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
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LOS ANGELES DODGERS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/2004

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)
LOS ANGELES DODGERS LLC

1000 VIN SCULLY WAY
LOS ANGELES, CA 90012

2b Employer Identification Number (EIN) 20-0343133

2c Plan Sponsor's telephone number 323-224-1500

2d Business code (see instructions) 711210

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.	07/12/2022	LEONOR ROMERO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/12/2022	LEONOR ROMERO
	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**	663
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)**	513
a(2) Total number of active participants at the end of the plan year	**6a(2)**	508
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	148
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	656
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	656
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	453
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

(1)	[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
LOS ANGELES DODGERS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOS ANGELES DODGERS LLC

D Employer Identification Number (EIN)
20-0343133

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
SECURITY BENEFIT LIFE INSURANCE CO.

(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
48-0409770	68675	501845	80	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
0	0

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	

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(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**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	2264567

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

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
LOS ANGELES DODGERS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOS ANGELES DODGERS LLC

D Employer Identification Number (EIN)
20-0343133

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).. . . . . ☐ Yes ☒ No

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

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

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(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)

SECURITY FINANCIAL RESOURCES

48-1236469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 37 38 50 57 60 63 64	N/A	79740	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

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

FOREST CAPITAL MANAGEMENT, LLC

1 EAST WACKER DRIVE
SUITE 2505
CHICAGO, IL 60601

(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 51	N/A	83725	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
LOS ANGELES DODGERS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOS ANGELES DODGERS LLC

D Employer Identification Number (EIN)
20-0343133

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	406887	542678
(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)	23603808	29645184
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2224204	2264567
(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	26234899	32452429
	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	26234899	32452429

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)	1242673	
	(B) Participants	2a(1)(B)	2301712	
	(C) Others (including rollovers)	2a(1)(C)	418148	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3962533
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	20921	
	(F) Other	2b(1)(F)	51575	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		72496
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	726119	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		726119
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(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)		3064013
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7825161
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1444166	
(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)		1444166
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)	79740	
(3) Investment advisory and management fees	2i(3)	83725	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		163465
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1607631
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6217530
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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) [ ] 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: YOUNGER & COMPANY, CPAS **(2)** EIN: 20-4257034

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		449953

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
LOS ANGELES DODGERS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOS ANGELES DODGERS LLC

D Employer Identification Number (EIN)
20-0343133

Part I Distributions

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

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

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

EIN(s): 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_____

LA Dodgers 401(k) Plan

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULES

With Report of Independent Certified Public Accountant

Years Ended December 31, 2020 and December 31, 2019

LA Dodgers 401(k) Plan

Financial Statements and Supplemental Schedules

December 31, 2020 and 2019

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Younger & Company
Certified Public Accountants

1399 Kirkmichael Cir. ♦ Riverside, CA 92507 ♦ (951) 534-0190 Telephone ♦ (888) 400-6202 Fax

INDEPENDENT AUDITOR'S REPORT

401(k) Retirement Committee and Participants
LA DODGERS 401(K) PLAN

REPORT ON THE FINANCIAL STATEMENTS

We were engaged to audit the accompanying financial statements of *LA Dodgers 401(k) Retirement Plan* (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020, and 2019, and the related statements 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

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

AUDITOR'S RESPONSIBILITY

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

BASIS FOR DISCLAIMER OF OPINION

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by the trustee/custodian of the plan, Security Benefit/Security Benefit Life Insurance Company (except for comparing such information with the related information included in the financial statements and supplemental schedule.) The plan administrator has informed us that Security Benefit Corporation ("SBC") maintains plan records through its affiliate, Security Financial Resources ("SFR".) SBC holds the Plan's investment assets and executes investment transactions through its affiliate Security Distributors, Inc. ("SDI"), a broker/dealer registered with the SEC. SDI serves as distributor of mutual funds, as well as for variable annuities issued by Security Benefit Life Insurance Company. The plan administrator has obtained certification from the trustee/custodian as of and for the years ended of December 31, 2020 and 2019, that the information it provided to the plan administrator is complete and accurate.

DISCLAIMER OF OPINION

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

OTHER MATTER – OPINION NOT EXPRESSED ON SUPPLEMENTAL SCHEDULES

Supplemental schedules listed here 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 are presented for the purpose of additional analysis and are 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 following supplemental schedules as of or for the year ended December 31, 2020:

1. Schedule 1 - Schedule of Assets (Held at End of Year)

2. Schedule 2 - Schedule of Delinquent Participant Contributions

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.

Younger & Company, CPAs

Younger & Company, CPAs
Riverside, California
October 08, 2021

LA Dodgers 401(k) Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2020 and 2019

(*SEE INDEPENDENT AUDITOR'S REPORT*)

	December 31,	
	2020	2019
ASSETS		
Investments, at Fair Value		
Registered Investment Companies	$ 29,645,184	$ 23,603,808
Guaranteed Investment Contracts	2,264,567	2,224,204
Total Investments at Fair Value	31,909,751	25,828,012
Receivables		
Employer Contributions	123,410	142,799
Participant Contributions	59,347	127,261
Notes Receivable from Participants	542,678	406,887
Total Receivables	725,434	676,947
TOTAL ASSETS	32,635,185	26,504,959
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	$ 32,635,185	$ 26,504,959

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

LA Dodgers 401(k) Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2020

(*SEE INDEPENDENT AUDITOR'S REPORT*)

ADDITIONS (REDUCTIONS) TO NET ASSETS ATTRIBUTED TO		
Investment Income (Loss)		
Net Investment Gain/(Loss) from Registered Investment Companies	$	3,064,013
Dividends from Registered Investment Companies		726,119
Total Investment Income (Loss)		3,790,132
Interest Income		
Interest on Notes Receivable from Participants		20,921
Interest - Other		51,575
Total Interest Income		72,496
Contributions		
Employer		1,223,284
Participant		2,233,798
Rollover Contributions		418,148
Total Contributions		3,875,229
TOTAL ADDITIONS (REDUCTIONS) TO NET ASSETS		7,737,857
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits Paid to Participants		1,444,166
Administrative Expenses		163,465
TOTAL DEDUCTIONS FROM NET ASSETS		1,607,631
NET INCREASE		6,130,226
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR		26,504,959
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$	32,635,185

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

NOTE 1 - DESCRIPTION OF PLAN

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

Organization

The Plan was established by Los Angeles Dodgers LLC (the "Company") under the provisions of Section 401(a) of the Internal Revenue Code (IRC), which includes a deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Company. The Plan was established on March 1, 2004 and restated on January 1, 2012, when it converted to a Volume Submitter Profit Sharing Plan with CODA offered by ASC Institute LLC. The plan assets are held by Security Benefit Corporation (SBC) through its affiliates. Security Financial Resources, Inc., a subsidiary of SBC, provides online plan services to the employer and participants. The Plan is a participant-directed defined contribution plan and subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

For the benefit of eligible employers, the Plan recognizes the following adopting employers:

1. The Los Angeles Dodgers Foundation
2. Elysian Park Ventures, LLC
3. Guggenheim Baseball Management, L.P.
4. American Media Productions, LLC

Coronavirus Aid, Relief, and Economic Security Act

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (Cares Act) was passed into law, which was aimed at providing financial relief to small businesses and their employees amid the COVID-19 pandemic, which includes provisions that impact retirement plan rules for calendar year 2020 including the options to take Coronavirus-related distributions, suspend loan payments, increase new loan limits and to delay required minimum distributions. Plans are permitted to adopt these provisions immediately provided the Plan document is retroactively amended on or before December 31, 2022. The Plan is currently evaluating the need for any amendments to the Plan document.

Eligibility

Employees are eligible to participate in the Plan who have completed six months of service and worked 500 hours; there are no age requirements. Members of a collective bargaining unit, leased employees, baseball players and non-resident aliens are not permitted to participate in the Plan. After completion of eligibility requirements, employees are permitted to participate in pretax elective deferrals, matching and discretionary profit-sharing contributions. Employees become participants on the first day of each calendar month coinciding with or following the completion of the eligibility requirements.

Participant Contributions

Participants may elect to contribute their eligible pre-tax compensation to the Plan up to the amount allowable under the Plan document and subject to IRC limitations. Participants attaining age 50 before the end of the Plan year are eligible to make catch-up contributions, up to the maximum annual amount allowed by the IRC. Participants may also contribute amounts representing rollover distributions from other qualified defined benefit or defined contribution plans. The plan will not accept rollovers of designated Roth contributions. All contributions made by participants are deposited in the trust and allocated among the investment funds in accordance with the participants' effective elections.

NOTE 1 - DESCRIPTION OF PLAN - continued

Employer Contributions

Safe harbor contributions were made for the 2020 plan year. This method requires 100 percent match of salary deferrals up to 4% (not less than 4% and not more than 6%) of compensation.

The plan also permits discretionary matching contributions. The discretionary match is determined, by the employer, at the beginning of each plan year. No discretionary match was made for the 2020 Plan year. The Plan permits the employer to designate all or a portion of any matching contributions as "qualified matching" or "qualified nonelective."

All contributions made on a participant's behalf shall be deposited in the trust and allocated among the investment funds in accordance with the participant's effective elections.

Vesting

Participants are fully vested in their rollover and voluntary and safe-harbor contributions, plus actual earnings thereon.

The vested portion of any participant account attributable to other employer contributions (discretionary employer contributions and discretionary matching contributions) and the earnings thereon is based on years of credited service. A participant becomes 100 percent vested after three (3) years of credited service, or upon reaching normal retirement age, becoming disabled or upon his or her death. Participants vest according to the following schedule:

Discretionary Employer Matching Contributions And Discretionary Employer Contributions	
Years of Service	Percentage
Less than 1	0%
1	50%
2	75%
3 or more	100%

NOTE 1 - DESCRIPTION OF PLAN - continued

Investment Options

Fixed Annuity Account – Security Benefit Life Insurance Company

Participants may choose as one of its investments, Security Benefit Advisor 457 Variable Annuity (the Fixed Account) which is a separate account of Security Benefit Life Insurance Company (SBL) and established under Kansas law on August 25, 2003. The assets of the separate account are managed by Guggenheim Partners Investment Management, LLC ("GPIM").

The Fixed Account is subject to regulation and supervision by the Kansas Department of Insurance. In reliance on certain exemptive and exclusionary provisions, interests in the Fixed Account have not been registered as securities under the Securities Act of 1933 (the 1933 Act), and the Fixed Account has not been registered as an investment company under the Investment Company Act of 1940 (the 1940 Act). Accordingly, neither the Fixed Account nor any interests therein are generally subject to the provisions of the 1933 Act or the 1940 Act. Initial deposits were received April 12, 2004. The Fixed Account's assets are treated as applicable to variable annuity contracts and, therefore, are not chargeable with liabilities arising out of any other business SBL may conduct.

The Fixed Account Option is a group unallocated fixed annuity contract issued by Security Benefit Life Insurance Company ("SBL"), policy form GV4586. The obligations under the Fixed Account option are guaranteed by SBL's General Account in the event that the assets are not sufficient to meet the Fixed Account obligations.

The owner is the employer whose name the contract is issued to fund a retirement plan established by a unit of a state or local government under Section 457 of the Internal Revenue Code (IRC).

As an investment advisor, GPIM manages Security Benefit's Fixed Account to provide:

1. An option for retirement accounts to provide a fixed crediting rate that is established on a quarterly basis, with a minimum rate that is set at the beginning of each calendar year

2. Adequate liquidity that allows retirement plan participants to move funds in and out of their accounts

Registered Mutual Fund Companies

In addition to the annuity contract offered by Security Benefit Life, participants may also invest in various mutual fund companies offered through Security Financial Resources, Inc. Under provisions of the contract, participant contributions and investment earnings are directed by the participants, which may be invested in various investment alternatives. Investment options include shares of various registered investment companies and an insurance contract account. Participants may elect to transfer investments from one investment fund to any other investment fund on a daily basis.

NOTE 1 - DESCRIPTION OF PLAN - continued

Participant Accounts

Individual accounts are maintained for each of the Plan's participants. Each participant's account is credited with the participant's contributions plus allocations of (a) the Company's contributions and (b) Plan earnings and charged with an allocation of administrative 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. Fund investment expenses charged by the funds are netted against revenues before allocated to the participant accounts. Expenses for fees paid to the Plan's registered investment advisor (RIA) are reduced from participant accounts based upon participant account balances at the time the fees are paid to the RIA.

Forfeiture of Benefits

If a participant terminates prior to vesting 100 percent in any portion of the Company contributions, the forfeited balance from matching contributions shall be used to pay Plan administrative expenses. Any portion of forfeitures not used to pay Plan administrative expenses shall be used to reduce future employer contributions payable to the Plan. The forfeiture account activity for the plan years ended December 31, 2020 and 2019 is as follows:

Forfeiture Activity	2020	2019
Balance, Beginning of Year	$ 2,276	$ 983
Forfeitures Credited During the Year	196	1,263
Earnings	46	30
Forfeiture Balance - Year-End	$ 2,518	$ 2,276

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50 percent of their vested account balances. A loan setup fee is deducted from the participant's account for each loan that is processed. A participant is allowed two outstanding loans at any given time. Loan terms range up to five (5) years unless the loan is used for the purchase of a primary residence, for which the loan term may be extended. Loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator. The interest rates on loans outstanding during 2020 were between 5.25 and 6.75 percent and during 2019 the rates were between 5.25 and 7.25 percent, with various maturity dates. Principal and interest is paid ratably through payroll deductions.

Cares Act Relief - Special Provisions for Participant Loans

The maximum loan amount that an impacted participant may borrow from their retirement plan is temporarily increased from 50% to 100% of their total vested account balance, up to $100,000 (from $50,000). Impacted participants may also have their loan repayments suspended for up to 12 months for repayment due dates between the date of enactment through December 31, 2020.

NOTE 1 - DESCRIPTION OF PLAN - continued

Payment of Benefits

Upon termination of service due to death, disability or normal retirement age, a participant (or participant's beneficiary in the event of death) will receive a lump-sum distribution equal to the total value of the participant's account. If a participant is terminated for any other reason, the participant shall be entitled to receive a distribution equal to the value of the vested interest in his or her account. A mandatory 20 percent federal tax is withheld on cash distributions. As an alternative to a cash distribution, the participant or beneficiary may request a rollover distribution to another qualified plan. In the event of financial hardship, as defined by the Plan, a participant may request a distribution of any part of their elective deferral contributions. A participant may not make contributions to the Plan for the 6-month period following the date of a hardship distribution.

Cares Act Relief - Special Provisions for Distributions
Allows impacted participants, as defined, to take distributions in 2020 of up to $100,000 from a retirement plan or IRA and these withdrawals are not subject to mandatory 20% withholding and do not incur the 10% early distribution tax that normally applies to payments made prior to age 59 ½. Allows plans to suspend making required minimum distributions in 2020 and will also apply to participants who turned age 70 ½ in 2019 and have not yet received their 2019 distribution.

Administrative Expenses

The expenses related to administration of the Plan are paid by the Plan unless the Company elects to make such payment. Expenses paid directly by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments. Total administrative expenses paid from the plan for years ended December 31, 2020 and 2019 totaled $163,465 and $148,534, respectively.

Plan Termination

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

Plan Amendments

Effective January 01, 2020, the Plan was amended to adopt hardship distribution provisions of the Bipartison Budget Act of 2018 expanding its sources for hardship distirubiotn to include QNECs and QMACs.

Effective April 10, 2020 the Plan amended to adopt provisions of the Cares Act In-Service Distributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements for the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Except for unutilized forfeitures (see Note 1), the net assets of the Plan are allocated entirely to individual participants' accounts.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value.

Quoted market prices are used to value investments. Shares of registered investment companies are valued at the net asset value of shares held by the Plan at year-end.

Investments in insurance company contracts are reported at contract value, as determined by Security Benefit, if the contract is fully benefit-responsive; otherwise, the investments are stated at fair value.

Purchases and sales of securities are recorded on a trade-date basis.

Interest income is recorded on the accrual basis. Dividend income is accrued as of the ex-dividend date.

Net realized and unrealized appreciation (depreciation) in fair value of investments represents the realized gain or loss on disposition of investments plus the unrealized increase or decrease in fair value of investments held from the beginning of the plan year or date of purchase, whichever is later.

Notes Receivable from Participants

As described in Accounting Standards Codification Topic 962, *Reporting Loans to Participants by Defined Contribution Pension Plans* (ASC Topic 962), FASB ASC 962-310-45-2 and ASU 2010-25 requires participant loans to be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balances plus any accrued but unpaid interest Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Contributions

Contributions are recorded on an accrual basis.

Payment of Benefits

Benefits are recorded when paid.

Reclassification

Certain amounts in the 2019 financial statements have been reclassified to conform to the 2020 presentation with no effect on previously reported net income.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

New Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update ("ASU") 2018-13, Fair Value Measurement (Topic 820): Disclosure Framework − Changes to the Disclosure Requirements for Fair Value Measurement, which amends Accounting Standards Codification 820, Fair Value Measurement ("ASC 820"). This ASU removes, modifies, or adds certain disclosure requirements for fair value measurements. The Plan adopted this ASU effective January 1, 2020 and the adoption did not have a material impact on the presentation of the Plan's fair value measurement disclosures.

NOTE 3 – INVESTMENTS

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule of assets (held at end of year) is complete and accurate:

- Investments and notes receivable from participants as shown on the statements of net assets available for benefits as of December 31, 2020 and 2019;

- Net investment activity and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2020;

- Investment information included in the footnotes and on the supplemental schedule of assets (held at end of year) as of December 31, 2020.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule of assets (held at end of year). The Plan maintains an investment in a guaranteed investment contract (Fixed Account Option) with Security Benefit Life Insurance. Security Benefit Corporation guarantees the obligations under the Fixed Account Option with Security Benefit's General Account in the event that the assets are not sufficient to meet the Fixed Account obligations. 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 interest rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. The interest crediting rate is reviewed quarterly for resetting. The investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the ability of the Plan to transact at contract value with the issuer. The plan administrator does not believe that any such events, which would limit the Plan's ability to transact at contract value with participants, are probable of occurring.

NOTE 3 – INVESTMENTS - continued

For the year ended December 31, 2020, the average yield for the guaranteed investment contract were as follows:

Average Yield	2020
Based on Earnings of the Plan	1.13%
Based on Interest Credited to Participants	1.13%

NOTE 4 - FAIR VALUE MEASUREMENTS

Accounting Standards Codification Topic 820, *Fair Value Measurements* (ASC Topic 820), establishes a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC Topic 820 are described below:

ASC Topic 820 Fair Value Measurement Framework Fair Value Hierarchy Priority – Observable Inputs	
Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: a. Quoted prices for similar assets or liabilities in active markets; b. Quoted prices for identical or similar assets or liabilities in inactive markets; c. Inputs other than quoted prices that are observable for the asset or liability; d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means. Note: If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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 must maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value:

- ***Registered Investment Companies***: Valued at the net asset value of shares held by the Plan at year end.
- ***Guaranteed Investment Contracts:*** Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

NOTE 4 - FAIR VALUE MEASUREMENTS - continued

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2020.

The following tables sets forth by level, within the fair value hierarchy as of December 31, 2020 and 2019:

Investments Classified at Fair Value Level December 31, 2020				
Description	Level 1	Level 2	Level 3	Total
Total Registered Investment Companies	$ 29,645,184	$ -	$ -	$ 29,645,184
Total Guaranteed Investment Contract		2,264,567		2,264,567
Total Investments	$ 29,645,184	$ 2,264,567	$ -	$ 31,909,751

Investments Classified at Fair Value Level December 31, 2019				
Description	Level 1	Level 2	Level 3	Total
Total Registered Investment Companies	$ 23,603,808	$ -	$ -	$ 23,603,808
Total Guaranteed Investment Contract		2,224,204		2,224,204
Total Investments	$ 23,603,808	$ 2,224,204	$ -	$ 25,828,012

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

NOTE 5 - TAX STATUS

The Plan was established on March 1, 2004 and restated on January 1, 2012, when it converted to a Volume Submitter Profit Sharing Plan with CODA offered by ASC Institute LLC. In a letter dated March 31, 2008, the Internal Revenue Service issued a favorable opinion accepting the plan as qualified under Section 401(a) of the Internal Revenue Code. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. 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 that the Plan is qualified and the related trust is tax exempt. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and 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 Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6 - ERISA BONDING REQUIREMENTS

The Plan is in compliance with ERISA bonding requirements.

NOTE 7 - PARTIES-IN-INTEREST AND RELATED PARTY TRANSACTIONS

Section 3(14) of ERISA defines a party in interest to include fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

The plan sponsor engages the outside services of Forest Capital, a registered investment advisor (RIA). The RIA monitors the investments and provides advisory services to the plan sponsor and its employees. The fees are paid by the plan.

The plan sponsor engages an outside third party administrator, Retirement Solutions Advisors, to prepare the Form 5500 and perform year-end compliance testing, as well as draft amendments and restatements to comply with ERISA requirement. The fees are paid by the plan sponsor.

The plan sponsor is also a party-in-interest with respect to the Plan as personnel and facilities of the Company have been used to perform administrative functions for the Plan at no charge to the Plan.

Notes Receivable from Participants and the related interest income are considered related party transactions.

Certain plan investments are managed by related affiliates of Security Benefit Life Insurance Company, the trustee of the Plan, and therefore, the transactions qualify as party-in-interest transactions. Fees for such services are paid by the Plan.

NOTE 7 - PARTIES-IN-INTEREST AND RELATED PARTY TRANSACTIONS - continued

Ownership

Guggenheim Baseball Management, L.P. has a controlling interest in the plan sponsor, the LA Dodgers.

Security Benefit, Inc. Affiliates

Security Benefit, Inc., through its affiliates listed below, offers a wide-range of choices for mutual funds and annuities, including Guggenheim mutual funds. The plan sponsor's investment line-up includes only non-Guggenheim investments.

Security Financial Resources, Inc.: Provides non-discretionary plan recordkeeping and non-fiduciary investment services to the Plan.

Security Benefit Life Insurance Company: The Group Fixed Account is a group annuity contract issued by Security Benefit Life Insurance Company ("SBL"), the assets of which are held in a Security Benefit Life Insurance Company separate account. The assets of the separate account are managed by Guggenheim Partners Investment Management, LLC (GPIM) under an investment management agreement between SBL and GPIM. SBL pays GPIM an investment advisory fee to manage the assets in the separate account. The investments held by the separate account are not owned by GPIM or its affiliates. GPIM is an affiliate of Guggenheim Partners.

Security Distributors, Inc.: Established in 1962, is a Broker/Dealer registered with the SEC and serves as distributor of a family of mutual funds and variable annuities issued by Security Benefit Life Insurance Company. SDI brokers the purchases, exchanges, and liquidations. Plan Sponsor has agreed to a list of mutual funds and group annuity contracts as the investment options for investment of Plan assets under the terms of the Plan. Plan investments are held in the name of one or more trading agents or nominees designated by SFR for the benefit of the Plan and its Participants, including United Missouri Bank (UMB). Actual plan investments allocations between available investment options are directed by Plan Participants.

United Missouri Bank (UMB): As a trading agent for SFR, UMB provides non-custodial recordkeeping services for the various mutual fund investments offered by SBC. The certification of investments is inclusive of UMB transactions. The Security Benefit Group Fixed account is not part of the investments managed by UMB.

NOTE 8 - SIGNIFICANT RISKS AND UNCERTAINTIES

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

NOTE 9 - PROHIBITED TRANSACTIONS

As required by ERISA Section 2510.3-102, the plan sponsor is required to segregate and deposit participant contributions to the Plan at the earliest date that they can be reasonably segregated from the Company's general assets, but in no event more than 15 business days following the end of the month in which amounts are withheld from wages.

For the plan year ended December 31, 2020, cumulative deposits totaling $356,369 were remitted to the Plan beyond the period prescribed by these regulations. Although the participant contributions were remitted to the Plan, the delinquent contributions are reported as prohibited transactions on supplemental Schedule 2 to the financial statements pending the plan sponsor's calculation and restoration of lost earnings, in accordance with ERISA reporting requirements. The Company intends to make future contributions to the affected participant accounts to compensate those participants for lost investment earnings related to these delinquent contributions. Schedule 2 reflects a total of $449,943 requiring restoration of lost earnings and preparation of excise tax returns.

NOTE 10 - SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement on net assets available for benefits but arose after the statement of net assets available for benefits date and before financial statements are available to be issued. The Plan has evaluated subsequent events through **October 08, 2021** which is the date the financial statements were available to be issued.

The Department of Labor is conducting a Plan Review for years 2017 through 2020. As of October 08, 2021, this Review is ongoing. Corrections for lost earnings and excise tax returns will be required for late remittances as reported on Supplemental Schedule 2.

NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Annual Return/Report of Employee Benefit Plan (Form 5500) is prepared on the cash basis. Accordingly, certain balances on Schedule H (Part I and II) of the Form 5500 differ from those included in the financial statements.

The following is a reconciliation of Net Assets Available for Benefits per the financial statements to Schedule H of Form 5500 as of December 31, 2020 and 2019:

	2020	2019
Net Assets Available For Benefits per Financial Statements	$ 32,635,185	$ 26,504,959
Current Year Contributions Receivable - EE	(59,347)	(127,261)
Current Year Contributions Receivable - ER	(123,410)	(142,799)
Net Assets Available For Benefits per Form 5500	$ 32,452,429	$ 26,234,899

The following is a reconciliation of Net Increase in Net Assets Available for Benefits per financial statements to Net Income reported on the Schedule H of Form 5500 for the year ended December 31, 2020.

	2020
Net Increase per Statement of Changes in Net Assets	$ 6,130,226
Current Year Contributions Receivable	(182,757)
Prior Year Contributions Receivable	270,060
Rounding	1
Total Income Per 5500	$ 6,217,530

LA Dodgers 401(k) Plan
Schedule 1
Form 5500, Schedule H, Part 4 - Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2020

Employer Identification Number: 20-0343133
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	SECURITY BENEFIT LIFE	SECURITY BENEFIT FIXED ANNUITY	***	$ 2,264,567
(1)	INVESCO	INVESCO DIVIDEND INCOME	***	56,728
(1)	VANGUARD	VANGUARD SMALL CAP INDEX	***	1,586,183
(1)	VANGUARD	VANGUARD MID CAP INDEX	***	1,931,609
(1)	VANGUARD	VANGUARD GROWTH INDEX	***	2,122,797
(1)	VANGUARD	VANGUARD 500 INDEX	***	3,027,185
(1)	DIMENSIONAL FUND ADVISORS	DFA EMERGING MARKETS CORE EQUITY	***	725,894
(1)	JP MORGAN	JPMORGAN CORE PLUS BOND	***	1,094,195
(1)	PIMCO	PIMCO INCOME	***	659,053
(1)	VANGUARD	VANGUARD BALANCED INDEX	***	916,160
(1)	VANGUARD	VANGUARD SHORT-TERM INVESTMENT GRADE	***	42,940
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2015	***	471,337
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2020	***	2,176,167
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2025	***	1,353,083
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2030	***	1,086,012
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2035	***	2,041,521
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2040	***	820,876
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2045	***	2,219,304
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2050	***	1,578,244
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2055	***	1,689,684
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2060	***	560,713
(1)	VANGUARD	VANGUARD TARGET RETIREMENT INCOME	***	707,308
(1)	AMERICAN FUNDS	AMERICAN FUNDS NEW WORLD FUND	***	434,361
(1)	AMERICAN FUNDS	AMERICAN FUNDS AMERICAN MUTUAL	***	918,698
(1)	JP MORGAN	JPMORGAN INTERNATIONAL EQUITY	***	850,295
(1)	VANGUARD	VANGUARD INTERNATIONAL GROWTH	***	574,838
	Subtotal	SUBTOTAL		31,909,751
*	Participant Loans - Interest rates ranging 5.25% to 6.75% with various Maturity Dates	PARTICIPANT LOANS	--	542,678
	TOTAL VALUE OF INVESTMENTS HELD AT END OF YEAR			$ 32,452,429

(1) The identified issue, borrower, lessor or similar party is not recognized as a party-in-interest to the Plan.
*Represents a party-in-interest to the Plan.
***Cost information is not required to be presented for participant-directed investments.

This schedule was prepared from information certified as complete and accurate by Security Benefit Life Company.

LA Dodgers 401(k) Plan
Schedule 2
Form 5500 Schedule H, Part 4, Line 4a
Schedule of Delinquent Participant Contributions
December 31, 2020

Employer Identification Number: 20-0343133
Plan Number: 001

Relationship to the Plan	Participant Contributions Transferred Late to the Plan	Contributions Not Corrected	Contributions Pending Correction	Contributions Corrected Outside VFCP	Contributions Corrected Under VFCP
Plan Sponsor*	$ 449,943**	$ --	$ 449,943**	$ --	--

* A party-in-interest as defined by ERISA.

** The cumulative delinquent contributions stated above have been remitted to the Plan; however, they are reflected on this schedule pending the plan sponsor's calculation and restoration of lost earnings. Note: The participant contributions stated above includes delinquent participant loan repayments.

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.)
- ☒ a single-employer plan;
- ☐ a DFE (specify) ___

B This return/report is:
- ☐ the first return/report;
- ☐ the final return/report;
- ☒ an amended return/report;
- ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here . . . . . ► ☐

D Check box if filing under:
- ☐ Form 5558;
- ☐ automatic extension;
- ☐ the DFVC program;
- ☐ special extension (enter description)

Part II Basic Plan Information --- enter all requested information

1a Name of plan
Los Angeles Dodgers 401(k) Plan

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 03/01/2004

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)

Los Angeles Dodgers LLC

1000 Vin Scully Way

US Los Angeles CA 90012

2b Employer Identification Number (EIN)
20-0343133

2c Plan Sponsor's telephone number
(323) 224-1500

2d Business code (see instructions)
711210

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	[signature]	7/12/2022	Leonor Romero
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	7/12/2022	Leonor Romero
	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 and 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**	663
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)**	513
a(2) Total number of active participants at the end of the plan year	**6a(2)**	508
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	148
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	656
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	656
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	453
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

- (1) [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 H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2020 and ending 12/31/2020

Name of plan
Los Angeles Dodgers 401(k) Plan

Employer Identification Number
20-0343133

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Security Benefit Fixed Annuity	Annuity Contract		
	Self Directed Brokerage Acct	Brokerage Accounts		
	Invesco Comstock	Mutual Fund		
	Dreyfus Small Cap Stock Index	Mutual Fund		
	Drefus International Stock Ind	Mutual Fund		
	Fidelity ADV Real Estate	Mutual Fund		
	Vanguard Small Cap Index	Mutual Fund		
	Vanguard Mid Cap Index	Mutual Fund		
	Vanguard Growth Index	Mutual Fund		
	Vanguard 500 Index	Mutual Fund		
	American Funds EuroPac Growth	Mutual Fund		
	DFA Emerging Markets Core Eq	Mutual Fund		
	DFA Global Real Esate Securiti	Mutual Fund		
	DFA International Core Equity	Mutual Fund		
	DFA International Small Cap	Mutual Fund		
	DFA US Large Cap Value	Mutual Fund		
	DFA US Small Cap	Mutual Fund		
	JP Morgan Core Plus Bond	Mutual Fund		
	Pimco Income	Mutual Fund		
	Vanguard Balanced Index	Mutual Fund		
	Vanguard Target Ret 2010	Mutual Fund		
	Vanguard Target Ret 2015	Mutual Fund		
	Vanguard Target Ret 2020	Mutual Fund		
	Vanguard Target Ret 2025	Mutual Fund		
	Vanguard Target Ret 2030	Mutual Fund		
	Vanguard Target Ret 2035	Mutual Fund		
	Vanguard Target Ret 2040	Mutual Fund		
	Vanguard Target Ret 2045	Mutual Fund		
	Vanguard Target Ret 2050	Mutual Fund		
	Vanguard Target Ret 2055	Mutual Fund		
	Vanguard Retirement Income	Mutual Fund		

LA Dodgers 401(k) Plan
Schedule 2
Form 5500 Schedule H, Part 4, Line 4a
Schedule of Delinquent Participant Contributions
December 31, 2020

Employer Identification Number: 20-0343133
Plan Number: 001

Relationship to the Plan	Participant Contributions Transferred Late to the Plan	Contributions Not Corrected	Contributions Pending Correction	Contributions Corrected Outside VFCP	Contributions Corrected Under VFCP
Plan Sponsor*	$ 449,943**	$ --	$ 449,943**	$ --	--

* A party-in-interest as defined by ERISA.

** The cumulative delinquent contributions stated above have been remitted to the Plan; however, they are reflected on this schedule pending the plan sponsor's calculation and restoration of lost earnings. Note: The participant contributions stated above includes delinquent participant loan repayments.

LA Dodgers 401(k) Plan
Schedule 1
Form 5500, Schedule H, Part 4 - Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2020

Employer Identification Number: 20-0343133
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	SECURITY BENEFIT LIFE	SECURITY BENEFIT FIXED ANNUITY	***	$ 2,264,567
(1)	INVESCO	INVESCO DIVIDEND INCOME	***	56,728
(1)	VANGUARD	VANGUARD SMALL CAP INDEX	***	1,586,183
(1)	VANGUARD	VANGUARD MID CAP INDEX	***	1,931,609
(1)	VANGUARD	VANGUARD GROWTH INDEX	***	2,122,797
(1)	VANGUARD	VANGUARD 500 INDEX	***	3,027,185
(1)	DIMENSIONAL FUND ADVISORS	DFA EMERGING MARKETS CORE EQUITY	***	725,894
(1)	JP MORGAN	JPMORGAN CORE PLUS BOND	***	1,094,195
(1)	PIMCO	PIMCO INCOME	***	659,053
(1)	VANGUARD	VANGUARD BALANCED INDEX	***	916,160
(1)	VANGUARD	VANGUARD SHORT-TERM INVESTMENT GRADE	***	42,940
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2015	***	471,337
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2020	***	2,176,167
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2025	***	1,353,083
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2030	***	1,086,012
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2035	***	2,041,521
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2040	***	820,876
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2045	***	2,219,304
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2050	***	1,578,244
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2055	***	1,689,684
(1)	VANGUARD	VANGUARD TARGET RETIREMENT 2060	***	560,713
(1)	VANGUARD	VANGUARD TARGET RETIREMENT INCOME	***	707,308
(1)	AMERICAN FUNDS	AMERICAN FUNDS NEW WORLD FUND	***	434,361
(1)	AMERICAN FUNDS	AMERICAN FUNDS AMERICAN MUTUAL	***	918,698
(1)	JP MORGAN	JPMORGAN INTERNATIONAL EQUITY	***	850,295
(1)	VANGUARD	VANGUARD INTERNATIONAL GROWTH	***	574,838
	Subtotal	SUBTOTAL		31,909,751
*	Participant Loans - Interest rates ranging 5.25% to 6.75% with various Maturity Dates	PARTICIPANT LOANS	--	542,678
	TOTAL VALUE OF INVESTMENTS HELD AT END OF YEAR			$ 32,452,429

(1) The identified issue, borrower, lessor or similar party is not recognized as a party-in-interest to the Plan.
*Represents a party-in-interest to the Plan.
***Cost information is not required to be presented for participant-directed investments.

This schedule was prepared from information certified as complete and accurate by Security Benefit Life Company.