# 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
- [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:
- [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
EPILOG CORPORATION PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1996

**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)
EPILOG CORPORATION

16371 TABLE MOUNTAIN PARKWAY
GOLDEN, CO 80403

**2b** Employer Identification Number (EIN)
84-1095620

**2c** Plan Sponsor's telephone number
303-277-1188

**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 | SARA PETTIT |
| | **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** | 132 |
| **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)** | 120 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 126 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 10 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 136 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 137 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 128 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 5 |
| **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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(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)** [ ] ___ **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 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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2018**<br>**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
EPILOG CORPORATION PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EPILOG CORPORATION

**D** Employer Identification Number (EIN)
84-1095620

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 60 64 65 | RECORDKEEPER | 25 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

**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 |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| FED SH TERM INC SS - STATE STREET<br><br>04-0025081 | 0.15% |

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| OPPHMR INTL GROWTH A - OFI GLOBAL 225 LIBERTY STREET NEW YORK, NY 10281 | 0.50% |

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| PIF SMALL CAP R4 - PRINCIPAL SHARE 711 HIGH STREET DES MOINES, IA 50392 | 0.35% |

## Part I Service Provider Information (continued)

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

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| TRP EQUITY INC ADV - T. ROWE PRICE<br><br>52-2269240 | 0.40% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**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
EPILOG CORPORATION PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EPILOG CORPORATION

**D** Employer Identification Number (EIN)
84-1095620

## 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 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 516463 | 521831 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 0 | 0 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 13732529 | 13116529 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 0 | 0 |
| | **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** | Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 14248992 | 13638360 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 0 | 0 |
| **h** | Operating payables | 1h | 0 | 0 |
| **i** | Acquisition indebtedness | 1i | 0 | 0 |
| **j** | Other liabilities | 1j | 0 | 0 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 14248992 | 13638360 |

## 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) | 308057 | |
| | **(B)** Participants | 2a(1)(B) | 777186 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 9025 | |
| | **(2)** Noncash contributions | 2a(2) | 0 | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1094268 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 7867 | |
| | **(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) | 0 | |
| | **(F)** Other | 2b(1)(F) | 0 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 7867 |
| | **(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) | 1041222 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 1041222 |
| | **(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) | | -2001534 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 141823 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 752144 | |
| (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) | | 752144 |
| f Corrective distributions (see instructions) | 2f | | 0 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: (1) Professional fees | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Investment advisory and management fees | 2i(3) | 286 | |
| (4) Other | 2i(4) | 25 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 311 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 752455 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -610632 |
| 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)** ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

**(1)** Name: EIDE BAILLY LLP **(2)** EIN: 45-0250958

**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 | | 40582 |
| **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 | | 500000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | X | |

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

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

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

**5c** 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
EPILOG CORPORATION PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EPILOG CORPORATION

**D** Employer Identification Number (EIN)
84-1095620

## Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

**14** Enter the number of 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):

Financial Statements
December 31, 2018 and 2017

# Epilog Corporation Profit Sharing Plan

# Epilog Corporation Profit Sharing Plan

Table of Contents

December 31, 2018 and 2017


Independent Auditor's Report ..... 1

Financial Statements

Statements of Net Assets Available for Benefits ..... 3
Statement of Changes in Net Assets Available for Benefits ..... 4
Notes to Financial Statements ..... 5

Supplementary Information

Schedule H, Line 4i – Schedule of Assets Held at End of Year ..... 12
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions ..... 13

EideBailly

CPAs & BUSINESS ADVISORS

**Independent Auditor's Report**

The Plan Administrator, Members of the Investment Committee, and Management
Epilog Corporation Profit Sharing Plan
Golden, Colorado

**Report on the Financial Statements**
We were engaged to audit the accompanying financial statements of Epilog Corporation Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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 are 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 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 4, which was certified by Fidelity Trust Management Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2018 and 2017 and for the year ended December 31, 2018, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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


7001 E. Belleview Ave., Ste. 700 | Denver, CO 80237-2733 | TF 866.740.4100 | T 303.770.5700 | F 303.770.7581 | EOE

**Other Matter – Supplementary Information**
The supplemental schedule H, line 4i – schedule of assets held at end of year and schedule H, line 4a – schedule of delinquent participant contributions as of or for the year ended December 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the 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 these supplemental schedules.

**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 ERISA.

Ende Bailly LLP

Denver, Colorado
October 7, 2019

# Epilog Corporation Profit Sharing Plan

## Statements of Net Assets Available for Benefits

December 31, 2018 and 2017

| | 2018 | 2017 |
|---|---|---|
| Assets | | |
| Investments, at fair value | $ 13,638,360 | $ 14,248,992 |
| Employer Contributions receivable | 60,000 | 100,000 |
| Net Assets Available for Benefits | $ 13,698,360 | $ 14,348,992 |

# Epilog Corporation Profit Sharing Plan

## Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2018

| | |
|---|---|
| Additions | |
| Investment income (loss) | |
| Interest and dividends | $ 1,049,089 |
| Net (depreciation) in fair value of investments | (2,001,534) |
| | (952,445) |
| Contributions | |
| Participant | 777,186 |
| Employer | 268,057 |
| Rollover | 9,025 |
| | 1,054,268 |
| Total additions | 101,823 |
| Deductions | |
| Benefits paid to participants | 752,144 |
| Administrative expenses | 311 |
| Total deductions | 752,455 |
| Net (Decrease) | (650,632) |
| Net Assets Available for Benefits | |
| Beginning of year | 14,348,992 |
| End of year | $ 13,698,360 |

## Note 1 - Description of Plan

The following brief description of the Epilog Corporation Profit Sharing Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering qualified employees of Epilog Corporation (Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (the ERISA).

The Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

### Eligibility

Employees are eligible to participate in the Plan if they have completed six months of service and are 18 years of age. Residents of Puerto Rico, independent contractors, and persons covered by a collective bargaining agreement are excluded from Plan participation. Employees are eligible to receive the company non-elective contribution if they have completed six months of service, are 18 years of age, and provided at least 501 hours of service during the Plan year.

### Entry Date

Employees may enter the Plan on the first day of each month coinciding with or following the date they satisfy the Plan's eligibility requirements.

### Contributions

Each year, participants may contribute up to 74% of their pretax annual compensation, as defined in the Plan. Contributions are subject to certain Internal Revenue Code (IRC) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan allows participants to designate contributions as Roth contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover). Employer matching contributions are discretionary. For the years ended December 31, 2018 and 2017, the Company contributed 50% of a participant's contributions up to a maximum of 2.5% of the participant's eligible compensation. Additional amounts may be contributed at the discretion of the Company's board of directors. During the years ended December 31, 2018 and 2017, the Company contributed $60,000 and $100,000, respectively, as a discretionary non-elective contribution to the Plan.

**Participant Accounts**

Each participant's account is credited with the participant's contributions and the Company's discretionary matching contributions, as well as allocations of the Company's discretionary non-elective contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant's compensation, account balances or specific participant transactions, as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Investment Options**

Upon enrollment in the Plan, a participant may direct deferrals and employer contributions in any of the funds offered by the Plan. Participants may change their investment options daily.

**Vesting**

Participants are vested immediately in their contributions, plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after five years of credited service.

**Forfeitures**

At December 31, 2018 and 2017, forfeited non-vested accounts totaled $3,127 and $6, respectively. These accounts will be used to reduce future employer contributions and/or offset expenses. During the year ended December 31, 2018 and 2017, employer contributions were reduced by $0 and $14,459, respectively, from forfeited non-vested accounts.

**Notes Receivable from Participants**

The Plan does not allow notes receivable from participants.

**Payment of Benefits**

Participants may elect to receive a lump-sum amount equal to the value of their vested interest as defined in the Plan document upon retirement, termination of service, death or disability. A terminated employee with a balance of less than $1,000 may be automatically paid out by the Plan upon termination. Any terminated participants with a balance between $1,000 and $5,000 can still be automatically paid out if their balance is rolled into a qualified Individual Retirement Account. The Plan does not allow distributions to be made prior to termination upon attainment of age 59 ½ or hardship.

**Plan Termination**

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

## Note 2 - Significant Accounting Policies

### Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

### Use of Estimates

The preparation of the financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results may differ from those estimates.

### Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

### Payments of Benefits

Benefit payments to participants are recorded upon distribution. There were no amounts allocated to accounts of persons who have elected to withdraw from the Plan, but have not yet been paid, at December 31, 2018 and 2017.

### Expenses

The Plan's expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net asset available for benefits. In addition, certain investment related expenses are included in net depreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

## Note 3 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the 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;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset'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 assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Mutual funds (including money market mutual funds) – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the plan are deemed to be actively traded.

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.

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

| | 2018 | | | |
|---|---|---|---|---|
| | (Level 1) | (Level 2) | (Level 3) | Total |
| Mutual funds | $ 13,116,529 | $ - | $ - | $ 13,116,529 |
| Money market mutual funds | 521,831 | - | - | 521,831 |
| Investments at fair value | $ 13,638,360 | $ - | $ - | $ 13,638,360 |

| | 2017 | | | |
|---|---|---|---|---|
| | (Level 1) | (Level 2) | (Level 3) | Total |
| Mutual funds | $ 13,732,529 | $ - | $ - | $ 13,732,529 |
| Money market mutual funds | 516,463 | - | - | 516,463 |
| Investments at fair value | $ 14,248,992 | $ - | $ - | $ 14,248,992 |

**Transfers Between Levels**

For the years ended December 31, 2018 and 2017, there were no significant transfers between Level 1 and 2 and no transfers in or out of Level 3.

## Note 4 - Information Certified by the Plan Trustee

The Plan Administrator has elected the method of compliance permitted by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified as complete and accurate by Fidelity Management Trust Company, the trustee, except for comparing such information certified by the trustee with information included in the Plan's financial statements and supplemental schedule H, Line 4i-schedule of assets held at end of year.

The trustee has certified its statement of accounts as of December 31, 2018 and 2017, and for the year ended December 31, 2018. The statement of accounts includes beginning and ending balances of investments held and all related investment activity during the period, including investment earnings.

## Note 5 - Tax Status

The Plan uses a pre-approved plan document sponsored by Fidelity Management and Research Company, which received an advisory letter from the Internal Revenue Service (IRS), dated March 31, 2014, stating that the pre-approved document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS; however, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## Note 6 - Related Party and Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds and a money market mutual fund managed by Fidelity Management Trust Company, the trustee as defined by the Plan. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under the ERISA.

## Note 7 - Risks and Uncertainties

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

## Note 8 - Nonexempt Party-in-Interest Transaction

It was noted in 2018 and 2017 that there were delays by the Company in submitting employee contributions to the trustee in the aggregate amount of approximately $40,582 and $88,357, respectively. In 2018, the Company reimbursed the Plan for lost earnings from the 2017 late contributions and the Company is in the process of filing Form 5330 and correcting lost earnings for the 2018 late contributions.

## Note 9 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2018 and 2017 to Form 5500:

| | 2018 | 2017 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 13,698,360 | $ 14,348,992 |
| Employer contributions receivable | (60,000) | (100,000) |
| Net assets per the Form 5500 | $ 13,638,360 | $ 14,248,992 |

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2018, to Form 5500:

| | Amount |
|---|---|
| Total employer contributions per the financial statements | $ 268,057 |
| Deduct employer contributions receivable - December 31, 2018 | (60,000) |
| Add employer contributions receivable - December 31, 2017 | 100,000 |
| Total employer contributions per the Form 5500 | $ 308,057 |

## Note 10 - Subsequent Events

Effective July 15, 2019, participants shall be entitled to receive a distribution of all their vested account balance upon attainment of age 59 ½.

The Plan sponsor has evaluated subsequent events through October 7, 2019, the date which the financial statements were available to be issued.

Supplementary Information
December 31, 2018

# Epilog Corporation Profit Sharing Plan

| (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 |
|---|---|---|---|---|
| * | Fidelity Freedom 2025 Fund - K | Mutual Fund | N/A | $ 2,008,520 |
| * | Fidelity Growth Company Fund Class - K | Mutual Fund | N/A | 1,423,282 |
| * | Fidelity Total Market Index | Mutual Fund | N/A | 1,057,666 |
| * | Fidelity Freedom 2040 Fund - K | Mutual Fund | N/A | 869,735 |
| * | Fidelity Freedom 2030 Fund - K | Mutual Fund | N/A | 638,079 |
| * | Fidelity Freedom 2035 Fund - K | Mutual Fund | N/A | 629,009 |
| * | Fidelity Mid-Cap Stock Fund - K | Mutual Fund | N/A | 576,303 |
| * | Fideility Government Money Market | Money Market Mutual Fund | N/A | 521,831 |
| * | Fidelity Blue Chip Growth Fund | Mutual Fund | N/A | 508,162 |
| * | Fidelity Investment Growth Bond | Mutual Fund | N/A | 449,053 |
| * | Fidelity Large-Cap Stock Fund | Mutual Fund | N/A | 448,490 |
| * | Fidelity Freedom 2020 Fund - K | Mutual Fund | N/A | 393,041 |
| | Principal SmallCap R4 | Mutual Fund | N/A | 349,914 |
| * | Fidelity Contrafund Fund | Mutual Fund | N/A | 334,644 |
| * | Fidelity Freedom 2050 Fund - K | Mutual Fund | N/A | 327,831 |
| * | Fidelity OTC Portfolio | Mutual Fund | N/A | 292,181 |
| * | Fidelity Intermediate Bond Fund | Mutual Fund | N/A | 283,492 |
| * | Fidelity Low-Priced Stock Fund | Mutual Fund | N/A | 264,574 |
| * | Fidelity Value Strategies Fund | Mutual Fund | N/A | 232,251 |
| * | Fidelity Freedom 2055 Fund - K | Mutual Fund | N/A | 226,256 |
| * | Fidelity Focused Stock Fund | Mutual Fund | N/A | 217,115 |
| * | Fidelity Freedom 2045 Fund - K | Mutual Fund | N/A | 215,172 |
| * | Fidelity Value Fund | Mutual Fund | N/A | 193,520 |
| * | Fidelity Diversified International Fund | Mutual Fund | N/A | 158,232 |
| | T. Rowe Price Equity Income Advance | Mutual Fund | N/A | 137,682 |
| * | Fidelity Small Cap Value Fund | Mutual Fund | N/A | 132,044 |
| * | Fidelity Extended Market Index | Mutual Fund | N/A | 119,693 |
| * | Fidelity Real Estate Investment Portfolio | Mutual Fund | N/A | 116,894 |
| | Oppenheimer International Growth Fund Class - A | Mutual Fund | N/A | 88,663 |
| * | Fidelity Puritan Fund | Mutual Fund | N/A | 84,872 |
| * | Fidelity Overseas Fund | Mutual Fund | N/A | 79,370 |
| * | Fidelity Small Cap Index | Mutual Fund | N/A | 47,580 |
| * | Fidelity Global Extended US Index | Mutual Fund | N/A | 42,723 |
| * | Fidelity Freedom Income Fund - K | Mutual Fund | N/A | 33,017 |
| * | Fidelity Freedom 2060 Fund - K | Mutual Fund | N/A | 28,336 |
| * | Fidelity Emerging Market Index | Mutual Fund | N/A | 25,094 |
| | Federal Short Term Income Fund - SS | Mutual Fund | N/A | 22,139 |
| * | Fidelity US Bond Index | Mutual Fund | N/A | 20,925 |
| * | Fidelity Growth Strategies Fund | Mutual Fund | N/A | 19,283 |
| * | Fidelity Inflation Premium Bond Index | Mutual Fund | N/A | 8,154 |
| * | Fidelity Intermediate Treasury Bond Index | Mutual Fund | N/A | 7,774 |
| * | Fidelity Long-Term Treasury Bond Index | Mutual Fund | N/A | 5,764 |
| | | | | $ 13,638,360 |

* A party in-interest as defined by ERISA
N/A - Not applicable for participant-directed plan.

| | Late Participant Loan Repayments are included (Yes/No) | Contributions Not Corrected | Contributions Corrected Outside VFCP | | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|---|---|
| Participant Contributions Transferred Late to the Plan | | | | | | |
| 2018 | N | $ - | $ 40,582 | * | $ - | $ - |
| 2017 | N | $ - | $ 88,357 | ** | $ - | $ - |

* Amount represents late contributions during the 2018 Plan year. The contributions were remitted during 2018. The Plan sponsor is in the process of filing Form 5330 and correcting lost earnings.

** Amount represents late contributions during the 2017 Plan year. The contributions were remitted during 2017. Lost earnings were fully corrected during the 2018 Plan year.

Financial Statements
December 31, 2018 and 2017

# Epilog Corporation Profit Sharing Plan

# Epilog Corporation Profit Sharing Plan

Table of Contents

December 31, 2018 and 2017


Independent Auditor's Report ..... 1

Financial Statements

Statements of Net Assets Available for Benefits ..... 3
Statement of Changes in Net Assets Available for Benefits ..... 4
Notes to Financial Statements ..... 5

Supplementary Information

Schedule H, Line 4i – Schedule of Assets Held at End of Year ..... 12
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions ..... 13

EideBailly

CPAs & BUSINESS ADVISORS

**Independent Auditor's Report**

The Plan Administrator, Members of the Investment Committee, and Management
Epilog Corporation Profit Sharing Plan
Golden, Colorado

**Report on the Financial Statements**
We were engaged to audit the accompanying financial statements of Epilog Corporation Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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 are 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 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 4, which was certified by Fidelity Trust Management Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2018 and 2017 and for the year ended December 31, 2018, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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


7001 E. Belleview Ave., Ste. 700 | Denver, CO 80237-2733 | TF 866.740.4100 | T 303.770.5700 | F 303.770.7581 | EOE

**Other Matter – Supplementary Information**
The supplemental schedule H, line 4i – schedule of assets held at end of year and schedule H, line 4a – schedule of delinquent participant contributions as of or for the year ended December 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the 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 these supplemental schedules.

**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 ERISA.

Ende Bailly LLP

Denver, Colorado
October 7, 2019

# Epilog Corporation Profit Sharing Plan

## Statements of Net Assets Available for Benefits

December 31, 2018 and 2017

| | 2018 | 2017 |
|---|---|---|
| Assets | | |
| Investments, at fair value | $ 13,638,360 | $ 14,248,992 |
| Employer Contributions receivable | 60,000 | 100,000 |
| Net Assets Available for Benefits | $ 13,698,360 | $ 14,348,992 |

# Epilog Corporation Profit Sharing Plan

## Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2018

| | |
|---|---|
| Additions | |
| Investment income (loss) | |
| Interest and dividends | $ 1,049,089 |
| Net (depreciation) in fair value of investments | (2,001,534) |
| | (952,445) |
| Contributions | |
| Participant | 777,186 |
| Employer | 268,057 |
| Rollover | 9,025 |
| | 1,054,268 |
| Total additions | 101,823 |
| Deductions | |
| Benefits paid to participants | 752,144 |
| Administrative expenses | 311 |
| Total deductions | 752,455 |
| Net (Decrease) | (650,632) |
| Net Assets Available for Benefits | |
| Beginning of year | 14,348,992 |
| End of year | $ 13,698,360 |

## Note 1 - Description of Plan

The following brief description of the Epilog Corporation Profit Sharing Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering qualified employees of Epilog Corporation (Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (the ERISA).

The Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

### Eligibility

Employees are eligible to participate in the Plan if they have completed six months of service and are 18 years of age. Residents of Puerto Rico, independent contractors, and persons covered by a collective bargaining agreement are excluded from Plan participation. Employees are eligible to receive the company non-elective contribution if they have completed six months of service, are 18 years of age, and provided at least 501 hours of service during the Plan year.

### Entry Date

Employees may enter the Plan on the first day of each month coinciding with or following the date they satisfy the Plan's eligibility requirements.

### Contributions

Each year, participants may contribute up to 74% of their pretax annual compensation, as defined in the Plan. Contributions are subject to certain Internal Revenue Code (IRC) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan allows participants to designate contributions as Roth contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover). Employer matching contributions are discretionary. For the years ended December 31, 2018 and 2017, the Company contributed 50% of a participant's contributions up to a maximum of 2.5% of the participant's eligible compensation. Additional amounts may be contributed at the discretion of the Company's board of directors. During the years ended December 31, 2018 and 2017, the Company contributed $60,000 and $100,000, respectively, as a discretionary non-elective contribution to the Plan.

**Participant Accounts**

Each participant's account is credited with the participant's contributions and the Company's discretionary matching contributions, as well as allocations of the Company's discretionary non-elective contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant's compensation, account balances or specific participant transactions, as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Investment Options**

Upon enrollment in the Plan, a participant may direct deferrals and employer contributions in any of the funds offered by the Plan. Participants may change their investment options daily.

**Vesting**

Participants are vested immediately in their contributions, plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after five years of credited service.

**Forfeitures**

At December 31, 2018 and 2017, forfeited non-vested accounts totaled $3,127 and $6, respectively. These accounts will be used to reduce future employer contributions and/or offset expenses. During the year ended December 31, 2018 and 2017, employer contributions were reduced by $0 and $14,459, respectively, from forfeited non-vested accounts.

**Notes Receivable from Participants**

The Plan does not allow notes receivable from participants.

**Payment of Benefits**

Participants may elect to receive a lump-sum amount equal to the value of their vested interest as defined in the Plan document upon retirement, termination of service, death or disability. A terminated employee with a balance of less than $1,000 may be automatically paid out by the Plan upon termination. Any terminated participants with a balance between $1,000 and $5,000 can still be automatically paid out if their balance is rolled into a qualified Individual Retirement Account. The Plan does not allow distributions to be made prior to termination upon attainment of age 59 ½ or hardship.

**Plan Termination**

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

## Note 2 - Significant Accounting Policies

### Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

### Use of Estimates

The preparation of the financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results may differ from those estimates.

### Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

### Payments of Benefits

Benefit payments to participants are recorded upon distribution. There were no amounts allocated to accounts of persons who have elected to withdraw from the Plan, but have not yet been paid, at December 31, 2018 and 2017.

### Expenses

The Plan's expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net asset available for benefits. In addition, certain investment related expenses are included in net depreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

## Note 3 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the 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;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset'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 assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Mutual funds (including money market mutual funds) – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the plan are deemed to be actively traded.

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.

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

| | 2018 | | | |
|---|---|---|---|---|
| | (Level 1) | (Level 2) | (Level 3) | Total |
| Mutual funds | $ 13,116,529 | $ - | $ - | $ 13,116,529 |
| Money market mutual funds | 521,831 | - | - | 521,831 |
| Investments at fair value | $ 13,638,360 | $ - | $ - | $ 13,638,360 |

| | 2017 | | | |
|---|---|---|---|---|
| | (Level 1) | (Level 2) | (Level 3) | Total |
| Mutual funds | $ 13,732,529 | $ - | $ - | $ 13,732,529 |
| Money market mutual funds | 516,463 | - | - | 516,463 |
| Investments at fair value | $ 14,248,992 | $ - | $ - | $ 14,248,992 |

**Transfers Between Levels**

For the years ended December 31, 2018 and 2017, there were no significant transfers between Level 1 and 2 and no transfers in or out of Level 3.

## Note 4 - Information Certified by the Plan Trustee

The Plan Administrator has elected the method of compliance permitted by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified as complete and accurate by Fidelity Management Trust Company, the trustee, except for comparing such information certified by the trustee with information included in the Plan's financial statements and supplemental schedule H, Line 4i-schedule of assets held at end of year.

The trustee has certified its statement of accounts as of December 31, 2018 and 2017, and for the year ended December 31, 2018. The statement of accounts includes beginning and ending balances of investments held and all related investment activity during the period, including investment earnings.

## Note 5 - Tax Status

The Plan uses a pre-approved plan document sponsored by Fidelity Management and Research Company, which received an advisory letter from the Internal Revenue Service (IRS), dated March 31, 2014, stating that the pre-approved document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS; however, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## Note 6 - Related Party and Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds and a money market mutual fund managed by Fidelity Management Trust Company, the trustee as defined by the Plan. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under the ERISA.

## Note 7 - Risks and Uncertainties

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

## Note 8 - Nonexempt Party-in-Interest Transaction

It was noted in 2018 and 2017 that there were delays by the Company in submitting employee contributions to the trustee in the aggregate amount of approximately $40,582 and $88,357, respectively. In 2018, the Company reimbursed the Plan for lost earnings from the 2017 late contributions and the Company is in the process of filing Form 5330 and correcting lost earnings for the 2018 late contributions.

## Note 9 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2018 and 2017 to Form 5500:

| | 2018 | 2017 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 13,698,360 | $ 14,348,992 |
| Employer contributions receivable | (60,000) | (100,000) |
| Net assets per the Form 5500 | $ 13,638,360 | $ 14,248,992 |

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2018, to Form 5500:

| | Amount |
|---|---|
| Total employer contributions per the financial statements | $ 268,057 |
| Deduct employer contributions receivable - December 31, 2018 | (60,000) |
| Add employer contributions receivable - December 31, 2017 | 100,000 |
| Total employer contributions per the Form 5500 | $ 308,057 |

## Note 10 - Subsequent Events

Effective July 15, 2019, participants shall be entitled to receive a distribution of all their vested account balance upon attainment of age 59 ½.

The Plan sponsor has evaluated subsequent events through October 7, 2019, the date which the financial statements were available to be issued.

Supplementary Information
December 31, 2018

# Epilog Corporation Profit Sharing Plan

| (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 |
|---|---|---|---|---|
| * | Fidelity Freedom 2025 Fund - K | Mutual Fund | N/A | $ 2,008,520 |
| * | Fidelity Growth Company Fund Class - K | Mutual Fund | N/A | 1,423,282 |
| * | Fidelity Total Market Index | Mutual Fund | N/A | 1,057,666 |
| * | Fidelity Freedom 2040 Fund - K | Mutual Fund | N/A | 869,735 |
| * | Fidelity Freedom 2030 Fund - K | Mutual Fund | N/A | 638,079 |
| * | Fidelity Freedom 2035 Fund - K | Mutual Fund | N/A | 629,009 |
| * | Fidelity Mid-Cap Stock Fund - K | Mutual Fund | N/A | 576,303 |
| * | Fideility Government Money Market | Money Market Mutual Fund | N/A | 521,831 |
| * | Fidelity Blue Chip Growth Fund | Mutual Fund | N/A | 508,162 |
| * | Fidelity Investment Growth Bond | Mutual Fund | N/A | 449,053 |
| * | Fidelity Large-Cap Stock Fund | Mutual Fund | N/A | 448,490 |
| * | Fidelity Freedom 2020 Fund - K | Mutual Fund | N/A | 393,041 |
| | Principal SmallCap R4 | Mutual Fund | N/A | 349,914 |
| * | Fidelity Contrafund Fund | Mutual Fund | N/A | 334,644 |
| * | Fidelity Freedom 2050 Fund - K | Mutual Fund | N/A | 327,831 |
| * | Fidelity OTC Portfolio | Mutual Fund | N/A | 292,181 |
| * | Fidelity Intermediate Bond Fund | Mutual Fund | N/A | 283,492 |
| * | Fidelity Low-Priced Stock Fund | Mutual Fund | N/A | 264,574 |
| * | Fidelity Value Strategies Fund | Mutual Fund | N/A | 232,251 |
| * | Fidelity Freedom 2055 Fund - K | Mutual Fund | N/A | 226,256 |
| * | Fidelity Focused Stock Fund | Mutual Fund | N/A | 217,115 |
| * | Fidelity Freedom 2045 Fund - K | Mutual Fund | N/A | 215,172 |
| * | Fidelity Value Fund | Mutual Fund | N/A | 193,520 |
| * | Fidelity Diversified International Fund | Mutual Fund | N/A | 158,232 |
| | T. Rowe Price Equity Income Advance | Mutual Fund | N/A | 137,682 |
| * | Fidelity Small Cap Value Fund | Mutual Fund | N/A | 132,044 |
| * | Fidelity Extended Market Index | Mutual Fund | N/A | 119,693 |
| * | Fidelity Real Estate Investment Portfolio | Mutual Fund | N/A | 116,894 |
| | Oppenheimer International Growth Fund Class - A | Mutual Fund | N/A | 88,663 |
| * | Fidelity Puritan Fund | Mutual Fund | N/A | 84,872 |
| * | Fidelity Overseas Fund | Mutual Fund | N/A | 79,370 |
| * | Fidelity Small Cap Index | Mutual Fund | N/A | 47,580 |
| * | Fidelity Global Extended US Index | Mutual Fund | N/A | 42,723 |
| * | Fidelity Freedom Income Fund - K | Mutual Fund | N/A | 33,017 |
| * | Fidelity Freedom 2060 Fund - K | Mutual Fund | N/A | 28,336 |
| * | Fidelity Emerging Market Index | Mutual Fund | N/A | 25,094 |
| | Federal Short Term Income Fund - SS | Mutual Fund | N/A | 22,139 |
| * | Fidelity US Bond Index | Mutual Fund | N/A | 20,925 |
| * | Fidelity Growth Strategies Fund | Mutual Fund | N/A | 19,283 |
| * | Fidelity Inflation Premium Bond Index | Mutual Fund | N/A | 8,154 |
| * | Fidelity Intermediate Treasury Bond Index | Mutual Fund | N/A | 7,774 |
| * | Fidelity Long-Term Treasury Bond Index | Mutual Fund | N/A | 5,764 |
| | | | | $ 13,638,360 |

* A party in-interest as defined by ERISA
N/A - Not applicable for participant-directed plan.

| | Late Participant Loan Repayments are included (Yes/No) | Contributions Not Corrected | Contributions Corrected Outside VFCP | | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|---|---|
| Participant Contributions Transferred Late to the Plan | | | | | | |
| 2018 | N | $ - | $ 40,582 | * | $ - | $ - |
| 2017 | N | $ - | $ 88,357 | ** | $ - | $ - |

* Amount represents late contributions during the 2018 Plan year. The contributions were remitted during 2018. The Plan sponsor is in the process of filing Form 5330 and correcting lost earnings.

** Amount represents late contributions during the 2017 Plan year. The contributions were remitted during 2017. Lost earnings were fully corrected during the 2018 Plan year.

Financial Statements
December 31, 2018 and 2017

# Epilog Corporation Profit Sharing Plan

# Epilog Corporation Profit Sharing Plan

Table of Contents

December 31, 2018 and 2017


Independent Auditor's Report ..... 1

Financial Statements

Statements of Net Assets Available for Benefits ..... 3
Statement of Changes in Net Assets Available for Benefits ..... 4
Notes to Financial Statements ..... 5

Supplementary Information

Schedule H, Line 4i – Schedule of Assets Held at End of Year ..... 12
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions ..... 13

EideBailly

CPAs & BUSINESS ADVISORS

**Independent Auditor's Report**

The Plan Administrator, Members of the Investment Committee, and Management
Epilog Corporation Profit Sharing Plan
Golden, Colorado

**Report on the Financial Statements**
We were engaged to audit the accompanying financial statements of Epilog Corporation Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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 are 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 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 4, which was certified by Fidelity Trust Management Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2018 and 2017 and for the year ended December 31, 2018, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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


7001 E. Belleview Ave., Ste. 700 | Denver, CO 80237-2733 | TF 866.740.4100 | T 303.770.5700 | F 303.770.7581 | EOE

**Other Matter – Supplementary Information**
The supplemental schedule H, line 4i – schedule of assets held at end of year and schedule H, line 4a – schedule of delinquent participant contributions as of or for the year ended December 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the 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 these supplemental schedules.

**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 ERISA.

Ende Bailly LLP

Denver, Colorado
October 7, 2019

# Epilog Corporation Profit Sharing Plan

## Statements of Net Assets Available for Benefits

December 31, 2018 and 2017

| | 2018 | 2017 |
|---|---|---|
| Assets | | |
| Investments, at fair value | $ 13,638,360 | $ 14,248,992 |
| Employer Contributions receivable | 60,000 | 100,000 |
| Net Assets Available for Benefits | $ 13,698,360 | $ 14,348,992 |

# Epilog Corporation Profit Sharing Plan

## Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2018

| | |
|---|---|
| Additions | |
| Investment income (loss) | |
| Interest and dividends | $ 1,049,089 |
| Net (depreciation) in fair value of investments | (2,001,534) |
| | (952,445) |
| Contributions | |
| Participant | 777,186 |
| Employer | 268,057 |
| Rollover | 9,025 |
| | 1,054,268 |
| Total additions | 101,823 |
| Deductions | |
| Benefits paid to participants | 752,144 |
| Administrative expenses | 311 |
| Total deductions | 752,455 |
| Net (Decrease) | (650,632) |
| Net Assets Available for Benefits | |
| Beginning of year | 14,348,992 |
| End of year | $ 13,698,360 |

## Note 1 - Description of Plan

The following brief description of the Epilog Corporation Profit Sharing Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering qualified employees of Epilog Corporation (Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (the ERISA).

The Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

### Eligibility

Employees are eligible to participate in the Plan if they have completed six months of service and are 18 years of age. Residents of Puerto Rico, independent contractors, and persons covered by a collective bargaining agreement are excluded from Plan participation. Employees are eligible to receive the company non-elective contribution if they have completed six months of service, are 18 years of age, and provided at least 501 hours of service during the Plan year.

### Entry Date

Employees may enter the Plan on the first day of each month coinciding with or following the date they satisfy the Plan's eligibility requirements.

### Contributions

Each year, participants may contribute up to 74% of their pretax annual compensation, as defined in the Plan. Contributions are subject to certain Internal Revenue Code (IRC) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan allows participants to designate contributions as Roth contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover). Employer matching contributions are discretionary. For the years ended December 31, 2018 and 2017, the Company contributed 50% of a participant's contributions up to a maximum of 2.5% of the participant's eligible compensation. Additional amounts may be contributed at the discretion of the Company's board of directors. During the years ended December 31, 2018 and 2017, the Company contributed $60,000 and $100,000, respectively, as a discretionary non-elective contribution to the Plan.

**Participant Accounts**

Each participant's account is credited with the participant's contributions and the Company's discretionary matching contributions, as well as allocations of the Company's discretionary non-elective contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant's compensation, account balances or specific participant transactions, as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Investment Options**

Upon enrollment in the Plan, a participant may direct deferrals and employer contributions in any of the funds offered by the Plan. Participants may change their investment options daily.

**Vesting**

Participants are vested immediately in their contributions, plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after five years of credited service.

**Forfeitures**

At December 31, 2018 and 2017, forfeited non-vested accounts totaled $3,127 and $6, respectively. These accounts will be used to reduce future employer contributions and/or offset expenses. During the year ended December 31, 2018 and 2017, employer contributions were reduced by $0 and $14,459, respectively, from forfeited non-vested accounts.

**Notes Receivable from Participants**

The Plan does not allow notes receivable from participants.

**Payment of Benefits**

Participants may elect to receive a lump-sum amount equal to the value of their vested interest as defined in the Plan document upon retirement, termination of service, death or disability. A terminated employee with a balance of less than $1,000 may be automatically paid out by the Plan upon termination. Any terminated participants with a balance between $1,000 and $5,000 can still be automatically paid out if their balance is rolled into a qualified Individual Retirement Account. The Plan does not allow distributions to be made prior to termination upon attainment of age 59 ½ or hardship.

**Plan Termination**

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

## Note 2 - Significant Accounting Policies

### Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

### Use of Estimates

The preparation of the financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results may differ from those estimates.

### Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

### Payments of Benefits

Benefit payments to participants are recorded upon distribution. There were no amounts allocated to accounts of persons who have elected to withdraw from the Plan, but have not yet been paid, at December 31, 2018 and 2017.

### Expenses

The Plan's expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net asset available for benefits. In addition, certain investment related expenses are included in net depreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

## Note 3 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the 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;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset'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 assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Mutual funds (including money market mutual funds) – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the plan are deemed to be actively traded.

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.

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

| | 2018 | | | |
|---|---|---|---|---|
| | (Level 1) | (Level 2) | (Level 3) | Total |
| Mutual funds | $ 13,116,529 | $ - | $ - | $ 13,116,529 |
| Money market mutual funds | 521,831 | - | - | 521,831 |
| Investments at fair value | $ 13,638,360 | $ - | $ - | $ 13,638,360 |

| | 2017 | | | |
|---|---|---|---|---|
| | (Level 1) | (Level 2) | (Level 3) | Total |
| Mutual funds | $ 13,732,529 | $ - | $ - | $ 13,732,529 |
| Money market mutual funds | 516,463 | - | - | 516,463 |
| Investments at fair value | $ 14,248,992 | $ - | $ - | $ 14,248,992 |

**Transfers Between Levels**

For the years ended December 31, 2018 and 2017, there were no significant transfers between Level 1 and 2 and no transfers in or out of Level 3.

## Note 4 - Information Certified by the Plan Trustee

The Plan Administrator has elected the method of compliance permitted by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified as complete and accurate by Fidelity Management Trust Company, the trustee, except for comparing such information certified by the trustee with information included in the Plan's financial statements and supplemental schedule H, Line 4i-schedule of assets held at end of year.

The trustee has certified its statement of accounts as of December 31, 2018 and 2017, and for the year ended December 31, 2018. The statement of accounts includes beginning and ending balances of investments held and all related investment activity during the period, including investment earnings.

## Note 5 - Tax Status

The Plan uses a pre-approved plan document sponsored by Fidelity Management and Research Company, which received an advisory letter from the Internal Revenue Service (IRS), dated March 31, 2014, stating that the pre-approved document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS; however, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## Note 6 - Related Party and Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds and a money market mutual fund managed by Fidelity Management Trust Company, the trustee as defined by the Plan. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under the ERISA.

## Note 7 - Risks and Uncertainties

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

## Note 8 - Nonexempt Party-in-Interest Transaction

It was noted in 2018 and 2017 that there were delays by the Company in submitting employee contributions to the trustee in the aggregate amount of approximately $40,582 and $88,357, respectively. In 2018, the Company reimbursed the Plan for lost earnings from the 2017 late contributions and the Company is in the process of filing Form 5330 and correcting lost earnings for the 2018 late contributions.

## Note 9 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2018 and 2017 to Form 5500:

| | 2018 | 2017 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 13,698,360 | $ 14,348,992 |
| Employer contributions receivable | (60,000) | (100,000) |
| Net assets per the Form 5500 | $ 13,638,360 | $ 14,248,992 |

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2018, to Form 5500:

| | Amount |
|---|---|
| Total employer contributions per the financial statements | $ 268,057 |
| Deduct employer contributions receivable - December 31, 2018 | (60,000) |
| Add employer contributions receivable - December 31, 2017 | 100,000 |
| Total employer contributions per the Form 5500 | $ 308,057 |

## Note 10 - Subsequent Events

Effective July 15, 2019, participants shall be entitled to receive a distribution of all their vested account balance upon attainment of age 59 ½.

The Plan sponsor has evaluated subsequent events through October 7, 2019, the date which the financial statements were available to be issued.

Supplementary Information
December 31, 2018

# Epilog Corporation Profit Sharing Plan

| (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 |
|---|---|---|---|---|
| * | Fidelity Freedom 2025 Fund - K | Mutual Fund | N/A | $ 2,008,520 |
| * | Fidelity Growth Company Fund Class - K | Mutual Fund | N/A | 1,423,282 |
| * | Fidelity Total Market Index | Mutual Fund | N/A | 1,057,666 |
| * | Fidelity Freedom 2040 Fund - K | Mutual Fund | N/A | 869,735 |
| * | Fidelity Freedom 2030 Fund - K | Mutual Fund | N/A | 638,079 |
| * | Fidelity Freedom 2035 Fund - K | Mutual Fund | N/A | 629,009 |
| * | Fidelity Mid-Cap Stock Fund - K | Mutual Fund | N/A | 576,303 |
| * | Fideility Government Money Market | Money Market Mutual Fund | N/A | 521,831 |
| * | Fidelity Blue Chip Growth Fund | Mutual Fund | N/A | 508,162 |
| * | Fidelity Investment Growth Bond | Mutual Fund | N/A | 449,053 |
| * | Fidelity Large-Cap Stock Fund | Mutual Fund | N/A | 448,490 |
| * | Fidelity Freedom 2020 Fund - K | Mutual Fund | N/A | 393,041 |
| | Principal SmallCap R4 | Mutual Fund | N/A | 349,914 |
| * | Fidelity Contrafund Fund | Mutual Fund | N/A | 334,644 |
| * | Fidelity Freedom 2050 Fund - K | Mutual Fund | N/A | 327,831 |
| * | Fidelity OTC Portfolio | Mutual Fund | N/A | 292,181 |
| * | Fidelity Intermediate Bond Fund | Mutual Fund | N/A | 283,492 |
| * | Fidelity Low-Priced Stock Fund | Mutual Fund | N/A | 264,574 |
| * | Fidelity Value Strategies Fund | Mutual Fund | N/A | 232,251 |
| * | Fidelity Freedom 2055 Fund - K | Mutual Fund | N/A | 226,256 |
| * | Fidelity Focused Stock Fund | Mutual Fund | N/A | 217,115 |
| * | Fidelity Freedom 2045 Fund - K | Mutual Fund | N/A | 215,172 |
| * | Fidelity Value Fund | Mutual Fund | N/A | 193,520 |
| * | Fidelity Diversified International Fund | Mutual Fund | N/A | 158,232 |
| | T. Rowe Price Equity Income Advance | Mutual Fund | N/A | 137,682 |
| * | Fidelity Small Cap Value Fund | Mutual Fund | N/A | 132,044 |
| * | Fidelity Extended Market Index | Mutual Fund | N/A | 119,693 |
| * | Fidelity Real Estate Investment Portfolio | Mutual Fund | N/A | 116,894 |
| | Oppenheimer International Growth Fund Class - A | Mutual Fund | N/A | 88,663 |
| * | Fidelity Puritan Fund | Mutual Fund | N/A | 84,872 |
| * | Fidelity Overseas Fund | Mutual Fund | N/A | 79,370 |
| * | Fidelity Small Cap Index | Mutual Fund | N/A | 47,580 |
| * | Fidelity Global Extended US Index | Mutual Fund | N/A | 42,723 |
| * | Fidelity Freedom Income Fund - K | Mutual Fund | N/A | 33,017 |
| * | Fidelity Freedom 2060 Fund - K | Mutual Fund | N/A | 28,336 |
| * | Fidelity Emerging Market Index | Mutual Fund | N/A | 25,094 |
| | Federal Short Term Income Fund - SS | Mutual Fund | N/A | 22,139 |
| * | Fidelity US Bond Index | Mutual Fund | N/A | 20,925 |
| * | Fidelity Growth Strategies Fund | Mutual Fund | N/A | 19,283 |
| * | Fidelity Inflation Premium Bond Index | Mutual Fund | N/A | 8,154 |
| * | Fidelity Intermediate Treasury Bond Index | Mutual Fund | N/A | 7,774 |
| * | Fidelity Long-Term Treasury Bond Index | Mutual Fund | N/A | 5,764 |
| | | | | $ 13,638,360 |

* A party in-interest as defined by ERISA
N/A - Not applicable for participant-directed plan.

| | Late Participant Loan Repayments are included (Yes/No) | Contributions Not Corrected | Contributions Corrected Outside VFCP | | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|---|---|
| Participant Contributions Transferred Late to the Plan | | | | | | |
| 2018 | N | $ - | $ 40,582 | * | $ - | $ - |
| 2017 | N | $ - | $ 88,357 | ** | $ - | $ - |

* Amount represents late contributions during the 2018 Plan year. The contributions were remitted during 2018. The Plan sponsor is in the process of filing Form 5330 and correcting lost earnings.

** Amount represents late contributions during the 2017 Plan year. The contributions were remitted during 2017. Lost earnings were fully corrected during the 2018 Plan year.