#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

#### Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection** 

|                              |   | dentification information   |                         |  |  |                        |                                     |                                      |  |  |
|------------------------------|---|---|-------------------------|--|--|------------------------|-------------------------------------|--------------------------------------|--|--|
| For calendar                 | plan year 2018 or fise  | cal plan year beginning 01/01/2   | 2018                    |  | and ending 12  | 2/31/201               | 8                                   |                                      |  |  |
| A This return                | n/report is for:  | a single-employer plan  |                         |  | an (not multiemployer) (<br>ployer information in ac   |                        | -                                   |                                      |  |  |
|                              | ·   | a one-participant plan  | _                       | foreign plan                               | ,  |                        |                                     | ,                                    |  |  |
| <b>B</b> This return         | /report is  | the first return/report   | the                     | e final return/report                      |  |                        |                                     |                                      |  |  |
|                              |   | an amended return/report  | a s                     | short plan year return                     | /report (less than 12 m                                | onths)                 |                                     |                                      |  |  |
| C Check box                  | x if filing under:  | X Form 5558   | au                      | tomatic extension                          |  | DFV                    | C program                           |                                      |  |  |
|                              |   | special extension (enter desc   | ription)                |  |  |                        |                                     |                                      |  |  |
| Part II                      | Basic Plan Infor  | mation—enter all requested in   | formation               | on   |  |                        |                                     |                                      |  |  |
| 1a Name of                   | plan  | .C DEFINED BENEFIT PLAN   |                         |  |  | р                      | hree-digit<br>an number<br>PN)      | 002                                  |  |  |
|                              |   |   |                         |  |  |                        | ffective date of                    | f plan                               |  |  |
|                              |   |   |                         |  |  |                        |                                     | 1/2014                               |  |  |
| Mailing a                    | ddress (include room  | er, if for a single-employer plan)<br>n, apt., suite no. and street, or P.C         |                         |  |  |                        |                                     | fication Number<br>716578            |  |  |
| •                            | wn, state or province<br>KETING GROUP, LL                             | , country, and ZIP or foreign post<br>.C  | tai code                | (IT foreign, see instru                    | uctions)   | <b>2c</b> S            | ponsor's telep                      | phone number<br>4-6201               |  |  |
|                              |   |   |                         |  |  | <b>2d</b> B            | usiness code                        | (see instructions)                   |  |  |
| 12274 1ST STF<br>TREASURE IS | 1ST STREET WEST, UNIT 2 SURE ISLAND, FL 33706 325410                  |   |                         |  |  |                        | 110                                 |                                      |  |  |
|                              |   |   |                         |  |  |                        |                                     |                                      |  |  |
| 3a Plan adm                  | ninistrator's name and  | d address 🛛 Same as Plan Spo  | nsor.                   |  |  | <b>3b</b> A            | dministrator's                      | EIN                                  |  |  |
|                              |   |   |                         |  |  | <b>3c</b> A            | dministrator's                      | telephone number                     |  |  |
|                              |   |   |                         |  |  |                        |                                     |                                      |  |  |
|                              |   |   |                         |  |  |                        |                                     |                                      |  |  |
|                              |   | plan sponsor or the plan name h<br>sor's name, EIN, the plan name a                 |                         |  |  | 4b E                   | IN                                  |                                      |  |  |
| <b>a</b> Sponsor'            |   | oor o namo, Em, mo plan namo e  | and ino                 | pian nambor nom an                         | o last retain, report.                                 | <b>4d</b> P            | N                                   |                                      |  |  |
| C Plan Nan                   | ne  |   |                         |  |  |                        |                                     |                                      |  |  |
| <b>5a</b> Total nur          | mber of participants a  | at the beginning of the plan year.  |                         |  |  | 5a                     |                                     | 3                                    |  |  |
| <b>b</b> Total nur           | mber of participants a  | at the end of the plan year   |                         |  |  | 5b                     |                                     | 3                                    |  |  |
|                              |   | ccount balances as of the end of  |                         |  | -  | 5с                     |                                     |                                      |  |  |
| <b>d(1)</b> Total i          | number of active part   | icipants at the beginning of the p  | lan year                | r  |  | 5d(1                   | )                                   | 1                                    |  |  |
|                              |   | ticipants at the end of the plan ye   |                         |  |  | 5d(2                   | )                                   | 1                                    |  |  |
| than 10                      | 0% vested   | erminated employment during the   |                         |  |  | 5e                     |                                     |                                      |  |  |
|                              |   | r incomplete filing of this retur   |                         |  |  |                        |                                     |                                      |  |  |
| SB or Schedu                 | es of perjury and oth<br>lle MB completed and<br>e, correct, and comp | er penalties set forth in the instru<br>d signed by an enrolled actuary, a<br>lete. | ictions, I<br>as well a | declare that I have as the electronic vers | examined this return/re<br>sion of this return/report  | port, inc<br>t, and to | uding, if application the best of m | cable, a Schedule<br>y knowledge and |  |  |
| SIGN                         |   | valid electronic signature.   |                         | 10/04/2019                                 | STEPHEN LEVIN  |                        |                                     |                                      |  |  |
| HERE                         | Signature of plan ad  | Iministrator  |                         | Date                                       | Enter name of individual signing as plan administrator |                        |                                     |                                      |  |  |
| SIGN                         |   |   |                         |  |  |                        |                                     |                                      |  |  |
| HERE                         | Signature of employ   | er/plan sponsor   |                         | Date                                       | Enter name of individ                                  | ual signi              | ng as employe                       | er or plan sponsor                   |  |  |

Form 5500-SF (2018) Page **2** 

| _   | Were all of the plan's assets during the plan year invested in eligib  |            |                           |          |        |         |                   | X Yes             | No  |
|-----|--|------------|---------------------------|----------|--------|---------|-------------------|-------------------|-----|
| D   | Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility                              |            |                           |          |        |         |                   | X Yes             | No  |
|     | If you answered "No" to either line 6a or line 6b, the plan cann   |            |                           |          |        |         |                   |                   |     |
| С   | If the plan is a defined benefit plan, is it covered under the PBGC in   | nsurance p | rogram (see ERISA se      | ection 4 | 021)?  | X       | Yes No            | Not determine     | ed  |
|     | If "Yes" is checked, enter the My PAA confirmation number from th  | e PBGC p   | remium filing for this pl | lan yea  | r      |         | <u>4146490</u> .  | (See instructions | s.) |
| Pai | t III Financial Information  |            |                           |          |        |         |                   |                   |     |
| 7   | Plan Assets and Liabilities  |            | (a) Baginning             | of Voor  |        |         | (b) End a         | of Voor           |     |
|     | Total plan assets  | 7a         | (a) Beginning o           | 90132    |        |         | (b) End o         | 562354            |     |
|     | Total plan liabilities   | 7a<br>7b   |                           | 0        |        |         |                   | 0                 |     |
|     | Net plan assets (subtract line 7b from line 7a)  | 76<br>7c   | 69                        | 90132    |        |         |                   | 562354            |     |
| _   | Income, Expenses, and Transfers for this Plan Year   | , ,,       | (a) Amoun                 |          |        |         | (b) To            |                   | _   |
|     | Contributions received or receivable from:   |            | (a) Allioun               |          |        |         | (0) 10            | riai              |     |
|     | (1) Employers  | 8a(1)      |                           |          |        |         |                   |                   |     |
|     | (2) Participants   | 8a(2)      |                           |          |        |         |                   |                   |     |
|     | (3) Others (including rollovers)   | 8a(3)      |                           |          |        |         |                   |                   |     |
| b   | Other income (loss)  | 8b         | -6                        | 69972    |        |         |                   |                   |     |
| С   | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c         |                           |          |        |         |                   | -69972            |     |
|     | Benefits paid (including direct rollovers and insurance premiums   | 8d         | ı                         | 56228    |        |         |                   |                   |     |
|     | to provide benefits)   |            |                           | 30220    |        |         |                   |                   |     |
|     | Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)                                  | 8e<br>8f   |                           | 1578     | _      |         |                   |                   |     |
|     | Other expenses   | 8g         |                           | 1370     |        |         |                   |                   |     |
|     | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h         |                           |          |        |         |                   | 57806             |     |
|     | Net income (loss) (subtract line 8h from line 8c)  |            |                           |          |        |         |                   | -127778           |     |
|     | Transfers to (from) the plan (see instructions)  |            |                           |          |        |         |                   | -127770           |     |
|     |  | 8j         |                           |          |        |         |                   |                   |     |
| 9a  | t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension   | feature co | ides from the List of Pla | an Chai  | actori | etic Co | ndes in the instr | uctions:          |     |
| Ju  | 1A 1I 3D   | roatare oc | acconomine List of the    | an Ona   | doton  |         |                   | dollorio.         |     |
| b   | If the plan provides welfare benefits, enter the applicable welfare fe   | eature cod | les from the List of Plar | n Chara  | cteris | tic Cod | des in the instru | ctions:           |     |
|     |  |            |                           |          |        |         |                   |                   |     |
| Par | t V   Compliance Questions   |            |                           |          | 1      |         | T                 |                   |     |
| 10  | During the plan year:  |            |                           |          | Yes    | No      | Α                 | mount             |     |
| а   | Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V                                 |            |                           |          |        |         |                   |                   |     |
|     | Program)   | -          | •                         | 10a      |        | X       |                   |                   |     |
| b   | Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  | •          |                           | 10b      |        | Χ       |                   |                   |     |
| С   | Was the plan covered by a fidelity bond?   |            |                           | 10c      |        | X       |                   |                   |     |
| d   | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  |            |                           | 10d      |        | Χ       |                   |                   |     |
| е   | Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) | 10e        |                           | X        |        |         |                   |                   |     |
| f   |  |            |                           | 10f      |        | Χ       |                   |                   |     |
| g   | Did the plan have any participant loans? (If "Yes," enter amount a   | s of year- | end.)                     | 10g      |        | Χ       |                   |                   |     |
|     | If this is an individual account plan, was there a blackout period? 2520.101-3.)   |            | 10g<br>10h                |          |        |         |                   |                   |     |
| i   | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10                                | he require | d notice or one of the    | 10i      |        |         |                   |                   |     |
|     |  |            | •                         |          |        |         |                   |                   |     |

| Part | VI Pension Funding Compliance   |                  |       |                         |         |  |  |  |  |  |  |
|------|---|------------------|-------|-------------------------|---------|--|--|--|--|--|--|
| 11   | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)   |                  | В     | X Ye                    | es 🗌 No |  |  |  |  |  |  |
| 11a  | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40  | 11a              |       |                         | 0       |  |  |  |  |  |  |
| 12   | ERISA?  |                  |       |                         |         |  |  |  |  |  |  |
|      | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)   |                  |       |                         |         |  |  |  |  |  |  |
| а    | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver  | d enter t<br>Day |       | of the letter<br>_ Year | ruling  |  |  |  |  |  |  |
| lf : | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  |                  |       |                         |         |  |  |  |  |  |  |
| b    | Enter the minimum required contribution for this plan year  | 12b              |       |                         |         |  |  |  |  |  |  |
| С    | Enter the amount contributed by the employer to the plan for this plan year   | 12c              |       |                         |         |  |  |  |  |  |  |
| d    | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)   | 12d              |       |                         |         |  |  |  |  |  |  |
| е    | Will the minimum funding amount reported on line 12d be met by the funding deadline?  |                  | Yes   | No                      | N/A     |  |  |  |  |  |  |
| Part | VII Plan Terminations and Transfers of Assets   |                  |       |                         |         |  |  |  |  |  |  |
| 13a  | Has a resolution to terminate the plan been adopted in any plan year?   |                  | X Yes | No                      | ı       |  |  |  |  |  |  |
|      | If "Yes," enter the amount of any plan assets that reverted to the employer this year   | 13a              |       |                         | (       |  |  |  |  |  |  |
| b    | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?   |                  |       | Yes X                   | No      |  |  |  |  |  |  |
| С    | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) | to               |       |                         |         |  |  |  |  |  |  |
| 1    | <b>3c(1)</b> Name of plan(s): 13c(2)  | EIN(s)           |       | 13c(3)                  | PN(s)   |  |  |  |  |  |  |
|      |   |                  |       |                         |         |  |  |  |  |  |  |

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Single-Employer Defined Benefit Plan
Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2018

This Form is Open to Public

Inspection

OMB No. 1210-0110

File as an attachment to Form 5500 or 5500-SF.

|          |  | ,                              |                 |                                |                  |                   |              |                 |                |                              |
|----------|--|--------------------------------|-----------------|--------------------------------|------------------|-------------------|--------------|-----------------|----------------|------------------------------|
| Fo       | r calendar plan year 2018 or fiscal  | l plan year beginning 01       | 1/01/2018       |                                |                  | and endin         | ig 12/3      | 31/201          | 8              |                              |
|          | Round off amounts to nearest of  |                                |                 |                                |                  |                   |              |                 |                |                              |
| <u> </u> | Caution: A penalty of \$1,000 will   | be assessed for late filing of | this report     | unless reasonable ca           | iuse is          | s establishe      | d.           |                 |                |                              |
|          | Name of plan   |                                |                 |                                | В                | Three-di          | git          |                 |                |                              |
|          | REGENT MARKETING GROUP, L  | LLC DEFINED BENEFIT PLA        | AN              |                                |                  | plan nun          | nber (PN     | I)              | •              | 002                          |
|          |  |                                |                 |                                |                  |                   |              |                 |                |                              |
| C        | Plan sponsor's name as shown on  | line 2a of Form 5500 or 550    | n-SE            |                                | D                | Employer          | Identific    | ation N         | Jumber (F      | :INI)                        |
|          | REGENT MARKETING GROUP, L  |                                | 0 01            |                                |                  | Linployer         | 59-37        |                 | varriber (E    |                              |
|          | ,  |                                |                 |                                |                  |                   | 33-31        | 10370           |                |                              |
| Ε.       | Type of plan: X Single Multip  | ple-A Multiple-B               | F               | Prior year plan size:          | X 10             | 00 or fewer       | 101-         | -500            | More th        | an 500                       |
|          |  | · <u> </u>                     | -               | 1 nor your plan oleo.          |                  | 50 01 10 WO!      | □            |                 | Wioro ar       | uii 000                      |
|          | Part I Basic Information   |                                |                 |                                |                  |                   |              |                 |                |                              |
| 1        | Enter the valuation date:  | Month Da                       | ay <u>31</u>    | Year <u>2018</u>               |                  |                   |              |                 |                |                              |
| 2        | Assets:  |                                |                 |                                |                  |                   |              |                 |                |                              |
|          | a Market value   |                                |                 |                                |                  |                   | . 2a         |                 |                | 562354                       |
|          | <b>b</b> Actuarial value   |                                |                 |                                |                  |                   | . 2b         |                 |                | 562354                       |
| 3        | Funding target/participant count   | t breakdown                    |                 | ` '                            | ) Num<br>articir | ber of            | (2) Ve       | sted F<br>Targe | unding         | (3) Total Funding<br>Target  |
|          | <b>a</b> For retired participants and be   | eneficiaries receiving paymer  | nt              | <del></del>                    | articip          | 0                 |              | raige           | 0              | 1 arget                      |
|          | <b>b</b> For terminated vested particip  | •                              |                 |                                |                  | 0                 |              |                 | 0              | 0                            |
|          |  |                                |                 |                                |                  | 1                 |              |                 | 344455         |                              |
|          | <b>C</b> For active participants   |                                |                 |                                |                  | <u> </u>          |              |                 |                | 430569                       |
|          | <b>d</b> Total   |                                |                 |                                |                  | 1                 |              |                 | 344455         | 430569                       |
| 4        | If the plan is in at-risk status, che  | neck the box and complete lin  | ies (a) and     | (b)                            | ·∐               |                   |              |                 |                |                              |
|          | <b>a</b> Funding target disregarding p   | rescribed at-risk assumptions  | s               |                                |                  |                   | 4a           |                 |                |                              |
|          | <b>b</b> Funding target reflecting at-ris  |                                |                 |                                |                  |                   | 4b           |                 |                |                              |
|          | at-risk status for fewer than five   |                                |                 | •                              |                  |                   | •••          | -               |                |                              |
| _5_      | Effective interest rate  |                                |                 |                                |                  |                   | 5            | +               |                | 5.30 %                       |
| 6        | Target normal cost   |                                |                 |                                |                  |                   | 6            |                 |                | 0                            |
|          | tement by Enrolled Actuary  To the best of my knowledge, the information accordance with applicable law and regulation |                                |                 |                                |                  |                   |              |                 |                |                              |
|          | combination, offer my best estimate of anticip   |                                | ion is reasonal | ble (taking into account the e | xpenen           | ice of the plan a | iliu reasoni | able expe       | sciations) and | a such other assumptions, in |
| ,        | SIGN   |                                |                 |                                |                  |                   |              |                 |                |                              |
|          | HERE   |                                |                 |                                |                  |                   |              |                 | 10/02/201      | 9                            |
|          | '  | Signature of actuary           |                 |                                |                  |                   |              |                 | Date           |                              |
| R        | ROBERT M. HANESS   | ,                              |                 |                                |                  |                   |              |                 | 17-04945       | ;                            |
|          |  | pe or print name of actuary    |                 |                                |                  |                   | Most         | recent          | enrollmer      | nt number                    |
| Н        | HANESS & ASSOCIATES, LLC   | ,                              |                 |                                |                  |                   |              | 9               | 16-276-12      | 56                           |
|          | ,  | Firm name                      |                 |                                |                  | Te                | elephone     |                 |                | ng area code)                |
|          | P. O. BOX 836<br>ROCKLIN, CA 95677   |                                |                 |                                |                  |                   |              |                 | (              | 3                            |
|          | NOONLIN, OA 90011  |                                |                 |                                |                  |                   |              |                 |                |                              |
|          |  | Addroso of the edition         |                 |                                |                  |                   |              |                 |                |                              |
|          |  | Address of the firm            |                 |                                |                  |                   |              |                 |                |                              |
|          | e actuary has not fully reflected any  | y regulation or ruling promulg | gated unde      | r the statute in comple        | eting t          | his schedul       | e, check     | the bo          | ox and see     | •                            |
| шыы      | ructions   |                                |                 |                                |                  |                   |              |                 |                |                              |

| Page 2 | 2 - | 1 |
|--------|-----|---|
|--------|-----|---|

Schedule SB (Form 5500) 2018

| Pa   | art II   | Begin       | ning of Year             | Carryov      | er and Prefunding Ba                           | alances                 |              |                            |           |  |                |            |  |
|--|--|-------------|--------------------------|--------------|--|-------------------------|--------------|----------------------------|-----------|--|----------------|------------|--|
|  |  |             |                          |              |  |                         | <b>(a)</b> C | arryover balance           |           | <b>(b)</b> P                           | refundir       | g balance  |  |
| 7  |  | •           | 0 , ,                    |              | able adjustments (line 13 fro                  | •                       |              | C                          |           |  |                | 141304     |  |
| 8  |  |             | •                        | ,            | nding requirement (line 35 fr                  |                         |              | C                          | ı         |  |                | 0          |  |
| 9  | Amount r   | emaining    | g (line 7 minus line     | 8)           |  |                         |              | C                          |           |  |                | 141304     |  |
| 10   | Interest of  | n line 9 ເ  | using prior year's       | actual retu  | rn of <u>18.73</u> %                           |                         |              | C                          |           |  |                | 26466      |  |
| 11   | Prior yea  | r's exces   | s contributions to       | be added     | to prefunding balance:                         |                         |              |                            |           |  |                |            |  |
|  | <b>a</b> Preser  | nt value o  | f excess contribut       | ions (line 3 | 88a from prior year)                           |                         |              |                            |           |  |                | 51962      |  |
|  |  |             |                          |              | over line 38b from prior year interest rate of |                         |              |                            |           |  | 0              |            |  |
| b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual   |  |             |                          |              |  |                         |              |                            |           |  | 0              |            |  |
| return  C Total available at beginning of current plan year to add to prefunding balance   |  |             |                          |              |  |                         |              |                            |           |  | 51962          |            |  |
|  |  |             | 0 0                      | . ,          | ance   |                         |              |                            |           |  |                | 51962      |  |
|  |  |             |                          |              |  |                         |              |                            |           |  |                | 0          |  |
|  |  |             |                          |              | or deemed elections                            |                         |              | C                          |           |  |                | 0          |  |
|  | 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)  |             |                          |              |  |                         |              |                            |           |  | 167770         |            |  |
|  | art III  |             | ding Percenta            |              |  |                         |              |                            |           |  | 1              |            |  |
| 14 Funding target attainment percentage  |  |             |                          |              |  |                         |              |                            |           | 14                                     | 87.57%         |            |  |
| 15 Adjusted funding target attainment percentage   |  |             |                          |              |  |                         |              |                            |           | 15                                     | 130.60%        |            |  |
| Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement |  |             |                          |              |  |                         |              |                            | 159.21%   |  |                |            |  |
| 17   | 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage |             |                          |              |  |                         |              |                            |           |  |                |            |  |
| Р  | art IV   | Con         | tributions an            | d Liquid     | ity Shortfalls                                 |                         |              |                            |           |  |                |            |  |
| 18   |  |             |                          |              | ar by employer(s) and emplo                    | yees:                   |              |                            |           |  |                |            |  |
| <b>/N</b>  | (a) Date MM-DD-Y   |             | (b) Amount p<br>employer | -            | (c) Amount paid by employees                   | <b>(a)</b> D<br>(MM-DD- |              | (b) Amount pa<br>employer( | -         | (c)                                    | Amour<br>emplo | nt paid by |  |
|  | VIIVI DD 1   | 111)        | employen                 | (5)          | ciripidyede                                    | (WIW DD                 | ,            | cripicycr(                 | <i>3)</i> |  | CITIPIC        | y 000      |  |
|  |  |             |                          |              |  |                         |              |                            |           |  |                |            |  |
|  |  |             |                          |              |  |                         |              |                            |           |  |                |            |  |
|  |  |             |                          |              |  |                         |              |                            |           |  |                |            |  |
|  |  |             |                          |              |  |                         |              |                            |           |  |                |            |  |
|  |  |             |                          |              |  |                         |              |                            |           |  |                |            |  |
|  |  |             |                          |              |  | Totals ▶                | 18(b)        |                            |           | 18(c)                                  |                |            |  |
| 19   | Discount   | ed emplo    | yer contributions        | – see instr  | uctions for small plan with a                  | valuation da            | te after the | beginning of the y         | ear:      |  |                |            |  |
|  | <b>a</b> Contril   | outions a   | llocated toward ur       | npaid minin  | num required contributions f                   | rom prior yea           | ars          | <u>^</u>                   | 9a        |  |                | 0          |  |
|  | <b>b</b> Contrib   | outions m   | ade to avoid restr       | ictions adj  | usted to valuation date                        |                         |              |                            | 9b        |  |                | 0          |  |
|  | <b>C</b> Contrib   | outions all | ocated toward min        | imum requi   | red contribution for current year              | ar adjusted to          | valuation d  | ate                        | 9c        |  |                | 0          |  |
| 20   | Quarterly  | contribu    | tions and liquidity      | shortfalls:  |  |                         |              |                            |           |  |                |            |  |
|  | a Did the plan have a "funding shortfall" for the prior year? Yes ⊠ No   |             |                          |              |  |                         |              |                            |           |  |                |            |  |
|  | <b>b</b> If line   | 20a is "Y   | es," were required       | quarterly    | installments for the current y                 | ear made in             | a timely ma  | anner?                     |           | ······································ |                | Yes No     |  |
|  | C If line  | 20a is "Ye  | es," see instructio      | ns and con   | nplete the following table as                  | applicable:             |              |                            |           |  |                |            |  |
|  |  | (4)         |                          |              | Liquidity shortfall as of end                  | of quarter o            |              |                            |           |  | 4) 4.1         |            |  |
|  |  | (1) 1st     | [                        |              | (2) 2nd  |                         | (3)          | 3rd                        |           | (                                      | 4) 4th         |            |  |
|  |  |             |                          |              |  |                         |              |                            |           |  |                |            |  |

| F  | art V  | Assumpti         | ons Used         | to Determine        | Funding          | Target and Tar                      | get Norm       | al Cost               |             |                   |                |
|----|--|------------------|------------------|---------------------|------------------|-------------------------------------|----------------|-----------------------|-------------|-------------------|----------------|
| 21 | Discount   | rate:            |                  |                     |                  |                                     |                |                       |             |                   |                |
|    | <b>a</b> Segm  | ent rates:       | 1st s            | egment:<br>3.92%    | 2r               | nd segment:<br>5.52%                | 3              | rd segment:<br>6.29 % |             | N/A, full yi      | eld curve used |
|    | <b>b</b> Applic  | able month (er   | nter code)       |                     |                  |                                     |                |                       | 21b         |                   | 1              |
| 22 | Weighted   | d average retir  | ement age        |                     |                  |                                     |                |                       | 22          |                   | 76             |
| 23 | Mortality  | table(s) (see    | instructions)    | Prior regulation    | n: X             | Prescribed - com                    | bined          | Prescribed            | d - separat | te Subs           | stitute        |
|    |  |                  |                  | Current regula      | tion:            | Prescribed - com                    | bined          | Prescribed            | d - separat | —<br>te □ Subs    | stitute        |
| Pa | art VI   | Miscellane       | ous Items        | - Carrotti Togana   | <u> </u>         |                                     |                | ]                     |             |                   |                |
| 24 | Has a ch   | ange been ma     | ade in the non-  | prescribed actua    | rial assumpti    | ons for the current                 | olan year? If  | "Yes," see ir         | nstruction  | s regarding requi | red            |
|    | attachme   | ent              |                  |                     |                  |                                     |                |                       |             |                   | Yes X No       |
| 25 | Has a m  | ethod change l   | been made for    | r the current plan  | year? If "Ye     | es," see instructions               | regarding red  | quired attach         | ment        |                   | Yes X No       |
| 26 | Is the pla   | n required to p  | provide a Sche   | edule of Active Pa  | articipants? I   | f "Yes," see instruct               | ions regardir  | g required a          | ttachmen    | t                 | X Yes No       |
| 27 |  | •                |                  | nding rules, enter  |                  | ode and see instruc                 | tions regardir | ng                    | 27          |                   |                |
| P  | art VII  | Reconcili        | ation of Ur      | npaid Minimu        | ım Requir        | ed Contributio                      | ns For Pri     | or Years              |             |                   |                |
| 28 | Unpaid n   | ninimum requii   | red contributio  | ns for all prior ye | ars              |                                     |                |                       | 28          |                   | 0              |
| 29 |  |                  |                  |                     | •                | um required contribu                | •              | -                     | 29          |                   | 0              |
| 30 | Remainii   | ng amount of u   | ınpaid minimu    | m required contri   | ibutions (line   | 28 minus line 29)                   |                |                       | 30          |                   | 0              |
| Pa | Part VIII Minimum Required Contribution For Current Year |                  |                  |                     |                  |                                     |                |                       |             |                   |                |
| 31 |  |                  |                  |                     |                  |                                     |                |                       |             |                   |                |
|    | <b>a</b> Target  | normal cost (li  | ne 6)            |                     |                  |                                     |                |                       | 31a         |                   | 0              |
|    | <b>b</b> Excess  | s assets, if app | olicable, but no | ot greater than lin | e 31a            |                                     |                |                       | 31b         |                   | 0              |
| 32 | Amortiza   | tion installmen  | nts:             |                     |                  |                                     | Outst          | anding Bala           | nce         | Insta             | allment        |
|    | a Net sh   | ortfall amortiza | ation installme  | nt                  |                  |                                     |                |                       | 0           |                   | 0              |
|    | <b>b</b> Waive   | r amortization   | installment      |                     |                  |                                     |                |                       | 0           |                   | 0              |
| 33 |  |                  |                  |                     |                  | he ruling letter gran waived amount |                |                       | 33          |                   |                |
| 34 | Total fun  | ding requireme   | ent before refle | ecting carryover/   | prefunding ba    | alances (lines 31a -                | 31b + 32a +    | 32b - 33)             | 34          |                   | 0              |
|    |  |                  |                  |                     |                  | over balance                        |                | unding balan          | ice         | Total             | balance        |
| 35 |  | s elected for us |                  | -                   |                  | 0                                   |                |                       | 0           |                   | 0              |
| 36 | Additiona  | al cash require  | ment (line 34    | minus line 35)      |                  |                                     |                |                       | 36          |                   | 0              |
| 37 |  |                  |                  |                     |                  | urrent year adjusted                |                | ,                     | 37          |                   | 0              |
| 38 | Present  | value of exces   | s contributions  | s for current year  | (see instruct    | ions)                               |                |                       |             |                   |                |
|    | <b>a</b> Total (e  | excess, if any,  | of line 37 ove   | r line 36)          |                  |                                     |                |                       | 38a         |                   | 0              |
|    | ,  | •                |                  |                     |                  | funding standard ca                 |                |                       | 38b         |                   | 0              |
| 39 |  |                  |                  |                     |                  | any, of line 36 over I              |                |                       | 39          |                   | 0              |
| 40 | Unpaid n   | ninimum requii   | red contributio  | ns for all years    |                  |                                     |                |                       | 40          |                   | 0              |
| Pa | rt IX  | Pension          | Funding R        | elief Under P       | Pension Re       | elief Act of 201                    | 0 (See Ins     | tructions             | )           |                   |                |
| 41 | If an elec   | tion was made    | to use PRA 2     | 2010 funding relie  | ef for this plar | n:                                  |                |                       |             |                   |                |
|    |  |                  |                  |                     | -                |                                     |                |                       | Г           | 2 plus 7 years    | 15 years       |
|    |  |                  |                  |                     |                  |                                     |                |                       |             |                   |                |

# Schedule SB, line 26 -Schedule of Active Participant Data Regent Marketing Group, LLC Defined Benefit Pension Plan

59-3716578/002

For the plan year 01/01/2018 through 12/31/2018

#### **Years of Credited Service**

| Attained    | The second secon | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up |
|-------------|--|--------|--------|----------|----------|----------|----------|----------|----------|---------|
| Age         | No.  | No.    | No.    | No.      | No.      | No.      | No.      | No.      | No.      | No.     |
| Under<br>25 |  |        |        |          |          |          |          |          |          |         |
| 25 to 29    |  |        |        |          |          |          |          |          |          |         |
| 30 to 34    |  |        |        |          |          |          |          |          |          |         |
| 35 to 39    |  |        |        |          |          |          |          |          |          |         |
| 40 to 44    |  |        |        |          |          |          |          |          |          |         |
| 45 to 49    |  |        |        |          |          |          |          |          |          |         |
| 50 to 54    |  |        |        |          |          |          |          |          |          |         |
| 55 to 59    |  |        |        |          |          |          |          |          |          |         |
| 60 to 64    |  |        |        |          |          |          |          |          |          |         |
| 65 to 69    |  |        |        |          |          |          |          |          |          |         |
| 70 & up     |  |        | 1      |          |          |          |          |          |          |         |

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

| Facilities   | File as an attachn  | nent to Form 5500 or                   | 5500-SE                   |                       | тореспол   |
|--|---|--|---------------------------|-----------------------|--|
| For calendar plan year 2018 or fiscal  | plan year beginning 01/0  | 1/2018                                 | and endin                 | g 12/31/20            | 18   |
| Round off amounts to nearest d   | ollar.  |  |                           |                       |  |
| A Name of plan   | be assessed for late filing of this repor                                   | rt unless reasonable c                 | ause is establishe        | d.                    |  |
| Traine of plan   |   |  | B Three-digi              |                       |  |
| Regent Marketing Group, L  | LC Defined Benefit Pensio   | n Plan                                 | plan numb                 | per (PN)              | 002  |
|  |   |  |                           |                       |  |
| C Plan sponsor's name as shown on  | line 2a of Form 5500 or 5500-SF   |  | D E                       |                       |  |
| Regent Marketing Group, Li   | LC  |  | D Employer Ide            |                       | per (EIN)  |
| 1000 700 100 100   |   |  | 59                        | 9-3716578             |  |
| E Type of plan: X Single Multip  | le-A Multiple-B   | Prior year plan size:                  | 100 or fourer             | 7404 500 🗆            |  |
| Part I Basic Information   |   | year plan olze.                        | a 100 of lewer _          |                       | More than 500  |
| 1 Enter the valuation date:  | Month12   |  |                           |                       |  |
| 2 Assets:  | Month 12 Day 31   | Year 2018                              |                           |                       |  |
| a Market value   |   |  | Г                         |                       |  |
| <b>b</b> Actuarial value   |   |  | ••••••                    | 2a                    | 562,35   |
| 3 Funding target/participant count I   |   |  |                           | 2b                    | 562,35   |
| o o pani   | oreardown.  | (1) Number of participants             | (2) Vested                |                       | (3) Total Funding  |
| 3 For retired medicine   |   | participants                           | Targ                      | et                    | Target   |
|  | neficiaries receiving payment   | 0                                      |                           | 0                     | (  |
|  | nts   | 0                                      |                           | 0                     | (  |
| C For active participants  |   | 1                                      |                           | 344,455               | 430,569  |
| 4 If the plan is in at-risk status, she  |   | 1                                      |                           | 344,455               | 430,569  |
| • If the plan is in at-risk status, che  | ck the box and complete lines (a) and                                       | (b)                                    |                           |                       |  |
| a Funding target disregarding pre  | scribed at-risk assumptions   |  |                           | 4a                    |  |
| at-risk status for fewer than f  | assumptions, but disregarding transit ive consecutive years and disregardin | ion rule for plans that I              | have been in              | 4b                    |  |
| -  | ive consecutive years and disregarding                                      | ig loading factor                      |                           |                       |  |
|  |   |  | •••••                     | 5                     | 5.30 %   |
| ratement by Enrolled Actions   |   |  |                           | 6                     | 0  |
| To the best of my knowledge, the information   | in this schedule and accompanying schedules                                 | s, statements and attachment           | s if any is complete and  |                       | torin a  |
| accordance with applicable law and regulations in combination, offer my best estimate of anticipated | my opinion, each other assumption is reasonable experience under the plan.  | (taking into account the expe          | erience of the plan and r | easonable expectation | ibed assumption was applied in<br>as) and such other assumptions, in |
| SIGN   | 11/1/2  |  |                           |                       |  |
| HERE   |   |  |                           |                       |  |
| // 8   | ignature of actuary   |  | _                         | 10/02/2               | 019  |
| Robert M. Haness   |   |  |                           | Date                  |  |
|  | or print name of actuary  |  |                           | 17-0494               |  |
| Haness & Associa   | tes, LLC  |  | N                         | Most recent enrol     |  |
|  | - 200   |  | -                         | (916) 276-            |  |
| P.O. Box 836   | Firm name   |  | Telep                     | ohone number (in      | cluding area code)   |
|  |   |  |                           |                       |  |
| US Rocklin   | CA 95677  |  |                           |                       |  |
|  | Address of the firm   | ************************************** |                           |                       |  |
| the actuary has not fully reflected any r<br>structions  | egulation or ruling promulgated under                                       | the statute in complet                 | ting this schedule,       | check the box a       | nd see   |

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

|  | ort Identification Information   | ) są  |   |  |  |
|--|--|---|---|--|--|
| or calendar plan year 2018 or  | fiscal plan year beginning   | 01/01/2018  | and ending  | 12/31/201  | .8   |
| This return/report is for:  This return/report is:   | a single-employer plan  a one-participant plan  the first return/report  an amended return/report  | a list of participating of a foreign plan the final return/report | lan (not multiemployer)<br>employer information in<br>rn/report (less than 12 n | accordance with th   | is box must attach<br>e form instructions.)  |
| Check box if filing under:   | x Form 5558 special extension (enter descriptions)   | automatic extension   |   | DFVC p   | rogram   |
| Part II Basic Plan Ir  | formation enter all requested  | information   |   |  |  |
| a Name of plan   | Group, LLC Defined Benef   |   |   | 1b Three-digit plan number (PN) ▶  |  |
|  |  |   |   | 1c Effective di<br>01/01/2   |  |
| Mailing Address (include   | ployer, if for a single-employer plan)<br>room, apt., suite no. and street, or P.0<br>rince, country, and ZIP or foreign posi  | O. Box)<br>tal code (if foreign, see inst                         | ructions)   |  | dentification Number<br>-3716578   |
| Regent Marketing   |  |   | COS SOCIAL PROGRAM PROGRAM AND              | 2c Sponsor's (727) 9   | telephone number<br>54-6201  |
| 12274 1st Street   | West, Unit 2   |   |   | 2d Business of 325410  | ode (see instructions)   |
| US Treasure Island FL  | 33706 and address X Same as Plan Sp  |   |   |  |  |
| If the name and/or EIN of  | the plan sponsor or the plan name ha   | as changed since the last r                                       | eturn/report filed for  | 3c Administrat   | tor's telephone numbe  |
| this plan, enter the plan s Sponsor's name Plan Name   | ponsor's name, EIN, the plan name a  | nd the plan number from th  | e last return/report.   | 4d PN  |  |
| 7 Total number of participar   | nts at the beginning of the plan year  |   |   | Fo   | 2  |
| Total number of participar   | nts at the end of the plan year  | ***************************************                           |   | 5a<br>5b   | 3  |
| Number of participants wi  | th account balances as of the end of   | the plan year (only defined                                       | contribution plans  | 5c   |  |
|  | participants at the beginning of the pla   |   |   | 5d(1)  | 1  |
|  | participants at the end of the plan yea  |   |   | 5d(2)  | 1  |
| less than 100% vested  | no terminated employment during the  | plan year with accrued be   | nefits that were  | 5e   |  |
| nder penalties of perjury and  | te or incomplete filing of this return<br>d other penalties set forth in the instruid<br>d and signed by an enrolled actuary,<br>complete.   | ctions, I declare that I have                                     | examined this return/re   | port, including, if a  | policable, a Schedule  |
| SIGN Alento  | - Love   | 10-4-19   | Stephen Levin   |  |  |
| HERE Signature of plan a   |  | Date  | Enter name of individu  | al signing as plan a   | administrator  |
| SIGN<br>HERE Signature of emplo  | yer/plan sponsor   | Date  | Enter name of individu  | al signing as emplo  | oyer or plan sponsor   |
| the contract of the contract o | - Marie Company and the Company of t | and the second second   |   | THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME | The state of the s |

| F  | orm   | 5500 | -SF | 20 | 18 |
|----|-------|------|-----|----|----|
| -1 | OHILI |      | -0  |    | 10 |

Page 2

| 60 10/200 -11 -645   |  | Carra translation  | n Washington Bulgi Hironidan   |        | - 2     |       | -              |                                     | DAY:       |
|--|--|--------------------|--------------------------------|--------|---------|-------|----------------|-------------------------------------|------------|
|  | n's assets during the plan year invested in eligible   |                    |                                |        |         |       |                | X Ye                                | s No       |
| b Are you claiming a   | waiver of the annual examination and report of<br>20.104-46? (See instructions on waiver eligibility | an independen      | t qualified public accou       | ntant  | (IQP    | A)    |                |                                     |            |
|  | 'No" to either line 6a or line 6b, the plan cann   |                    |                                |        |         |       |                | Х Үе                                | s No       |
|  | ned benefit plan, is it covered under the PBGC in  |                    |                                |        |         |       |                | □No □Not                            | dotormin   |
|  | I, enter the My PAA confirmation number from th  |                    |                                |        |         |       | 414649         | and the second second second second |            |
|  | t, enter the my 1 744 communation flumber from th  | e r boo premi      | un ming for this year          |        |         |       | 11101          | (See inst                           | ructions.) |
| Part III Financ  | ial Information  |                    |                                |        |         |       |                |                                     |            |
| 7 Plan Assets and L  | iabilities   |                    | (a) Beginning of               | Year   | r       |       | (b             | End of Year                         |            |
| a Total plan assets  |  | 7a                 | 69                             | 0,1    | 32      |       |                | 56                                  | 2,354      |
| <b>b</b> Total plan liabilities  | S  | 7b                 |                                |        | 0       | 6.    |                |                                     | 0          |
|  | ubtract line 7b from line 7a)  | 7c                 | 69                             | 0,1    | 32      |       |                | 56                                  | 2,354      |
|  | , and Transfers for this Plan Year   |                    | (a) Amount                     |        |         |       |                | (b) Total                           |            |
|  | ived or receivable from:   | 8a(1)              |                                |        |         |       |                |                                     |            |
|  |  |                    |                                |        |         |       |                |                                     |            |
|  | ing rollovers)   |                    |                                |        |         |       |                |                                     |            |
|  | 3)   |                    | (69                            | , 97:  | 21      | -     |                |                                     |            |
| and the second s | lines 8a(1), 8a(2), 8a(3), and 8b)   |                    | (03                            | , 311  | -,      |       |                | 460                                 | 000        |
| Benefits paid (inclu   | uding direct rollovers and insurance premiums  |                    | 5                              | 6,2    | 28      |       |                | (69                                 | ,972)      |
|  | nd/or corrective distributions (see instructions)  | 8e                 |                                |        | 100100  |       |                |                                     |            |
| CONTRACTOR OF THE PROPERTY OF  | vice providers (salaries, fees, commissions)   | 8f                 |                                | 1,5    | 78      |       |                |                                     | -Westwood  |
| AND ADDRESS  |  |                    |                                |        | 20.700  |       |                |                                     |            |
|  | dd lines 8d, 8e, 8f, and 8g)   |                    |                                |        | V5-74   |       |                | 5'                                  | 7,806      |
|  | (subtract line 8h from line 8c)  | -                  |                                |        |         |       |                | 1000000                             | ,778)      |
| at the state of th | the plan (see instructions)  | 8j                 |                                |        |         |       |                |                                     |            |
|  | haracteristics   |                    |                                |        |         |       | *              |                                     |            |
|  | s pension benefits, enter the applicable pension f   | feature codes f    | rom the List of Plan Ch        | aract  | orietio | Code  | o in the in    | atrustians:                         |            |
| 1A 1I 3  |  | catare codes i     | Tom the List of Flam On        | ai act | CHOLIC  | Code  | s iii tiic iii | structions.                         |            |
| b If the plan provides   | wolfare handite enter the annihilation for   | -t t t             |                                |        |         |       |                | 70.000                              |            |
| in the plan provides   | s welfare benefits, enter the applicable welfare fe  | ature codes tro    | om the List of Plan Cha        | racte  | ristic  | Codes | in the ins     | tructions:                          |            |
| Part V Complia   | ance Questions   | - "                |                                |        |         |       |                |                                     |            |
| O During the plan y  |  |                    |                                |        | Yes     | No    | N/A            | Amount                              |            |
| a Was there a failu  | re to transmit to the plan any participant contribu  | utions within the  | e time period                  |        |         |       |                |                                     |            |
| described in 29 (  | CFR 2510.3-102? (See instructions and DOL's V  | oluntary Fiduci    | ary Correction                 |        |         |       |                |                                     |            |
|  | ***************************************  |                    |                                | 10a    | -       | x     |                |                                     |            |
| b Were there any r   | nonexempt transactions with any party-in-interes   | t? (Do not inclu   | ide transactions               |        |         |       |                |                                     |            |
|  | 10a.)  |                    |                                | 10b    |         | X     |                |                                     |            |
|  | vered by a fidelity bond?  |                    |                                | 10c    |         | Х     |                |                                     |            |
| by fraud or disho  |  |                    | •••••••••••••••••••••••••••••• | 10d    |         | x     |                |                                     |            |
| e Were any fees of   | r commissions paid to any brokers, agents, or oth  | her persons by     | an insurance                   |        |         |       |                |                                     |            |
| the plan? (See in  | e service, or other organization that provides son astructions.)                                     | ne or all of the   | benefits under                 | 10e    |         | x     |                |                                     |            |
|  | ed to provide any benefit when due under the pla   |                    |                                | 10f    |         | x     |                |                                     |            |
| Seattle Britains and St  | e any participant loans? (If "Yes," enter amount a   | WANT INCOME STREET | NUMBER OF STREET               | 10g    |         | 3.650 |                |                                     |            |
|  |  |                    | And the second second second   | ivg    |         | x     |                |                                     |            |
| II It this is an indivi  | dual account plan was there a blackout period?   | (Soo inetrustic    |                                |        |         |       | 100            |                                     |            |
| h If this is an indivi<br>2520.101-3.)   | dual account plan, was there a blackout period?  | (See instructio    | is and 29 CFR                  | 10h    |         |       |                |                                     |            |
| 2520.101-3.)   | dual account plan, was there a blackout period?  ered "Yes," check the box if you either provided t  | ••••••             |                                | 10h    |         |       |                |                                     |            |

| 100000 |       |     |      |
|--------|-------|-----|------|
| Form   | EEOO  | CE  | 2010 |
| COILL  | COLUM | -0- | ZU10 |

| Page 3 - |  |
|----------|--|
| I dide - |  |

| Part | VI                | Pension Funding Compliance   |             |       |                 |        |    |
|------|-------------------|--|-------------|-------|-----------------|--------|----|
| 11   | Is this           | a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche  | edule SB    | x     | Yes             |        | No |
| 11a  |                   |  | 11a         |       |                 |        | 0  |
| 12   | Is this           | a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section?  ss," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  | n 302 of    |       | Yes             | X      | No |
| а    | If a wa           | ver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and g the waiver  | d enter the |       | e letter<br>ear | ruling |    |
| If y | ou cor            | pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  |             |       |                 |        |    |
| b    | Enter             | ne minimum required contribution for this plan year.   | 12b         |       |                 |        |    |
| C    | Enter             | ne amount contributed by the employer to the plan for the plan year  | 12c         |       |                 |        |    |
| d    | Subtra            | ct the amount in line 12c from the amount in line 12h. Enter the result (enter a minus sign to the left of a   | 12d         |       |                 |        |    |
| е    | Will th           | minimum funding amount reported on line 12d be met by the funding deadline?  |             | res N | o 🔲             | N/A    |    |
| Part | VII               | Plan Terminations and Transfers of Assets  |             |       |                 |        |    |
| 13a  | Has a             | resolution to terminate the plan been adopted in any plan year?  | x           | Yes [ | 7 No            |        |    |
|      |                   | II var para di conscionario de conscionario del conscionario de la conscionario de la conscionario de la conscionario del con | 13a         |       |                 |        |    |
| b    | Were              | Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?  | 10000000    | ☐ Yes | x               | No     |    |
| С    | lf, duri<br>which | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) assets or liabilities were transferred. (See instructions.)  |             |       |                 |        |    |
| 13   | U 0270 F 570      | me of plan(s): 13c(2) EIN  | V(s)        | 1     | 3c(3) F         | N(s)   |    |
|      |                   |  |             |       |                 |        |    |

### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

|   | File as an attack-  |   |  |  | inspection                            |
|---|---|---|--|--|---------------------------------------|
| For calendar plan year 2018 or fisca  | File as an attachm  | ent to Form 5500 or<br>./2018                           |  |  |                                       |
| Round off amounts to nearest  | dollar.   |   | and endi   |  | 2018                                  |
| Caution: A penalty of \$1,000 will  | be assessed for late filing of this report  | Linlege reasonable -                                    |  | - 2  |                                       |
|   |   |   | 10/20  | All and a second |                                       |
| Regent Marketing Group, I   | LLC Defined Benefit Pension   | B Three-dig   | A CONTRACTOR OF THE PARTY OF TH |  |                                       |
|   |   | . Fian  | plan num   | ber (PN)   | 002                                   |
| C. Plan aponeorie access  | o w nemocial  |   |  |  |                                       |
| C Plan sponsor's name as shown or   | n line 2a of Form 5500 or 5500-SF   |   | D Employer lo  | entification Nu  | mber (EIN)                            |
| Regent Marketing Group, I   | CLC   |   |  | 9-3716578  | iniber (EIN)                          |
| E Type of plan: X Single Multip   |   |   |  |  |                                       |
| Part I Basic Information  | ple-A Multiple-B  | Prior year plan size:                                   | X 100 or fewer [   | 101-500  | More than 500                         |
| 1 Enter the valuation date:   | Month 10  |   |  |  |                                       |
| 2 Assets:   | Month 12 Day 31   | Year2018  |  | HILL STATE OF THE  | 1.                                    |
| a Market value  |   |   |  |  |                                       |
| <b>b</b> Actuarial value  |   |   |  | 2a   | 562,354                               |
| 3 Funding target/participant count  |   | *****************                                       | *************  | 2b   | 562,354                               |
| to got participant count  | oreakdown:  | (1) Number of   | (2) Vested   | Funding  | (3) Total Funding                     |
| A.F   |   | participants  | Targ   | get  | Target                                |
| a For retired participants and be   | neficiaries receiving payment   | 0   |  | 0  | 0                                     |
| <b>b</b> For terminated vested participation  | ants  | 0   |  | 0  |                                       |
| C For active participants   |   | 1   |  | 344,455  | 0                                     |
| u rotal   |   | 1   |  | 344,455  | 430,569                               |
| " trie plan is in at-risk status, che   | eck the box and complete lines (a) and (  | (b)   |  | 344,433  | 430,569                               |
| a randing target disregarding pro   | escribed at-risk assumptions  |   |  | 4-   |                                       |
| D runding target reflecting at-risk   | cassimptions but disease "  |   | nave been in   | 4a   |                                       |
|   | and disregarding  | loading factor  |  | 4b   |                                       |
| - The state interest rate   | ······  |   |  | 5  | 5.30 %                                |
| tatement by Enrolled Actuary  |   |   |  | 6  |                                       |
| To the hest of my knowledge the left  |   | e   |  |  | 0                                     |
| accordance with applicable law and regulations of combination, offer my best estimate of anticipation | pilet in this schedule and accompanying schedules,<br>n my opinion, each other assumption is reasonable (<br>a experience under the plan. | statements and attachments taking into account the expe | s, if any, is complete an  | d accurate. Each pr  | resribed assumption was applied in    |
| SIGN  | experience under the plan.  |   | mence of the plan and  | reasonable expecta   | tions) and such other assumptions, in |
| HERE  | 10/7  |   |  |  |                                       |
|   |   |   |  | 10/02  | /2019                                 |
| , s   | Signature of actuary  |   |  | 725  | ate                                   |
| Robert M. Hanes   | S   |   |  | 17-04  | (A-A-CT)                              |
| Type  | or print name of actuary  |   | -  |  | rollment number                       |
| Haness & Associa  | ates, LLC   |   |  | (916) 27   |                                       |
|   | Firm name   |   | Tele   |  |                                       |
| P.O. Box 836  |   |   | rolo   | priorie number   | (including area code)                 |
| US Rocklin  | CA DECEM  |   |  |  |                                       |
|   | CA 95677 Address of the firm  |   |  |  |                                       |
|   |   |   |  |  |                                       |
| tructions   | regulation or ruling promulgated under t  | he statute in complet                                   | ing this schedule.   | check the box  | and see                               |
| the actuary has not fully reflected any istructions   | regulation or ruling promulgated under t  | he statute in complet                                   | ing this schedule  | check the box  | and see                               |

| Schedule SB  | (Form 5500) | 2018 |
|--------------|-------------|------|
| Ochiedule OD |             | 2010 |

Page 2

| Pa      | rt II Be   | ginning of Year Carr   | yover and Prefunding Bal   | ances  |                          |           |       |         |                   |
|---------|--|--|--|--|--------------------------|-----------|-------|---------|-------------------|
| 070-000 |  | 34   |  |  | (a) Carryover balance    |           | (b)   | refundi | ng balance        |
| 7       | Balance at b   | peginning of prior year after  | applicable adjustments (line 13 fro                                    | m prior  | **                       | 0         |       |         | 141,30            |
| 8       | Portion elect<br>prior year)   | ted for use to offset prior year   | ar's funding requirement (line 35 fr                                   | om   |                          | o         |       |         |                   |
| 9       | Amount rem   | aining (line 7 minus line 8)   |  |  |                          | 0         | 30    |         | 141,304           |
| 10      | Interest on li   | ine 9 ušing prior year's actua   | al return of <u>18.73</u> %  |  |                          | 0         |       |         | 26,46             |
| 11      | Prior year's   | excess contributions to be a   | dded to prefunding balance:  |  |                          |           |       |         |                   |
|         | a Present v  | value of excess contributions  | s (line 38a from prior year)   |  |                          |           |       |         | 51,96             |
|         |  |  | ne 38a over line 38b from prior yea                                    | B.V.A. Louis B. Barrier and B. Barri |                          |           |       |         |                   |
|         | Sched  | lule SB, using prior year's e  | fective interest rate of5.34   | %  |                          |           |       |         |                   |
|         | b(2) Interes   | st on line 38b from prior yea  | r Schedule SB, using prior year's a                                    | actual   |                          |           |       |         |                   |
|         | return   | ***************************************  |  |  |                          |           |       |         |                   |
|         | C Total ava  | ilable at beginning of curren  | t plan year to add to prefunding ba                                    | alance .   |                          |           |       |         | 51,96             |
|         | d Portion of   | f (c) to be added to prefundi  | ng balance   |  |                          |           |       |         |                   |
|         |  |  | ctions or deemed elections   |  |                          | 0         |       |         | (                 |
| 13      | Balance at b   | eginning of current year (lin  | e 9 + line 10 + line 11d - line 12) .                                  |  |                          | 0         |       |         | 167,77            |
| Pa      | rt III F   | unding Percentages   | ×  |  |                          |           |       |         |                   |
| 14      | Funding targ   | et attainment percentage   |  |  |                          |           |       | 14      | 87.57 9           |
| 15      | Adjusted fun   | ding target attainment perce   | entage   |  |                          |           |       | 15      | 130.60 %          |
| 16      | Prior year's f   | funding percentage for purp  | oses of determining whether carry                                      | over/prefunding l  | palances may be used     | to reduce | 1     | 16      | 159.21 %          |
| 17      | If the current   | t value of the assets of the p   | lan is less than 70 percent of the f                                   | unding target, er  | iter such percentage     |           |       | 17      | 9                 |
| Pa      | rt IV C  | Contributions and Lig  | uidity Shortfalls  |  |                          |           |       |         |                   |
| 18      | Contributions  | s made to the plan for the pl  | an year by employer(s) and emplo                                       | yees:  |                          |           |       |         |                   |
|         | (a) Date<br>M-DD-YYYY)   | (b) Amount paid by   | (c) Amount paid by employees   | (a) Date<br>(MM-DD-YYY   | Y) (b) Amount employe    |           | 4.    |         | unt paid by oyees |
|         |  |  |  |  |                          |           |       |         |                   |
|         |  |  |  |  |                          |           |       |         |                   |
|         |  |  |  |  |                          |           |       |         |                   |
| 337     |  |  |  | Totals ▶ 18  | (b)                      |           | 18(c) |         |                   |
| 19      | Discounted e   | employer contributions see   | e instructions for small plan with a                                   | valuation date at  | ter the beginning of the | vear.     |       |         |                   |
|         |  |  | minimum required contributions fr                                      |  |                          | 19a       |       |         |                   |
|         |  |  | ns adjusted to valuation date  |  | -                        | 19b       |       |         |                   |
|         | <b>b</b> Contribution  | ons made to avoid restriction  |  |  |                          |           |       |         |                   |
|         |  |  |  | t vear adjusted to   | valuation date           | 19c       |       |         |                   |
|         | <b>C</b> Contribution  |  | ım required contribution for curren                                    | t year adjusted to   | valuation date           | 19c       |       |         |                   |
| 20      | C Contribution  Quarterly contained a Did the plan                     | ons allocated toward minimuntributions and liquidity shor<br>an have a "funding shortfall"                         | ım required contribution for curren                                    |  |                          |           |       | [       | Yes X No          |
| 20      | C Contribution Quarterly contained a Did the plan b If line 20a        | ons allocated toward minimuntributions and liquidity shoren have a "funding shortfall" is "Yes," were required qua | um required contribution for currentfalls: for the prior year?         | ear made in a tin  |                          |           |       | [       | Yes X No          |
| 20      | C Contribution Quarterly con a Did the pla b If line 20a C If line 20a | ons allocated toward minimuntributions and liquidity shoren have a "funding shortfall" is "Yes," were required qua | um required contribution for current<br>tfalls:<br>for the prior year? | ear made in a tin<br>applicable:<br>of quarter of this   | nely manner?             |           |       | [       | Yes No            |

| Part V   | Assumption   | ons Used To Determin   | e Funding Target and Targ   | get Normal Cost   |                          |                              |
|--|--|--|---|---|--------------------------|------------------------------|
| <b>21</b> Disc   | count rate:  | X X  |   |   |                          |                              |
| as   | Segment rates:   | 1st segment:<br>3.92 %   | 2nd segment: 5.52 %   | 3rd segment:<br>6.29 %  | ×                        | N/A, full yield curve used   |
| b A  | Applicable month   | (enter code)   |   |   | 21b                      | 1                            |
|  |  |  |   |   | 22                       | 76                           |
|  | tality table(s) (see   | e instructions) Prior regi   |   | nbined Prescribe  | ed - separ<br>ed - separ |                              |
| Part VI  | Miscellane   | ous items  |   |   |                          |                              |
| atta   | chment   |  | ctuarial assumptions for the current  |   |                          | · · · · · · · · · · Yes 🕱 No |
| 25 Has   | a method change  | e been made for the current p  | olan year? If "Yes," see instructions   | regarding required attach   | ment .                   | Yes 🗓 No                     |
| 26 Is th   | e plan required to   | provide a Schedule of Activ  | e Participants? If "Yes," see instruc   | tions regarding required a  | ttachment                | Yes No                       |
|  |  |  | nter applicable code and see instruc  |   | 27                       |                              |
| Part VI  | I Reconcilia   | ation of Unpaid Minim  | um Required Contribution  | s For Prior Years   |                          |                              |
| <b>28</b> Unp  | aid minimum requ   | uired contributions for all prio   | r years   |   | 28                       | 0                            |
| 29 Disc  | counted employer   | contributions allocated towar  | rd unpaid minimum required contrib  | utions from prior years   | 29                       | 0                            |
| <b>30</b> Rem  | naining amount of  | unpaid minimum required co   | ontributions (line 28 minus line 29)  |   | 30                       | 0                            |
| Part VI  |  | Required Contributio   |   |   |                          |                              |
| 31 Tarr  | TITUO  | nd excess assets (see instruc  |   |   |                          |                              |
|  |  |  |   |   | 24-                      |                              |
|  |  |  |   |   | 31a                      | 0                            |
|  |  |  | n line 31a  | 5850E W 1025 - 325-025  | 31b                      | 0                            |
|  | ortization installme   | 26.002/09/679  |   | Outstanding Balar   | 2000                     | Installment                  |
|  |  |  |   |   | 0                        | 0                            |
|  |  |  |   |   | 0                        | 0                            |
|  | waiver has been a  | approved for this plan year, e<br>Day Year   | nter the date of the ruling letter grar ) and the waived amount .   | nting the approval  | 33                       |                              |
| 34 Tota  | I funding requiren   | nent before reflecting carryove  | er/prefunding balances (lines 31a - 3   | 1b + 32a + 32b - 33)  | 34                       | 0                            |
|  |  |  | Carryover balance   | Prefunding Balar  | nce                      | Total balance                |
|  |  | use to offset funding  | 0   | k   | 0                        | 0                            |
|  |  |  |   |   | 36                       | 0                            |
| 37 Con   | tributions allocate  | d toward minimum required  | contribution for current year adjuste   | d to valuation date   | 37                       | 0                            |
| 38 Pres  |  | ess contributions for current y  |   | AT DE SELECTION OF THE |                          |                              |
|  |  |  |   | n as an convenience as an convenies on  | 38a                      |                              |
|  |  |  | prefunding and funding standard co  |   | 38b                      | 0                            |
|  |  |  |   |   | 39                       | 0                            |
|  |  |  | year (excess, if any, of line 36 over   |   |                          | 0                            |
| Part IX  | The state of the s | The state of the s | Pension Relief Act of 2010  | A PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL | 40                       | 0                            |
| The State of |  | e to use PRA 2010 funding re   | CONTRACTOR OF THE PROPERTY OF | (Coo mondonons)   |                          |                              |
| 10.000   | 10: MARK 101 TO 10   |  |   |   |                          | 2 plus 7 years 15 years      |
| b Eli  | igible plan year(s)  | for which the election in line   | 41a was made  |   | 200                      | 08 2009 2010 2011            |