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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SAN DIEGO SIGN CO. 401(K) & PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2011

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)
SAN DIEGO SIGN COMPANY INC.

5960 PASCAL COURT
CARLSBAD, CA 92008

2b Employer Identification Number (EIN)
20-3092495

2c Plan Sponsor's telephone number
760-683-8224

2d Business code (see instructions)
323100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2019	ERIC VAN VELZER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	143
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)**	129
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	132
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	156
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	156
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	156
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2F 2G 2J 2K 2S 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)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[ ]		**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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 (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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
SAN DIEGO SIGN CO. 401(K) & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAN DIEGO SIGN COMPANY INC.

D Employer Identification Number (EIN)
20-3092495

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	16005
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	270744	288034
(2) Participant contributions	1b(2)	8280	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11757	16143
(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)	170808	126272
(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)	2718267	2947680
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3179856	3394134
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	931
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	931
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3179856	3393203

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)	433088	
	(B) Participants	2a(1)(B)	242354	
	(C) Others (including rollovers)	2a(1)(C)	2782	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		678224
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	7500	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7500
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	49118	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		49118
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-323820
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		411022
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	146577	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		146577
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		24591
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	11162	
(3) Investment advisory and management fees	2i(3)	15345	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		26507
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		197675
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		213347
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: LAVINE, LOFGREN & ENGELBERG, LLP **(2)** EIN: 33-0690020

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		552
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	

			Yes	No	Amount
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		340000
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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
SAN DIEGO SIGN CO. 401(K) & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAN DIEGO SIGN COMPANY INC.

D Employer Identification Number (EIN)
20-3092495

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): 75-3182674

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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**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):

SAN DIEGO SIGN CO. 401(K) & PROFIT SHARING PLAN

INDEPENDENT AUDITORS' REPORT,
FINANCIAL STATEMENTS, AND
SUPPLEMENTAL SCHEDULES

For the Year Ended December 31, 2018

SAN DIEGO SIGN CO. 401(K) & PROFIT SHARING PLAN

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LAVINE, LOFGREN, MORRIS & ENGELBERG, LLP
CERTIFIED PUBLIC ACCOUNTANTS

4180 LA JOLLA VILLAGE DRIVE SUITE 300 LA JOLLA CALIFORNIA 92037

PHONE (858) 455-1200
FAX (858) 455-0898
WEB SITE www.llme.com

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
San Diego Sign Co. 401(k) & Profit Sharing Plan
Carlsbad, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of San Diego Sign Co. 401(k) & Profit Sharing Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (the “2018 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 the 2018 Financial Statements based on conducting our 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 (“DOL”) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”), 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 Mid Atlantic Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the 2018 Financial Statements. We have been informed by the Plan administrator that the custodian holds the Plan’s investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2018 that the information provided to the Plan administrator by the custodian 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 the 2018 Financial Statements.

Other Matter – Supplemental Schedules

The supplemental schedules (Schedule H, Part IV, Line 4a and Schedule H, Part IV, Line 4i) as of and for the year ended December 31, 2018 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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 supplemental schedules referred to above.

Other Matter – Report on Compiled 2017 Financial Statement

Plan management is responsible for the accompanying financial statement of San Diego Sign Co. 401(k) & Profit Sharing Plan, which comprises the statement of net assets available for benefits as of December 31, 2017 (the "2017 Financial Statement"). We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the 2017 Financial Statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by Plan management. Accordingly, we do not express an opinion, a conclusion, or provide any form of assurance on the 2017 Financial Statement.

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

The form and content of the information included in the 2018 Financial Statements and supplemental schedules, other than that derived from the information certified by the custodian, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



La Jolla, California
October 4, 2019

SAN DIEGO SIGN CO. 401(K) & PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits
As of December 31, 2018 and 2017 (Compiled)

	2018	2017 (Compiled)
ASSETS		
Cash, noninterest bearing	$ 16,005	$ -
Investments, at fair value - registered investment companies	2,963,823	2,730,024
Receivables:		
Participant contributions	-	8,280
Employer contributions	288,034	270,744
Notes receivable from participants	126,272	170,808
Total receivables	414,306	449,832
Total assets	3,394,134	3,179,856
LIABILITIES - excess contributions payable	931	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,393,203	$ 3,179,856

See accompanying notes to financial statements.

SAN DIEGO SIGN CO. 401(K) & PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2018

Additions to net assets attributed to:	
Investment income (loss):	
Net realized and unrealized depreciation in registered investment companies	$ (323,820)
Dividends from registered investment companies	49,118
Net investment loss	(274,702)
Interest income from notes receivable from participants	7,500
Contributions:	
Employer - matching	144,541
Employer - profit sharing	288,034
Participant - current	242,354
Participant - rollover	2,782
Employer - other	513
Total contributions	678,224
Total additions	411,022
Deductions from net assets attributed to:	
Benefits paid to participants	146,577
Deemed distributions	24,591
Administrative expenses	26,507
Total deductions	197,675
Net increase	213,347
Net assets available for benefits:	
Beginning of year (compiled)	3,179,856
End of year	$ 3,393,203

See accompanying notes to financial statements.

NOTE 1. DESCRIPTION OF PLAN

General

The San Diego Sign Co. 401(k) & Profit Sharing Plan (the "Plan"), is a defined contribution plan established in 2011 to help its employees save for retirement. The Plan was restated on January 1, 2015 to comply with current law requirements. The Plan, which is sponsored by San Diego Sign Company Inc. (the "Company"), is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Significant elements of the Plan are summarized below. Participants should refer to the Plan agreement, as amended, for a more complete description of the Plan's provisions.

Eligibility

Employees who are at least 21 years of age and have completed one year of service based on completing 1,000 hours of service, as defined in the Plan, are eligible to participate in the Plan and may enroll on the first day of the month coinciding with or next following the date the employee satisfies the eligibility conditions. Excluded employees include those whose employment is governed by a collective bargaining agreement, non-resident aliens with no U.S. earned income from the Company, and leased employees.

Participant Contributions

The Plan permits participants to contribute pre-tax deferral amounts as well as after-tax amounts designated as "Roth" contributions. Participants may contribute any percentage or specific dollar amount of pre-tax and/or after-tax compensation, subject to the limit imposed by the Internal Revenue Service ("IRS"). In addition, employees who are age 50 or older can elect to defer additional amounts (called "catch-up contributions") to the Plan. Employees may also contribute rollover contributions representing distributions from other qualified sources.

Effective January 1, 2015, the Plan elected an automatic enrollment feature in which participants will be automatically enrolled into the Plan upon attaining eligibility. Participants are automatically enrolled at a pre-tax deferral percentage of 3%, unless the participant elects otherwise.

Employer Contributions

The Company shall make employer safe harbor matching contributions on a per pay period basis equal to 100% of each participant's elective deferrals not exceeding 3% of the participant's eligible compensation, plus 50% of each participant's elective deferrals up to the next 2% of eligible compensation. During 2018, the Company made employer safe harbor matching contributions in the amount of $144,541.

The Company may also make the following discretionary contributions:

a. Discretionary (profit sharing) contributions
b. Discretionary employer matching contributions
c. Discretionary qualified nonelective contributions
d. Discretionary qualified matching contributions

To qualify for a discretionary profit sharing contribution at year end, an employee must satisfy the general eligibility requirements and also be employed on the last day of the Plan year.

NOTE 1. DESCRIPTION OF PLAN (Continued)

Employer Contributions (Continued)

For 2018, the Company authorized a profit-sharing contribution of $298,276. Of this amount, $288,034 was remitted to the Plan by the Company in May 2019 and is included in employer contributions receivable as of December 31, 2018. The difference of $10,242 was satisfied by applying forfeitures existing at December 31, 2018 in the amount of $8,901 plus additional forfeitures in the amount of $1,341 added in 2019 prior to the remittance date.

To qualify for discretionary employer matching contributions, discretionary qualified nonelective contributions, and discretionary qualified matching contributions, an employee must satisfy the general eligibility requirements. During 2018, the Company made a discretionary qualified nonelective contribution of $513 which is presented as other employer contributions. The Company made neither discretionary employer matching contributions nor discretionary qualified matching contributions during 2018.

Participant Accounts and Investment Options

Each participant's account is credited with the participant's contributions, the employer's contributions, and allocations of Plan earnings, losses, and administrative expenses. Allocations are based on participant earnings or account balances, as defined. Participant accounts are also charged for any loan and distribution fees incurred by the transacting participant. The benefits to which a participant is entitled are those that can be provided from the participant's vested account.

Upon enrollment in the Plan, participants may direct the allocation of their accounts to any or all of the Plan's investment options. Subsequently, participants may change their allocations and transfer account balances between the investment options in accordance with the Plan.

Vesting

Participants are immediately vested in their contributions, employer safe harbor contributions, and any employer qualified nonelective contributions, plus actual earnings thereon. Participants vest in discretionary employer matching and profit sharing contributions at the rate of 20% after two years of credited service and in 20% increments for each year of credited service thereafter until fully vested after six years of credited service. A year of credited service is whereby a participant completes 1,000 hours of service in a plan year. Upon attainment of normal retirement age (65), death, or disability, employed participants become fully vested in their accounts.

Forfeitures

Forfeitures of employer contributions may be used to reduce employer contributions or to pay Plan expenses. During 2018, forfeitures and earnings of $8,772 and $129 were added to the account, respectively, and $7,421 was used to reduce the employer profit sharing contribution made to the Plan during 2018. As of December 31, 2018, and 2017, the balance in the forfeitures account was $8,901 and $7,421, respectively, and were used to reduce the profit sharing contribution for the years ended December 31, 2018 and 2017 which were remitted to the Plan in 2019 and 2018, respectively. Accordingly, the profit sharing contribution receivables as of December 31, 2018 and 2017 are presented net of forfeitures applied.

NOTE 1. DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants (Participant Loans)

Participants may borrow from their accounts generally up to a maximum of 50% of their vested balance up to $50,000. The minimum loan amount is $1,000. Loans are required to be repaid within 5 years, unless used toward the purchase of a primary residence, in which case the loan term may be up to 10 years. Participants may have only one loan outstanding at any given time. Loans are secured by a participant's vested account balance. Loans bear interest at a fixed rate equal to the prime rate plus 1% and are repaid in regular installments through payroll deductions. As of December 31, 2018, the interest rate on outstanding loans ranged from 4.25% to 6.50%.

Payment of Benefits

Upon termination of service due to death, disability, or normal retirement, participants are entitled to receive a distribution of their account in a lump sum or defer distribution if their vested account balance exceeds $5,000. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Generally, initial distributions must begin the later of when the participant retires or the year following the year in which the participant attains the age of 70½.

Upon employment termination, if a participant's vested account balance is less than $5,000, and if the participant has not elected to receive a cash distribution or have the balance rolled over into an individual retirement account ("IRA") of his/her choosing, the Plan may transfer the participant's account balance into an IRA. In addition, the Plan administrator, at its discretion, may distribute vested balances of less than $1,000.

In addition, distributions from a participant's rollover account may be made at any time. The Plan also allows for in-service distributions of fully vested amounts for participants who have attained age 59½, as well as hardship withdrawals of certain contribution types, in certain circumstances as defined by the Plan and in accordance with the IRC.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with generally accepted accounting principles in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

Purchase and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends, which are included with net realized and unrealized appreciation or depreciation in fair value of registered investment companies, are recorded on the ex-dividend date. Net realized and unrealized appreciation or depreciation in fair value of registered investment companies includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants (Participant Loans)

Participant loans are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and expensed when paid. No allowance for credit losses has been recorded as of December 31, 2018 or 2017 (compiled). If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain fees, including recordkeeping and others related to plan administration, are allocated to participant accounts, while fees associated with processing of loans and distributions are charged directly to the transacting participant’s account and are included in administrative expenses. Certain investment-related expenses are also included in administrative expenses.

Subsequent Events

Plan management has evaluated subsequent events through the date of the independent auditors’ report, which is the date these financial statements were available to be issued.

NOTE 3. INFORMATION CERTIFIED BY THE CUSTODIAN

The Plan’s investments were held by Mid Atlantic Trust Company (“MATC”), the custodian of the Plan, as of December 31, 2018 and 2017 (compiled). All investments are participant-directed. All investment information disclosed in the accompanying financial statements and supplemental schedules (Schedule H, Part IV, Line 4a and Schedule H, Part IV, Line 4i), including investments held at December 31, 2018 and 2017 (compiled), and net realized and unrealized depreciation in fair value of registered investment companies, and dividends from registered investment companies and interest for the year ended December 31, 2018, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by MATC.

NOTE 4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That 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 lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement for the asset or liability at the measurement date. These inputs reflect Plan management's best estimate of what market participants would use in pricing the asset or liability at the measurement date. Consideration is given to the risk inherent in the valuation technique and in the inputs to the model.

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 need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for investments measured at fair value at December 31, 2018 and 2017 (compiled). There have been no changes in the methodologies used at December 31, 2018 and 2017 (compiled).

Registered investment companies (mutual funds, exchange traded funds, and money market funds): Valued at the daily closing price as reported by the fund. These funds held by the Plan are open-end funds that are registered with the U.S Securities and Exchange commission. These funds are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while Plan management 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.

NOTE 4. FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2018 and 2017 (compiled):

	December 31, 2018			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 2,963,823	$ -	$ -	$ 2,963,823
Total investments at fair value	$ 2,963,823	$ -	$ -	$ 2,963,823

	December 31, 2017 (Compiled)			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 2,730,024	$ -	$ -	$ 2,730,024
Total investments at fair value	$ 2,730,024	$ -	$ -	$ 2,730,024

There were no transfers between Levels 1 and 2, and no transfers in or out of Level 3 between December 31, 2017 (compiled) and 2018.

NOTE 5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Company pays certain administrative costs of the Plan, and also provides administrative services for the Plan at no cost to the Plan. These transactions qualify as exempt party-in-interest transactions.

NOTE 6. PLAN TERMINATION

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

NOTE 7. TAX STATUS

The Company has adopted a volume submitter plan and relies upon the volume submitter plan's opinion letter from the IRS, which stated that the Plan and related trust as then designed, were, in its opinion, designed in accordance with the applicable sections of the IRC. The Company has not applied for a determination letter from the IRS specific to the Plan. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the accompanying financial statements.

NOTE 7. TAX STATUS (Continued)

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2018, there are no uncertain tax 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 taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2015.

NOTE 8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. 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 accompanying financial statements.

NOTE 9. DELINQUENT REMITTANCES

The Company identified five instances in 2018 where amounts withheld from employees, totaling $552, were not remitted to the Plan within the reasonableness timeframe established by the Department of Labor. The Company contributed the $552 to the Plan in March 2019, and in October 2019, remitted lost earnings in the approximate amount of $46 on those untimely contributions.

SUPPLEMENTAL SCHEDULES

SAN DIEGO SIGN CO. 401(K) & PROFIT SHARING PLAN

Attachment to Form 5500 – Schedule H, Part IV, Line 4a –
Schedule of Delinquent Participant Contributions **EIN: 20-3092495**
For the year ended December 31, 2018 **Plan Number: 001**

Participant Contributions Transferred Late to the Plan			Total That Constitute Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments Are Included ☐	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
$ 375	7/27/2018	3/28/2019	$ 375	$ -	$ -	$ -
30	8/10/2018	3/28/2019	30	-	-	-
48	10/19/2018	3/28/2019	48	-	-	-
50	8/24/2018	3/28/2019	50	-	-	-
49	11/2/2018	3/28/2019	49	-	-	-
$ 552			$ 552 *	$ -	$ -	$ -

* In October 2019, the Company remitted lost earnings of approximately $46.

See accompanying independent auditors' report.

SAN DIEGO SIGN CO. 401(K) & PROFIT SHARING PLAN

Attachment to Form 5500 – Schedule H, Part IV, Line 4i –
Schedule of Assets Held for Investment Purposes at End of Year **EIN: 20-3092495**
As of December 31, 2018 **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 [1]	(e) Current value
	Registered investment companies:			
	Oppenheimer Developing Markets Fund	Mutual Fund	-	$ 337,030
	American Funds Europacific Growth Fund	Mutual Fund	-	305,371
	T. Rowe Price Retirement 2050 Fund	Mutual Fund	-	280,736
	American Funds AMCAP Fund Class	Mutual Fund	-	262,462
	Vanguard Equity-Income Fund	Mutual Fund	-	255,416
	Vanguard 500 Index Fund	Mutual Fund	-	171,899
	Vanguard Mid-Cap Value Index Fund	Mutual Fund	-	153,641
	Invesco S&P 500 Pure Growth ETF	Exchange Traded Fund	-	152,609
	Vanguard Small-Cap Growth Index Fund	Mutual Fund	-	144,312
	iShares Russell Mid-Cap Growth ETF	Exchange Traded Fund	-	131,147
	Vanguard Real Estate Index Fund	Mutual Fund	-	129,935
	Vanguard Small Cap Value Index Fund	Mutual Fund	-	114,305
	Fidelity International Enhanced Index	Mutual Fund	-	97,812
	Vanguard Small-Cap Index Fund	Mutual Fund	-	92,772
	T. Rowe Price Retirement 2045 Fund	Mutual Fund	-	89,713
	T. Rowe Price Retirement 2035 Fund	Mutual Fund	-	69,709
	iShares U.S. Basic Materials ETF	Exchange Traded Fund	-	51,787
	American Funds New Perspective Fund	Mutual Fund	-	42,393
	T. Rowe Price Retirement 2030 Fund	Mutual Fund	-	23,690
	Davis Government Money Market Fund	Money Market Fund	-	16,143
	Pioneer Strategic Income Fund	Mutual Fund	-	13,361
	T. Rowe Price Retirement 2015 Fund	Mutual Fund	-	6,844
	Baird Aggregate Bond Fund	Mutual Fund	-	6,545
	T. Rowe Price Retirement 2020 Fund	Mutual Fund	-	5,618
	iShares TIPS Bond ETF	Exchange Traded Fund	-	3,781
	T. Rowe Price Retirement 2025 Fund	Mutual Fund	-	2,508
	T. Rowe Price Retirement 2040 Fund	Mutual Fund	-	2,284
*	Participant Loans	Interest rates from 4.25% to 6.50%; maturities vary	-0-	126,272
	Total			$ 3,090,095

* Designates a party-in-interest to the Plan.
[1] Cost information is omitted for participant-directed investments.

See accompanying independent auditors' report.