Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2000

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
DAVID&GOLIATH, LLC

909 N. SEPULVEDA BOULEVARD
SUITE 700
EL SEGUNDO, CA 90245

2b Employer Identification Number (EIN)
13-4088671

2c Plan Sponsor's telephone number
310-445-5208

2d Business code (see instructions)
541800

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

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

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

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

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name DAVID&GOLIATH
c Plan Name DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN

4b EIN 13-4088671

4d PN 001

5 Total number of participants at the beginning of the plan year	**5**	316
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	177
a(2) Total number of active participants at the end of the plan year	**6a(2)**	185
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	132
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	318
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	318
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	316
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	33
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D 3B 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

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

A Name of plan
DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DAVID&GOLIATH, LLC

D Employer Identification Number (EIN)
13-4088671

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	601323	316	01/01/2018	12/31/2018

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
47694	

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

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

MERRILL LYNCH LIFE AGENCY INC

PRODUCER EDWARD AHN
4804 DEER LAKE DR, E 5TH FLOOR
JACKSONVILLE, FL 32246

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
47694			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	98687
5	Current value of plan's interest under this contract in separate accounts at year end	5	15590440

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VAULUE OPTION

b	Balance at the end of the previous year			7b	60679
c	Additions: (1) Contributions deposited during the year	7c(1)	15487		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	651		
	(4) Transferred from separate account	7c(4)	18341		
	(5) Other (specify below)	7c(5)	134002		
	▶ FIXED FUND TRANSFER IN FROM SEP ACCT, LOAN PRINCIPAL & INTEREST PAID INTO FIXED FUND, ADDITIONS TO FORFEI				
	(6) Total additions			7c(6)	168481
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	229160
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1942		
	(2) Administration charge made by carrier	7e(2)	150		
	(3) Transferred to separate account	7e(3)	50		
	(4) Other (specify below)	7e(4)	128331		
	▶ FIXED FUND TRANSFER OUT TO SEP ACCTS, ALLOCATED FORFEITURES AND ADV ER				
	(5) Total deductions			7e(5)	130473
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	98687

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

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

A Name of plan
DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DAVID&GOLIATH, LLC

D Employer Identification Number (EIN)
13-4088671

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA FINANCIAL LIFE INS. CO

36-6071399

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

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

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

MERRILL LYNCH

13-2808480

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 53	BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	7972	Yes [ ] No [X]

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

TRANSAMERICA FINANCIAL LIFE INS. CO

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	2599	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MERRILL LYNCH	22 23 53	7972

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MERRILL LYNCH 4804 DEER LAKE DR, E 5TH FLOOR JACKSONVILLE, FL 32246 13-2808480	COMMISSIONS

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

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

A Name of plan
DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DAVID&GOLIATH, LLC

D Employer Identification Number (EIN)
13-4088671

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE * CHOICE 2060

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-6071399-816	P	3213

a Name of MTIA, CCT, PSA, or 103-12 IE: ALGER CAPITAL APPRECIATION RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-6071399-138	P	1469959

a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CENT LIVESTRONG INCOME RET ACC

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-6071399-364	P	3

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY LIVESTRONG 2020 RE

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-6071399-415	P	312537

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY LIVESTRONG 2025 RE

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-6071399-434	P	871871

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY LIVESTRONG 2030 RE

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-6071399-435	P	52256

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY LIVESTRONG 2035 RE

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-6071399-436	P	197115

a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN CENTURY LIVESTRONG 2040 RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-361	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	767563
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN CENTURY LIVESTRONG 2045 RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-362	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	635318
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN CENTURY LIVESTRONG 2050 RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-363	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	265013
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN CENTURY MID CAP VALUE RET		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-276	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	289856
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN CENTURY OC 2055		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-624	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	62656
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS NEW PERSPECTIVE RET		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-255	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	456550
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK EQUITY DIVIDEND RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-236	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1244159
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK GLOBAL ALLOCATION RET ACC		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-277	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	42201
a Name of MTIA, CCT, PSA, or 103-12 IE:	CLEARBRIDGE APPRECIATION RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-378	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	929567
a Name of MTIA, CCT, PSA, or 103-12 IE:	DFA EMERGING MARKETS PORTFOLIO RET		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-525	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	733715

a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED INSTITUTIONAL HIGH YIELD

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-570	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 349407

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS TRITON RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-578	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 284518

a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN CORE BOND RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-591	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 176668

a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN GENESIS RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-348	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 333687

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN MID CAP GROWTH OPPORTUNITIES

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-081	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 475001

a Name of MTIA, CCT, PSA, or 103-12 IE: OAKMARK INTERNATIONAL RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-539	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 497446

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTERNATIONAL GROWTH RE

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-168	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 482695

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-473	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 198753

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-349	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 325898

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER STRATEGIC INCOME RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-474	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 283234

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTL INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 477942
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDX RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-438	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 338862
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REAL ESTATE INDEX RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-130	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 416510
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-350	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114164
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-139	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1563645
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMALLMID CAP VALUE RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-124	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 311640
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRAT CONSER GROWTH RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-501	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4005
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY GROWTH RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-502	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14694
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY INCOME RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-503	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25577
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-132	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 582542

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

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

A Name of plan
DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DAVID&GOLIATH, LLC

D Employer Identification Number (EIN)
13-4088671

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	24776	33277
(2) Participant contributions	1b(2)	45096	67691
(3) Other	1b(3)	0	1191
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	125558	188025
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	15669943	15590440
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	60679	98687
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	15926052	15979311
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	15926052	15979311

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	730513	
	(B) Participants	2a(1)(B)	1563001	
	(C) Others (including rollovers)	2a(1)(C)	81100	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2374614
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	6927	
	(F) Other	2b(1)(F)	650	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7577
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-1295770
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1086421
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1030563	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1030563
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2599	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2599
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1033162
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		53259
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: PK LLP **(2)** EIN: 32-0247856

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

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

A Name of plan
DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DAVID&GOLIATH, LLC

D Employer Identification Number (EIN)
13-4088671

Part I Distributions

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

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

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

EIN(s): 13-3689044

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

David & Goliath Employees 401(k) Profit Sharing Plan

Financial Statements and Supplemental Schedule

December 31, 2018 and 2017

(With Independent Auditors' Report Thereon)

David & Goliath Employees 401(k) Profit Sharing Plan

Index to Financial Statements and Supplemental Schedule

	Page
Independent Auditors' Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits - December 31, 2018 and 2017	3
Statements of Changes in Net Assets Available for Benefits - Years ended December 31, 2018 and 2017	4
Notes to Financial Statements	5 - 13
Supplemental Schedule:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – December 31, 2018	14

All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted since they are either not applicable or the information required therein has been included in the financial statements or notes thereto.

PK LLP
Certified Public Accountants

Southern California Office :
2100 Main Street, Suite 200, Irvine, CA 92614

Georgia / Alabama Area Office :
3473 Satellite Blvd. Suite 100 North, Duluth, GA 30096

Independent Auditors' Report

Participants and Plan Administrator:
David & Goliath Employees 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of David & Goliath Employees 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 6, which was certified by Transamerica Financial Life Insurance Company in its capacity as the issuer of the group annuity contracts of the Plan under its agreement with Massachusetts Fidelity Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Transamerica Financial Life Insurance Company that certified the investment information meets the requirements of 29 CFR 2520.103-8, and holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Transamerica Financial Life Insurance Company as of December 31, 2018 and 2017 and for the years then ended, that the information provided to the Plan administrator by Transamerica Financial Life Insurance Company is complete and accurate.

PK LLP
Certified Public Accountants

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by Transamerica Financial Life Insurance Company, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PK LLP

Irvine, California
October 4, 2019

David & Goliath Employees 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

December 31, 2018 and 2017

Assets		**2018**	**2017**
Insurance company investment contracts:			
Pooled separate accounts at fair value	$	15,590,440	15,669,943
Stable value fund at contract value		98,687	60,679
Total insurance company investment contracts		15,689,127	15,730,622
Receivables:			
Employer contributions		33,277	34,191
Participant contributions		67,691	45,096
Notes receivable from participants		188,025	125,558
Other receivable		1,191	-
Total receivables		290,184	204,845
Total assets		15,979,311	15,935,467
Liabilities			
Excess participant contributions payable		253	12
Other contribution payable		-	9,415
Net assets available for benefits	$	15,979,058	15,926,040

See accompanying notes to financial statements.

David & Goliath Employees 401(k) Profit Sharing Plan

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2018 and 2017

		2018	2017
Additions to net assets attributed to:			
Investment (loss) income:			
Net (depreciation) appreciation in fair value of investments	$	(1,295,772)	2,366,093
Interest earned on stable value fund		650	644
Net investment (loss) income		(1,295,122)	2,366,737
Interest income on notes receivable from participants		6,927	5,533
Contributions:			
Employer		730,513	575,147
Participants		1,562,748	1,375,554
Rollovers		81,100	293,800
Total contributions		2,374,361	2,244,501
Net additions		1,086,166	4,616,771
Deductions from net assets attributed to:			
Benefits paid to participants		1,030,549	1,085,519
Administrative expenses		2,599	2,610
Total deductions		1,033,148	1,088,129
Net increase		53,018	3,528,642
Net assets available for benefits:			
Beginning of year		15,926,040	12,397,398
End of year	$	15,979,058	15,926,040

See accompanying notes to financial statements.

(1) Description of the Plan

The following description of the David & Goliath Employees 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of provisions of the Plan.

(a) General

The Plan is a defined contribution plan covering all employees of David & Goliath, LLC (the Company or employer) who are older than 21 years and have at least three months of service. The Plan is also available to part-time employees who are regularly scheduled to work at least 1,000 hours of service during the eligibility period as defined in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) Plan Administration

Massachusetts Fidelity Trust Company serves as the trustee of the Plan and Transamerica Retirement Solutions, LLC, the third-party administrator serves as the recordkeeper of the Plan. The Plan's pooled separate accounts and stable value fund are offered to the Plan's participants under the group annuity contracts with Transamerica Financial Life Insurance Company (Transamerica).

(c) Contributions

Participants may elect to contribute a percentage of their pre-tax annual compensation including bonuses (eligible compensation) with an optional contribution based on after-tax compensation to the Plan, up to 75% of annual base compensation and up to 100% of bonuses paid during the Plan year, as defined under the Plan. Participants who have attained age 50 before the end of Plan year may be eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company matches 100% of the first 2% and 50% of next 4% of eligible compensation that participants contribute to the Plan. The Company may make an annual discretionary profit-sharing contribution to the Plan, allocable to certain eligible participants. Contributions are also subject to certain Internal Revenue Service (IRS) limitations.

(d) Participant Accounts

A separate account is maintained for each participant and credited with the participant contributions, participant rollover contributions from other qualified plans, the employer matching contributions and an allocation of Plan earnings (losses). Participant accounts are charged with participant withdrawals, if applicable, and administrative expenses that are paid by the Plan. Allocations of Plan earnings and losses are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the vested account of the participant.

(e) Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the employer matching and profit sharing contributions plus actual earnings thereon is based on years of continuous service as shown below. A participant is fully vested after 5 years of credited service.

Years of Service	Percentage
Less than 2 years	0%
2	25%
3	50%
4	75%
5	100%

(f) Notes Receivable from Participants

Participants may borrow from their individual accounts and are permitted to have one loan outstanding at any time, in the amount of a minimum of $1,000 up to a maximum equal to 50% of their vested account balance or $50,000 less the highest outstanding loan balance during the prior 12 months, whichever is less. The loan is secured by the vested balance in the participant's account and bears interest at prime rate as published in the Wall Street Journal plus 1%. Principal and interest are paid ratably through payroll deductions.

(g) Investment Elections

Participants direct the investment of their contributions into various investment options offered by the Plan. Employer matching contributions are invested in the same investment options as elected for contributions of the participants.

The Plan offers the participants with various pooled separate accounts held and managed by Transamerica, which substantially invest in one underlying mutual fund traded on an established market. All pooled separate accounts are valued daily using publicly available quoted market prices. The Plan also offers Transamerica stable value fund, as a deposit liability of Transamerica with no underlying assets.

(h) Payment of Benefits

On termination of service due to death, disability or retirement, a participant (or the beneficiary of the participant in the event of death) may elect to receive a lump-sum amount equal to the value of the vested interest in his or her account or a series of installments as defined by the Plan. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

(i) Hardship Distribution

A participant can take hardship withdrawals as defined by the Plan. A hardship withdrawal will prohibit the participant from making deferral contributions to the Plan for a six-month period subsequent to the hardship withdrawal.

(j) Forfeited Accounts

Nonvested employer matching contributions are forfeited based on the Plan's vesting policy. If a former participant is re-employed prior to the five consecutive "one-year breaks in service" and repays the amount of his or her distribution, employer matching contributions previously forfeited are restored to his or her account.

Forfeited nonvested amounts totaled $5,993 and $240 at December 31, 2018 and 2017, respectively. Forfeitures may first be used to pay Plan expenses, payable by the Plan sponsor. Any forfeited amounts remaining after covering Plan expenses will be used to reduce future employer contributions. For the years ended December 31, 2018 and 2017, the Plan used $118,916 and $166,324 of forfeited amounts to cover employer contributions, respectively. None was used to pay Plan expenses for the years ended December 31, 2018 and 2017.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus interest at the contract rate, less funds to pay benefits and administrative expenses charged by the insurance company.

(b) Use of Estimates

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

(c) Risks and Uncertainties

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

(d) Investment Valuation and Income Recognition

Investments are reported at fair value except for fully benefit-responsive investment contracts, reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation includes the losses and gains on investments bought and sold as well as held during the year.

(e) Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses as incurred. Delinquent loans are treated as deemed distributions based on the terms of the Plan documents.

(f) Excess Participant Contributions Payable

Amounts payable to participants for their contributions in excess of the limit allowed by the IRS are recorded as a liability with a corresponding reduction in participant contributions.

(g) Payment of Benefits

Benefits are recorded when paid.

(h) Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from the financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant accounts and are included in administrative expenses. Investment related expenses are included in net (depreciation) appreciation of fair value of investments.

(3) Investments

The investments in pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year) depreciated by $1,295,772 (appreciated by $2,366,093 in 2017) and interest earned on the stable value fund amounted to $650 for the year ended December 31, 2018 ($644 in 2017).

(4) Fair Value Measurement

FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

- Level 2: Inputs to the valuation methodology include a) quoted prices for similar assets or liabilities in active markets; b) quoted prices for identical or similar assets or liabilities in inactive markets; c) inputs other than quoted prices that are observable for the asset or liability; and d) inputs that are derived principally from or corroborated by, observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value.

- Pooled separate accounts with underlying mutual fund investments – measured using quoted prices in active markets for identical underlying assets (level 1 input under ASC 820).

- Pooled separate accounts with underlying fixed maturity securities – measured based on the pricing data provided by outside valuation service providers who in turn generally use the mean of bid or ask prices, but may also use alternative observable pricing input for certain securities, which approximates fair value (level 2 input under ASC 820).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

		2018			
		Level 1	**Level 2**	**Level 3**	**Total**
Investment at fair value:					
Pooled separate accounts	$	12,727,296	2,863,144	-	15,590,440

		2017			
		Level 1	**Level 2**	**Level 3**	**Total**
Investment at fair value:					
Pooled separate accounts	$	12,783,822	2,886,121	-	15,669,943

(5) Stable Value Fund

The Plan offers the stable value fund into which the participants may elect to transfer all or part of their funds. The stable value fund complies with FASB's fully benefit-responsive requirements and is reported at contract value in the accompanying statements of net assets available for benefit as of December 31, 2018 and 2017. Contract value, as reported by Transamerica is the beginning balance plus any deposit and credited interest, less any withdrawals, charges or expenses and approximates fair value. Participants may ordinarily direct the withdrawals or transfer of all or a portion of their investments at contract value.

The stable value fund seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year U.S. Treasury bills. The investment has a portfolio investment rate design by which all deposits in the investment are credited with the same interest rate on a daily basis, and with no set maturity. The effective guaranteed credited interest rate is set on a semi-annual basis and announced at least 45 days in advance of the date the new rate becomes effective. The guaranteed rate of interest shall not change for six months from the date it becomes effective and there is no stated minimum or maximum interest rate for the stable value fund.

The stable value fund offered by the Plan, a deposit liability or obligation of Transamerica with no underlying assets, has no direct investments. The fund is based on the general unallocated account of Transamerica and the risk of the investment is based on Transamerica's insurance ratings.

The repayment of principal and interest credited to participants holding the stable value fund is a financial obligation of Transamerica. Since the stable value fund is an obligation of Transamerica, the occurrence of an event that limits the ability of the investment to transact at contract value between Transamerica and a participant holding the investment is not probable. However, if an event should ever occur such that realization of full contract value for a particular investment contract is no longer probable - for example, a significant decline in creditworthiness of Transamerica, the stable value fund may no longer be considered fully benefit-responsive.

The terms of Transamerica's group annuity contract require all permitted participant-initiated transactions involving the investment to occur at contract value with no conditions, limits or restrictions. Permitted participant-initiated transactions are those allowed by the underlying defined contribution plan such as withdrawals for benefits, loans or transfers to other investment options within the Plan.

The average yields for the stable value fund for the years ended December 31, 2018 and 2017 are as follows:

	2018	2017
The average yield based on actual earnings	0.75%	0.70%
The average yield based on interest rate credited to participants	0.75%	0.70%

(6) Information Certified by the Insurance Company

The Plan administrator elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Transamerica Financial Life Insurance Company has certified that the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, as reflected in the statements of net assets available for benefits as of December 31, 2018 and 2017;

- Investment activity, as reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2018 and 2017; and

- Investments, as reflected in Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018

The Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the certified information, except for comparing such information with the related information in the financial statements and supplemental schedule.

(7) Operational Defects

In August 2018, the Company noted that a participant had erroneously received a distribution of a 25% vested employer contribution in 2017, which should have been 100% vested. In 2018, the Plan reinstated the participant's account allocating $9,415 from the forfeiture account to compensate the 75% vested portion not properly distributed to the participant. The lost earnings of $2,070 was remitted to the participant account by the Company on October 12, 2018. The Company does not expect the correction to affect the tax status of the Plan.

In 2018, the Company made a number of qualified non-elective contributions (QNEC) and related matching contributions of $31,768 for a number of participants who were not given the opportunity to contribute elective deferrals primarily from January 2018 through May 2018 due to administrative errors. The QNEC becomes fully vested immediately to the participants. The QNEC made in accordance with IRS regulations would not affect the tax status of the Plan and is reflected as employer matching contributions on the statement of changes in net assets available for benefits for the year ended December 31, 2018.

In February 2017, the Company made QNEC and related matching contributions of $6,664 for one participant who was not given the opportunity to contribute elective deferrals from May 1, 2016 through January 31, 2017 due to certain administrative errors. The QNEC becomes fully vested immediately to the participant. The QNEC made in accordance with IRS regulations would not affect the tax status of the Plan and is reflected as employer matching contributions on the statement of changes in net assets available for benefits for the year ended December 31, 2017.

For the year ended December 31, 2017, one participant received employer matching contributions in excess of the annual compensation limit of $270,000, amounting to $163, which was included in the forfeitures in 2018. The accompanying financial statements as of December 31, 2017 and for the year then ended did not reflect this adjustment.

(8) Excess Participant Contributions Payable

For the year ended December 31, 2018, one employee erroneously participated in the Plan, making elective deferrals of $253 while being ineligible. The elective deferrals of $253 plus any applicable earnings will be refunded to the participant while the related matching contributions of $169 plus any applicable earnings will be forfeited in 2019.

(9) Related Party Transactions and Party-In-Interest Transactions

The Plan's assets in pooled separate accounts and stable value fund are held and managed by Transamerica, the issuer of group annuity contracts of the Plan, which is an affiliate of Transamerica Retirement Solutions, LLC, the third-party administrator and the recordkeeper. Therefore, these

transactions qualify as party-in-interest transactions and are exempt from the prohibited transactions rules under ERISA.

The Plan issues loans to participants which are secured by their vested balances. Fees paid by the Plan for the investment management services were included as a reduction in the return earned on each fund. In addition, the Plan made a direct payment to the Plan's service provider of $2,599 and $2,610 for the years ended December 31, 2018 and 2017, respectively, reported as administrative expenses. These qualify as exempt party-in-interest transactions.

(10) Reconciliation of Financial Statements to Form 5500

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

		2018	2017
Net assets available for benefits per the financial statements	$	15,979,058	15,926,040
Adjustments:			
Excess participant contributions payable		253	12
Net assets available for benefits per Form 5500	$	15,979,311	15,926,052

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

		2018	2017
Net increase in net assets available for benefits per the financial statements	$	53,018	3,528,642
Adjustments:			
Participant and employer contributions receivables		-	76,915
Excess participant contributions payable		253	(285)
Earnings on excess participant contributions		(12)	35
Net increase in net assets available for benefits per Form 5500	$	53,259	3,605,307

Participant and employer contribution receivables were included in Form 5500 at December 31, 2018 and 2017, but not in Form 5500 at December 31, 2016.

(11) Tax Status

The Plan adopted a Volume Submitter 401(k) Profit Sharing Plan which received a favorable opinion letter from the IRS dated March 31, 2014 which stated that the Plan was designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed, and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of

December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. The Plan administrator believes it is no longer subject to IRS examinations for years prior to 2015.

(12) Plan Termination

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

(13) Subsequent Events

In 2018, the Company realized that bonuses defined as eligible compensations under the Plan provisions had been excluded from the computation of elective deferrals and employer matching contributions for most participants. On May 1, 2019, the Company made QNEC and related matching contributions of $30,772 for bonuses excluded for the Plan years 2018, 2017 and 2016. Related lost earnings of $6,611 was remitted to the participant accounts by the Company on June 20, 2019.

The Plan has evaluated subsequent events from the balance sheet date through October 4, 2019, the date at which the financial statements were available to be issued. Aside from the subsequent events disclosed above within this note and note 8, the Plan has determined there are no other items to disclose.

David & Goliath Employees 401(k) Profit Sharing Plan
Plan Sponsor EIN: 13-4088671
Plan Number: 001

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

December 31, 2018

(a)	(b) Identity of issue or borrower	(c) Description of investment including maturity date and rate of interest		(e) Current value
		Pooled Separate Accounts:		
*	Transamerica Financial Life Insurance	American Century One Choice 2060 Ret Acct	$	3,213
*	Transamerica Financial Life Insurance	Alger Capital Appreciation Ret Acct		1,469,959
*	Transamerica Financial Life Insurance	American Century One Choice Income Ret Acct		3
*	Transamerica Financial Life Insurance	American Century One Choice 2020 Ret Acct		312,537
*	Transamerica Financial Life Insurance	American Century One Choice 2025 Ret Acct		871,871
*	Transamerica Financial Life Insurance	American Century One Choice 2030 Ret Acct		52,256
*	Transamerica Financial Life Insurance	American Century One Choice 2035 Ret Acct		197,115
*	Transamerica Financial Life Insurance	American Century One Choice 2040 Ret Acct		767,563
*	Transamerica Financial Life Insurance	American Century One Choice 2045 Ret Acct		635,318
*	Transamerica Financial Life Insurance	American Century One Choice 2050 Ret Acct		265,013
*	Transamerica Financial Life Insurance	American Century Mid Cap Value Ret Acct		289,856
*	Transamerica Financial Life Insurance	American Century One Choice 2055 Ret Acct		62,656
*	Transamerica Financial Life Insurance	American Funds New Perspective Ret Acct		456,550
*	Transamerica Financial Life Insurance	BlackRock Equity Dividend Ret Acct		1,244,159
*	Transamerica Financial Life Insurance	BlackRock Global Allocation Ret Acct		42,201
*	Transamerica Financial Life Insurance	ClearBridge Appreciation Ret Acct		929,567
*	Transamerica Financial Life Insurance	DFA Emerging Markets		733,715
*	Transamerica Financial Life Insurance	Federated Institutional High Yield Bond Ret Acct		349,407
*	Transamerica Financial Life Insurance	Janus Henderson Triton Ret Acct		284,518
*	Transamerica Financial Life Insurance	Neuberger Berman Core Bond Ret Acct		176,668
*	Transamerica Financial Life Insurance	Neuberger Berman Genesis Ret Acct		333,687
*	Transamerica Financial Life Insurance	Nuveen Mid Cap Growth Opportunities		475,001
*	Transamerica Financial Life Insurance	Oakmark International Ret Acct		497,446
*	Transamerica Financial Life Insurance	Oppenheimer International Growth Ret Acct		482,695
*	Transamerica Financial Life Insurance	PIMCO Real Return Ret Acct		198,753
*	Transamerica Financial Life Insurance	PIMCO Total Return Ret Acct		325,898
*	Transamerica Financial Life Insurance	Pioneer Strategic Income Ret Acct		283,234
*	Transamerica Financial Life Insurance	State Street International Index Ret Acct		477,942
*	Transamerica Financial Life Insurance	State Street S&P Mid Cap Index Ret Acct		338,862
*	Transamerica Financial Life Insurance	Vanguard Real Estate Index Ret Acct		416,510
*	Transamerica Financial Life Insurance	Templeton Global Bond Ret Acct		114,164
*	Transamerica Financial Life Insurance	Transamerica Partners Stock Index Ret Acct		1,563,645
*	Transamerica Financial Life Insurance	Transamerica Small/Mid Cap Value Ret Acct		311,640
*	Transamerica Financial Life Insurance	Vanguard LifeStrategy Conservative Growth Ret Acct		4,005
*	Transamerica Financial Life Insurance	Vanguard LifeStrategy Growth Ret Acct		14,694
*	Transamerica Financial Life Insurance	Vanguard LifeStrategy Income Ret Acct		25,577
*	Transamerica Financial Life Insurance	Vanguard Small-Cap Index Ret Acct		582,542
				15,590,440
*	Transamerica Financial Life Insurance	Stable value fund at contract value		98,687
				15,689,127
*	Notes receivable from participants	Notes receivable from participants (interest at 4.00% to 10.25%, maturing from September 2019 to December 2048)		188,025
		Total	$	15,877,152

* A party-in-interest as defined by ERISA

Colum (d) has not been presented as historical cost information is not required for participant-directed investments.

See accompanying independent auditors' report.

David&Goliath Employees 401K/Profit Sharing Plan
EIN No.: 13-4088671, Plan No. 001
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2018

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
	Transamerica Financial Life Ins. Co.	American Century One Choice 2060 Ret Acct	$ 3,213
	Transamerica Financial Life Ins. Co.	Alger Capital Appreciation Ret Acct	$ 1,469,959
	Transamerica Financial Life Ins. Co.	American Century One Choice In Retirement Ret Acct	$ 3
	Transamerica Financial Life Ins. Co.	American Century One Choice 2020 Ret Acct	$ 312,537
	Transamerica Financial Life Ins. Co.	American Century One Choice 2025 Ret Acct	$ 871,871
	Transamerica Financial Life Ins. Co.	American Century One Choice 2030 Ret Acct	$ 52,256
	Transamerica Financial Life Ins. Co.	American Century One Choice 2035 Ret Acct	$ 197,115
	Transamerica Financial Life Ins. Co.	American Century One Choice 2040 Ret Acct	$ 767,563
	Transamerica Financial Life Ins. Co.	American Century One Choice 2045 Ret Acct	$ 635,318
	Transamerica Financial Life Ins. Co.	American Century One Choice 2050 Ret Acct	$ 265,013
	Transamerica Financial Life Ins. Co.	American Century Mid Cap Value Ret Acct	$ 289,856
	Transamerica Financial Life Ins. Co.	American Century One Choice 2055 Portfolio Ret Acct	$ 62,656
	Transamerica Financial Life Ins. Co.	American Funds New Perspective Ret Acct	$ 456,550
	Transamerica Financial Life Ins. Co.	BlackRock Equity Dividend Ret Acct	$ 1,244,159
	Transamerica Financial Life Ins. Co.	BlackRock Global Allocation Ret Acct	$ 42,201
	Transamerica Financial Life Ins. Co.	ClearBridge Appreciation Ret Acct	$ 929,567
	Transamerica Financial Life Ins. Co.	DFA Emerging Markets Portfolio Ret Acct	$ 733,715
	Transamerica Financial Life Ins. Co.	Federated Instl High Yield Bond Ret Acct	$ 349,407
	Transamerica Financial Life Ins. Co.	Janus Henderson Triton Ret Acct	$ 284,518
	Transamerica Financial Life Ins. Co.	Neuberger Berman Core Bond Ret Acct	$ 176,668
	Transamerica Financial Life Ins. Co.	Neuberger Berman Genesis Ret Acct	$ 333,687
	Transamerica Financial Life Ins. Co.	Nuveen Mid Cap Growth Opportunities Ret Acct	$ 475,001
	Transamerica Financial Life Ins. Co.	Oakmark International Ret Acct	$ 497,446
	Transamerica Financial Life Ins. Co.	Oppenheimer International Growth Ret Acct	$ 482,695
	Transamerica Financial Life Ins. Co.	PIMCO Real Return Ret Acct	$ 198,753
	Transamerica Financial Life Ins. Co.	PIMCO Total Return Ret Acct	$ 325,898
	Transamerica Financial Life Ins. Co.	Pioneer Strategic Income Ret Acct	$ 283,234
	Transamerica Financial Life Ins. Co.	State Street International Index Ret Acct	$ 477,942
	Transamerica Financial Life Ins. Co.	State Street S&P Mid Cap Index Ret Acct	$ 338,862
	Transamerica Financial Life Ins. Co.	TA Vanguard REIT Index Ret Acct	$ 416,510
	Transamerica Financial Life Ins. Co.	Templeton Global Bond Ret Acct	$ 114,164
	Transamerica Financial Life Ins. Co.	Transamerica Partners Stock Index Ret Acct	$ 1,563,645
	Transamerica Financial Life Ins. Co.	Transamerica Small/Mid Cap Value Ret Acct	$ 311,640
	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Conservative Growth Ret Acct	$ 4,005
	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Growth Ret Acct	$ 14,694
	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Income Ret Acct	$ 25,577
	Transamerica Financial Life Ins. Co.	TA Vanguard Small-Cap Index Ret Acct	$ 582,542
		Separate Accounts Fund	**$ 15,590,440**
	Transamerica Financial Life Ins. Co.	Transamerica Stable Value Core Account	$ 98,687
		Stable Value Option Fund	**$ 98,687**
*	Participants	Notes Receivable with interest rates of 4.25% to 10.25%	**$ 188,025**
		TOTAL PLAN ASSETS	**$ 15,877,152**

* Indicates Party-In-Interest to the Plan