquidity. The fund normally invests assets in U.S. government securities and repurchase agreements for those securities.

Interest Bearing Cash - Valued at the cash balance held by the Plan at year end.

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

	Investments at Fair Value				
	Level 1	***Level 2***	***Level 3***	***Investments at NAV***	***Total***
December 31, 2020					
Mutual Funds	$ 32,658,403	$ -	$ -	$ -	**$ 32,658,403**
Money Market Fund	-	67,039	-	-	**67,039**
Interest bearing cash	60,339	-	-	-	**60,339**
Total Investments at Fair Value	$ 32,718,742	$ 67,039	$ -	$ -	**$ 32,785,781**
December 31, 2019					
Mutual Funds	$ 18,602,993	$ -	$ -	$ -	**$ 18,602,993**
Money Market Fund	-	32,058	-	-	**32,058**
Total Investments at Fair Value	$ 18,602,993	$ 32,058	$ -	$ -	**$ 18,635,051**

The Plan's policy is to recognize transfers into and out of any level as of the date of the event or change in circumstances that caused the transfer. There were no transfers into or out of any level for the year ended December 31, 2020.

6 - Guaranteed Investment Contract

The Plan has a traditional fully benefit-responsive investment contract with Lincoln Life & Annuity Company of New York ("Lincoln") totaling $1,179,307 and $785,964 as of December 31, 2020 and 2019, respectively. Lincoln maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer, but may not be less than 1%. The crediting rate is reviewed on a quarterly basis for resetting. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by Lincoln, represents contributions made under

the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another third party plan); (2) changes to the Plan's prohibition on competing investment options or deletion of equity 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; The plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are unlikely to occur.

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) a breach of material obligation under the contract, (2) a material amendment to the Plan document without the consent of the issuer, (3) failure of the Plan to pay expenses under the contract.

7 - Party-In-Interest Transactions

Plan investments include mutual funds, a money market fund, and a guaranteed investment contract managed by the current trustee or their affiliates and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services and record keeping amounted to $135,985 and are included in *administrative expenses* on the statement of changes in net assets available for benefits for the year ended December 31, 2020.

8 - Income Tax Status

The IRS determined and informed the Plan's Trustees by a letter dated March 31, 2014 that its prototype plan was designed in accordance with applicable sections of the Internal Revenue Code ("IRC") and is exempt from income taxes. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

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

9 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in the value in their accounts.

10 - 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 and the level of uncertainty related to changes in the value of these investments, it is at least

reasonably possible that changes in market conditions in the near term could materially affect participants' account balances and the amounts reported in the s*tatements of net assets available for benefits*.

The World Health Organization characterized the COVID-19 virus as a global pandemic on March 11, 2020. The duration and economic impact of this pandemic are uncertain. Currently, management is unable to quantify its potential effects on the operations and financial performance of the Plan for the purposes of recording a loss contingency.

11 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of certain financial statement amounts to Schedule H of Form 5500:

Line Item	*Financial Statements*	*Reconciling Items*	*Form 5500*
Statement of Changes in Net Assets Available for Benefits – 2020			
Participant contributions	$ 1,334,411	$ 20,000	$1,354,411
Employer contributions	53,527	15,827	69,354
Net increase in net assets available for benefits	5,325,812	35,827	5,361,639
Statement of Net Assets Available for Benefits - 2019			
Employer contributions receivable	$ 15,827	$ (15,827)	$ -
Employee contributions receivable	20,000	(20,000)	-
Net assets available for benefits	19,678,716	(35,827)	19,642,889

12 - Subsequent Events

The Plan's management has evaluated subsequent events through January 13, 2022, the date the financial statements were available to be issued.

MORITT HOCK & HAMROFF LLP
401(K) PROFIT SHARING PLAN

Supplemental Information -
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) *Plan # 002*
December 31, 2020 *EIN # 11-2954522*

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party	*Description of investment including maturity date, rate of interest, collateral, par or maturity value*	*Cost*	*Current Value*
	Guranteed Investment Contract			
*	Fidelity Management Trust Company	Lincoln Stable Value Account - at contract value	**	$ 1,179,307
	Mutual Funds			
*	Fidelity Management Trust Company	Fidelity Freedom 2025 Fund	**	7,086,784
*	Fidelity Management Trust Company	Fidelity Freedom 2030 Fund	**	4,772,140
*	Fidelity Management Trust Company	Fidelity Freedom 2035 Fund	**	3,471,670
*	Fidelity Management Trust Company	Fidelity 500 Index Fund	**	2,860,403
*	Fidelity Management Trust Company	Fidelity Freedom 2020 Fund	**	2,773,688
*	Fidelity Management Trust Company	Fidelity Blue Chip Growth Fund	**	1,840,213
*	Fidelity Management Trust Company	Fidelity Freedom 2040 Fund	**	1,804,534
*	Fidelity Management Trust Company	Fidelity Freedom 2045 Fund	**	1,185,605
*	Fidelity Management Trust Company	Fidelity Freedom 2010 Fund	**	1,179,784
*	Fidelity Management Trust Company	Fidelity Freedom 2015 Fund	**	825,155
*	Fidelity Management Trust Company	AMG Yacktman Fund Class I	**	741,592
*	Fidelity Management Trust Company	White Oak Select Growth Fund	**	504,832
*	Fidelity Management Trust Company	PIMCO Income Fund Class I-2	**	421,785
*	Fidelity Management Trust Company	Fidelity Freedom 2050 Fund	**	414,576
*	Fidelity Management Trust Company	Victory RS Small Cap Growth Fund Class Y	**	349,956
*	Fidelity Management Trust Company	Fidelity Select Biotechnology Portfolio	**	335,230
*	Fidelity Management Trust Company	Fidelity Capital & Income Fund	**	308,636
*	Fidelity Management Trust Company	MFS International Diversification Fund Class R4	**	247,658
*	Fidelity Management Trust Company	Loomies Sayles Core Plus Bond Fund Class Y	**	244,863
*	Fidelity Management Trust Company	Fidelity Select Gold Portfolio	**	219,909
*	Fidelity Management Trust Company	Fidelity Select Software and IT Services Portfolio	**	177,825
*	Fidelity Management Trust Company	First Eagle Global Fund Class R6	**	176,595
*	Fidelity Management Trust Company	Fidelity Freedom 2055 Fund	**	146,032
*	Fidelity Management Trust Company	Fidelity Freedom Income Fund	**	145,229
*	Fidelity Management Trust Company	C & S Real Estate I	**	134,587
*	Fidelity Management Trust Company	AB Discovery Growth Fund Class I	**	60,287
*	Fidelity Management Trust Company	Ariel Fund Investor Class	**	41,069
*	Fidelity Management Trust Company	Fidelity Select Energy Portfolio	**	35,000
*	Fidelity Management Trust Company	American Funds American Balanced Fund Class R6	**	32,233
*	Fidelity Management Trust Company	Fidelity Freedom 2060 Fund	**	29,112
*	Fidelity Management Trust Company	Wells Fargo Small Company Value Fund Class R6	**	27,535
*	Fidelity Management Trust Company	American Funds PRSRVTIN PTF R6	**	19,152
*	Fidelity Management Trust Company	Delarware Healthcare Fund Class I	**	15,140
*	Fidelity Management Trust Company	Fidelity Emerging Markets Discovery Fund	**	13,509
*	Fidelity Management Trust Company	Fidelity Extended Market Index Fund	**	9,292
*	Fidelity Management Trust Company	Fidelity Select Utilities Portfolio	**	6,793
				32,658,403
	Money Market			
*	Fidelity Management Trust Company	Fidelity Government Money Market Fund	**	67,039
	Cash			
	Signature Bank, NA	Interest bearing Cash	$ 60,339	60,339
	Notes Receivable from Participants	Notes Receivable from Participants - collateralized by the participants' account balances, interest rates at 3.25% to 5.75%, maturities through November 2025	-0-	139,728
				$ 34,104,816

***** Represents party-in-interest

****** Participant-directed, information not applicable

MORITT HOCK & HAMROFF LLP
401(K) PROFIT SHARING PLAN

Supplemental Information -
Schedule H, Line 4(i) - Schedule of Assets (Acquired and Disposed of Within Year) *Plan #002*
For the Year Ended December 31, 2020 *EIN: #11-2954522*

(a) *Identity of issuer, borrower, lessor, or similar party*	(b) *Description of investment, including maturity date, rate of interest, collateral, par or maturity value*	(c) *Cost of Acquisitions*	(d) *Proceeds of Dispositions*
Commonwealth Financial Network	iShares Russell 2000 Growth ETF	$ 108,277	$ 106,563
Commonwealth Financial Network	Vanguard S&P 500 ETF	248,884	244,743

MORITT HOCK & HAMROFF LLP
401(K) PROFIT SHARING PLAN

Supplemental Information -
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) *Plan # 002*
December 31, 2020 *EIN # 11-2954522*

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party	*Description of investment including maturity date, rate of interest, collateral, par or maturity value*	*Cost*	*Current Value*
	Guranteed Investment Contract			
*	Fidelity Management Trust Company	Lincoln Stable Value Account - at contract value	**	$ 1,179,307
	Mutual Funds			
*	Fidelity Management Trust Company	Fidelity Freedom 2025 Fund	**	7,086,784
*	Fidelity Management Trust Company	Fidelity Freedom 2030 Fund	**	4,772,140
*	Fidelity Management Trust Company	Fidelity Freedom 2035 Fund	**	3,471,670
*	Fidelity Management Trust Company	Fidelity 500 Index Fund	**	2,860,403
*	Fidelity Management Trust Company	Fidelity Freedom 2020 Fund	**	2,773,688
*	Fidelity Management Trust Company	Fidelity Blue Chip Growth Fund	**	1,840,213
*	Fidelity Management Trust Company	Fidelity Freedom 2040 Fund	**	1,804,534
*	Fidelity Management Trust Company	Fidelity Freedom 2045 Fund	**	1,185,605
*	Fidelity Management Trust Company	Fidelity Freedom 2010 Fund	**	1,179,784
*	Fidelity Management Trust Company	Fidelity Freedom 2015 Fund	**	825,155
*	Fidelity Management Trust Company	AMG Yacktman Fund Class I	**	741,592
*	Fidelity Management Trust Company	White Oak Select Growth Fund	**	504,832
*	Fidelity Management Trust Company	PIMCO Income Fund Class I-2	**	421,785
*	Fidelity Management Trust Company	Fidelity Freedom 2050 Fund	**	414,576
*	Fidelity Management Trust Company	Victory RS Small Cap Growth Fund Class Y	**	349,956
*	Fidelity Management Trust Company	Fidelity Select Biotechnology Portfolio	**	335,230
*	Fidelity Management Trust Company	Fidelity Capital & Income Fund	**	308,636
*	Fidelity Management Trust Company	MFS International Diversification Fund Class R4	**	247,658
*	Fidelity Management Trust Company	Loomies Sayles Core Plus Bond Fund Class Y	**	244,863
*	Fidelity Management Trust Company	Fidelity Select Gold Portfolio	**	219,909
*	Fidelity Management Trust Company	Fidelity Select Software and IT Services Portfolio	**	177,825
*	Fidelity Management Trust Company	First Eagle Global Fund Class R6	**	176,595
*	Fidelity Management Trust Company	Fidelity Freedom 2055 Fund	**	146,032
*	Fidelity Management Trust Company	Fidelity Freedom Income Fund	**	145,229
*	Fidelity Management Trust Company	C & S Real Estate I	**	134,587
*	Fidelity Management Trust Company	AB Discovery Growth Fund Class I	**	60,287
*	Fidelity Management Trust Company	Ariel Fund Investor Class	**	41,069
*	Fidelity Management Trust Company	Fidelity Select Energy Portfolio	**	35,000
*	Fidelity Management Trust Company	American Funds American Balanced Fund Class R6	**	32,233
*	Fidelity Management Trust Company	Fidelity Freedom 2060 Fund	**	29,112
*	Fidelity Management Trust Company	Wells Fargo Small Company Value Fund Class R6	**	27,535
*	Fidelity Management Trust Company	American Funds PRSRVTIN PTF R6	**	19,152
*	Fidelity Management Trust Company	Delarware Healthcare Fund Class I	**	15,140
*	Fidelity Management Trust Company	Fidelity Emerging Markets Discovery Fund	**	13,509
*	Fidelity Management Trust Company	Fidelity Extended Market Index Fund	**	9,292
*	Fidelity Management Trust Company	Fidelity Select Utilities Portfolio	**	6,793
				32,658,403
	Money Market			
*	Fidelity Management Trust Company	Fidelity Government Money Market Fund	**	67,039
	Cash			
	Signature Bank, NA	Interest bearing Cash	$ 60,339	60,339
	Notes Receivable from Participants	Notes Receivable from Participants - collateralized by the participants' account balances, interest rates at 3.25% to 5.75%, maturities through November 2025	-0-	139,728
				$ 34,104,816

***** Represents party-in-interest

****** Participant-directed, information not applicable

MORITT HOCK & HAMROFF LLP
401(K) PROFIT SHARING PLAN

Supplemental Information -
Schedule H, Line 4(i) - Schedule of Assets (Acquired and Disposed of Within Year) *Plan #002*
For the Year Ended December 31, 2020 *EIN: #11-2954522*

(a) *Identity of issuer, borrower, lessor, or similar party*	(b) *Description of investment, including maturity date, rate of interest, collateral, par or maturity value*	(c) *Cost of Acquisitions*	(d) *Proceeds of Dispositions*
Commonwealth Financial Network	iShares Russell 2000 Growth ETF	$ 108,277	$ 106,563
Commonwealth Financial Network	Vanguard S&P 500 ETF	248,884	244,743