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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                           | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>2MC MANAGEMENT RETIREMENT SAVINGS PLAN</u>                                                                                                                                                                                                                                                                                  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/2015</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/2015</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                 | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/2015</u>                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>2MC MANAGEMENT, INC.</u><br><br><u>7660 SCHOOL RD</u><br><u>CINCINNATI, OH 45249</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>46-5380591</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>513-771-1700</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>423990</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>46-5380591</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>513-771-1700</u> | <b>2d</b> Business code (see instructions)<br><u>423990</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>46-5380591</u>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>513-771-1700</u>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>423990</u>                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2019 | JEREMY FRYE                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                    |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 156                                                                                                                                                                                                                                                                                                                         |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 149<br><b>6a(2)</b> 171<br><b>6b</b> 0<br><b>6c</b> 8<br><b>6d</b> 179<br><b>6e</b> 0<br><b>6f</b> 179<br><b>6g</b> 42<br><b>6h</b> 0                                                                                                                                                                                   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                                                                                                                             |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2G 2J 2K 2T 3D 3H 2F<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> 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)** ☒ **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)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection.</b> |
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

|                                                                                                     |                                                                            |            |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>2MC MANAGEMENT RETIREMENT SAVINGS PLAN</u>                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
|                                                                                                     |                                                                            |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>2MC MANAGEMENT, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>46-5380591</u>         |            |

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

|                                                                                   |                               |                                                                                                                                                      |  |
|-----------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MONEY MARKET FUND</u>           |                               |                                                                                                                                                      |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AMERICAN FUNDS</u>           |                               |                                                                                                                                                      |  |
| <b>c</b> EIN-PN <u>95-6817943-000</u>                                             | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>28482</u></span>  |  |
|                                                                                   |                               |                                                                                                                                                      |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WASHINGTON MUTUAL INVESTORS</u> |                               |                                                                                                                                                      |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AMERICAN FUNDS</u>           |                               |                                                                                                                                                      |  |
| <b>c</b> EIN-PN <u>95-6817943-000</u>                                             | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>14262</u></span>  |  |
|                                                                                   |                               |                                                                                                                                                      |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMCAP FUND</u>                  |                               |                                                                                                                                                      |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AMERICAN FUNDS</u>           |                               |                                                                                                                                                      |  |
| <b>c</b> EIN-PN <u>95-6817943-000</u>                                             | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>90809</u></span>  |  |
|                                                                                   |                               |                                                                                                                                                      |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESTMENT CO OF AMERICA</u>    |                               |                                                                                                                                                      |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AMERICAN FUNDS</u>           |                               |                                                                                                                                                      |  |
| <b>c</b> EIN-PN <u>95-6817943-000</u>                                             | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>52412</u></span>  |  |
|                                                                                   |                               |                                                                                                                                                      |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GROWTH FUND OF AMERICA</u>      |                               |                                                                                                                                                      |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AMERICAN FUNDS</u>           |                               |                                                                                                                                                      |  |
| <b>c</b> EIN-PN <u>95-6817943-000</u>                                             | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>124123</u></span> |  |
|                                                                                   |                               |                                                                                                                                                      |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INCOME FUND OF AMERICA</u>      |                               |                                                                                                                                                      |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AMERICAN FUNDS</u>           |                               |                                                                                                                                                      |  |
| <b>c</b> EIN-PN <u>95-6817943-000</u>                                             | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>29042</u></span>  |  |
|                                                                                   |                               |                                                                                                                                                      |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEW PERSPECTIVE FUND</u>        |                               |                                                                                                                                                      |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AMERICAN FUNDS</u>           |                               |                                                                                                                                                      |  |
| <b>c</b> EIN-PN <u>95-6817943-000</u>                                             | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>15048</u></span>  |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BOND FUND OF AMERICA**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13985 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL INVESTORS**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89319 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11396 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL INCOME BUILDER**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29625 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: EURO PACIFIC GROWTH**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15909 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AHIT**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                          |
|--------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7732 |
|--------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE BOND FUND OF AMERICA**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10004 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WORLD BOND FUND**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18811 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WORLD GROWTH AND INCOME**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 125296 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NEW WORLD FUND**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27720 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS TARGET - 2020**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19364 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS TARGET - 2025**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36268 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS TARGET - 2035**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30709 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS TARGET - 2045**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14607 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS TARGET - 2050**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                        |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS TARGET - 2055**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61615 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PSMGI**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28612 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DWGI**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20528 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS TARGET - 2060**b** Name of sponsor of entity listed in (a): AMERICAN FUNDS

|                                |                        |                                                                                                          |
|--------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 95-6817943-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2461 |
|--------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                                                              |                                                                                              |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning <span style="color:blue;">01/01/2018</span> and ending <span style="color:blue;">12/31/2018</span> |                                                                                              |                                      |
| <b>A</b> Name of plan<br><span style="color:blue;">2MC MANAGEMENT RETIREMENT SAVINGS PLAN</span>                                                             | <b>B</b> Three-digit plan number (PN) <span style="color:blue;">►</span>                     | <span style="color:blue;">001</span> |
|                                                                                                                                                              |                                                                                              |                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color:blue;">2MC MANAGEMENT, INC.</span>                                       | <b>D</b> Employer Identification Number (EIN)<br><span style="color:blue;">46-5380591</span> |                                      |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 0                     | 3306            |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 0                     | 7993            |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 753233                | 918235          |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 753233                | 929534          |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |        |        |
|-----------------------------------------------------------|-----------|--------|--------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 753233 | 929534 |
|-----------------------------------------------------------|-----------|--------|--------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 80333      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 210394     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 9345       |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 300072    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | -63987    |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            | 0         |
| (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 <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 236085    |

**Expenses**

|                                                                                      |       |       |       |
|--------------------------------------------------------------------------------------|-------|-------|-------|
| e Benefit payment and payments to provide benefits:                                  |       |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 58373 |       |
| (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) |       | 58373 |
| 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) | 1411  |       |
| (3) Investment advisory and management fees.....                                     | 2i(3) |       |       |
| (4) Other .....                                                                      | 2i(4) |       |       |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |       | 1411  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |       | 59784 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 176301 |
| 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: RUDLER, PSC

(2) EIN: 31-1048275

**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:

**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.).....

**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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a | X   |    | 7993   |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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.) .....                                          |     | X  |        |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>d</b> 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.).....                                |     | X  |        |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 100000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 100000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>g</b> 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?.....                                                     |     | X  |        |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>h</b> 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?.....                                           |     | X  |        |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |        |
| <b>j</b> 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.) ..... |     | X  |        |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |        |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>n</b> 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. ....                                      |     | X  |        |
| <b>4n</b>                                                                                                                                                                                                                     |     | 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.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                              |                                                                    |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>2MC MANAGEMENT RETIREMENT SAVINGS PLAN</u>                       | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>2MC MANAGEMENT, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>46-5380591</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>95-6817943</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018  
v. 171027

**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 .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****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 .....

**b** The corresponding number for the second preceding plan year .....

**15a****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 .....

**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 .....

**16a****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):

**2MC MANAGEMENT RETIREMENT SAVINGS PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL INFORMATION**

As of December 31, 2018 (Audited) and 2017 (Compiled)  
and for the Year Ended December 31, 2018 (Audited)

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## INDEPENDENT AUDITORS' REPORT

Trustees and Management of the  
2MC Management Retirement Savings Plan

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of 2MC Management Retirement Savings Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2018, and the related statement of changes in the net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Capital Bank and Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2018, that the information provided to the plan administrator by the custodian is complete and accurate.

### Disclaimer of Opinion

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

CERTIFIED PUBLIC ACCOUNTANTS

p 859-331-1717 | f 859-331-4356

1881 Dixie Highway, Suite 200 | Fort Wright, KY 41011

[www.rudler.com](http://www.rudler.com)

**Other Matter**

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

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

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

**Report on Compiled 2017 Financial Statements**

Plan management is responsible for the accompanying financial statement of 2MC Management Retirement Savings Plan, which comprise the statement of net assets available for benefits as of December 31, 2017. We have performed a compilation engagement in accordance with Statement on Standards for Accounting and Review Services promulgated by the Accounting and Review Service Committee of the AICPA. We did not audit or review the financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by plan management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statement.

A handwritten signature in black ink that reads "Rudder, PSC". The signature is written in a cursive, flowing style.

Fort Wright, Kentucky  
October 4, 2019

**2MC MANAGEMENT RETIREMENT SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
December 31, 2018 (Audited) and December 31, 2017 (Compiled)

|                                          | <b>Audited<br/>December 31,<br/>2018</b> | <b>Compiled<br/>December 31,<br/>2017</b> |
|------------------------------------------|------------------------------------------|-------------------------------------------|
| <b>ASSETS</b>                            |                                          |                                           |
| Investments                              |                                          |                                           |
| Investments at fair value                | \$ 918,235                               | \$ 753,233                                |
| Total Investments                        | 918,235                                  | 753,233                                   |
| Receivables                              |                                          |                                           |
| Participants' contributions receivable   | 7,993                                    | 0                                         |
| Employer's contribution receivable       | 3,306                                    | 0                                         |
| Total Receivables                        | 11,299                                   | 0                                         |
| Total Assets                             | 929,534                                  | 753,233                                   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <b>\$ 929,534</b>                        | <b>\$ 753,233</b>                         |

The accompanying notes are an integral part of this statement.

**2MC MANAGEMENT RETIREMENT SAVINGS PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
For the year ended December 31, 2018 (Audited)

**ADDITIONS**

Additions to net assets attributed to:

Investment Income:

|                 |           |
|-----------------|-----------|
| Dividend income | \$ 57,944 |
|-----------------|-----------|

|                         |        |
|-------------------------|--------|
| Total Investment Income | 57,944 |
|-------------------------|--------|

Contributions:

|                             |         |
|-----------------------------|---------|
| Participants' contributions | 210,394 |
|-----------------------------|---------|

|                                      |       |
|--------------------------------------|-------|
| Participants' rollover contributions | 9,345 |
|--------------------------------------|-------|

|                          |        |
|--------------------------|--------|
| Employer's contributions | 80,333 |
|--------------------------|--------|

|                     |         |
|---------------------|---------|
| Total Contributions | 300,072 |
|---------------------|---------|

|                 |         |
|-----------------|---------|
| Total Additions | 358,016 |
|-----------------|---------|

**DEDUCTIONS**

Deductions from net assets attributed to:

|                                               |         |
|-----------------------------------------------|---------|
| Net depreciation in fair value of investments | 121,931 |
|-----------------------------------------------|---------|

|                               |        |
|-------------------------------|--------|
| Benefits paid to participants | 58,373 |
|-------------------------------|--------|

|                     |       |
|---------------------|-------|
| Administrative fees | 1,411 |
|---------------------|-------|

|                  |         |
|------------------|---------|
| Total Deductions | 181,715 |
|------------------|---------|

|              |         |
|--------------|---------|
| Net Increase | 176,301 |
|--------------|---------|

**NET ASSETS AVAILABLE FOR BENEFITS**

|                   |         |
|-------------------|---------|
| BEGINNING OF YEAR | 753,233 |
|-------------------|---------|

|             |            |
|-------------|------------|
| END OF YEAR | \$ 929,534 |
|-------------|------------|

The accompanying notes are an integral part of this statement.

**2MC MANAGEMENT RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2018 (Audited) and December 31, 2017 (Compiled)

**NOTE 1 - DESCRIPTION OF PLAN**

The following brief description of the 2MC Management Retirement Savings Plan (the “Plan”) is provided for general information purposes only. The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Participants should refer to the Plan document for more complete information.

**General**

The Plan was established January 1, 2015. The Plan’s assets are held in trust and are administered by the Plan’s trustees. The Company appoints trustees to administer the Plan.

**Eligibility**

The Plan is a defined contribution plan covering substantially all employees of 2MC Management, Inc. (the “Company”) and affiliated companies. Employees are eligible to participate in the Plan once they have completed one year of credited service. Normal retirement age is 65 years.

**Contributions**

Each participant may make voluntary contributions to the Plan up to Internal Revenue Code (“IRC”) limits. The Company will match, on a dollar-for-dollar basis, the first 3% of participants’ contributions plus 50% of participants’ contributions that exceed 3% up to 5% of each eligible participants’ contributions. The Company can make additional discretionary contributions.

**Participant Accounts**

Each participant’s account is credited with the participants’ contribution, and an allocation of the Company’s contributions and investment income or loss. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

**Payment of Benefits**

Upon termination of service due to death, disability, retirement, other termination of employment with the Company, or termination of the Plan, the participant’s account is distributed as soon as administratively feasible. Distributions under the Plan may be made by lump-sum or as a partial withdrawal or installments for participants or beneficiaries who must receive required minimum distributions. If a participant’s vested interest is less than \$5,000, the Plan can distribute their balance without the participant’s consent.

**Vesting**

Participants are immediately vested in their voluntary contributions plus earnings thereon. Participants are immediately vested in the Company’s safe harbor nonelective contributions plus earnings thereon. Vesting in the Company’s discretionary portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants are 20% vested in Company discretionary contributions after two years of service and are fully vested upon completion of six years of credited service.

**Administrative Expenses**

Certain expenses for administering the Plan are paid by the Company. The Company provides the Plan with certain accounting and administrative services for which no fee is charged.

**Forfeitures**

Forfeitures may be used in succeeding years to reduce employer contributions or pay plan expenses. The balance in the forfeiture account at December 31, 2018 was \$0 and at December 31, 2017 was \$961. Forfeitures of \$961 were used to pay expenses for the year ended December 31, 2018.

**2MC MANAGEMENT RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**  
December 31, 2018 (Audited) and December 31, 2017 (Compiled)

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The financial statements of the Plan have been prepared in accordance with U.S. generally accepted accounting principles as applied to defined contribution plans, and in accordance with the terms of the Plan document. A summary of the Plan's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

**Basis of Accounting**

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP") and conform to the accounting requirements of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. Fair value of a financial instrument 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. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

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 appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Management fees and certain operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and certain operating expenses are reflected as a reduction of investment return for such investments.

**Use of Estimates**

The preparation of financial statements in accordance with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

**Payment of Benefits**

Benefits are recorded when paid.

**NOTE 3 - 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 provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

**2MC MANAGEMENT RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**  
December 31, 2018 (Audited) and December 31, 2017 (Compiled)

**NOTE 4 - INCOME TAX STATUS**

The Plan has adopted a standardized volume submitter plan. The volume submitter plan has received an opinion letter dated March 31, 2014 from the Internal Revenue Service ("IRS") as to the Plan's qualified status. The opinion letter has been relied upon by this Plan. The Plan administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRS.

The Plan administrator believes it is no longer subject to income tax examinations for the years prior to 2015. There are currently no audits for any tax periods in progress.

**NOTE 5 - INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN**

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by Capital Bank and Trust Company (the custodian of the Plan).

|                          | <b>December 31,<br/>2018</b> |
|--------------------------|------------------------------|
| Investments              |                              |
| Mutual funds             | \$ <u>918,235</u>            |
| Total Investments        | \$ <u><u>918,235</u></u>     |
| Investment income (loss) | \$ <u>(63,987)</u>           |

**NOTE 6 - FAIR VALUE MEASUREMENT**

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There are no plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented.

**2MC MANAGEMENT RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**  
December 31, 2018 (Audited) and December 31, 2017 (Compiled)

**NOTE 6 - FAIR VALUE MEASUREMENT (Continued)**

*Level 1 Fair Value Measurement*

*Mutual Funds* – Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

| <b><u>December 31, 2018 (Audited)</u></b> | <b><u>Fair Value</u></b> | <b><u>Quoted Prices<br/>in Active<br/>Markets for<br/>Identical<br/>Assets<br/>(Level 1)</u></b> |
|-------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------|
| Mutual funds                              | \$ <u>918,235</u>        | \$ <u>918,235</u>                                                                                |
| Total investments at fair value           | \$ <u>918,235</u>        | \$ <u>918,235</u>                                                                                |

| <b><u>December 31, 2017 (Compiled)</u></b> | <b><u>Fair Value</u></b> | <b><u>Quoted Prices<br/>in Active<br/>Markets for<br/>Identical<br/>Assets<br/>(Level 1)</u></b> |
|--------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------|
| Mutual funds                               | \$ <u>753,233</u>        | \$ <u>753,233</u>                                                                                |
| Total investments at fair value            | \$ <u>753,233</u>        | \$ <u>753,233</u>                                                                                |

Gains and losses (realized and unrealized) included in changes of net assets available for benefits for the year ended December 31, 2018 are reported in net appreciation (depreciation) in fair value of investments.

**NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS**

All of the Plan investments are managed by Capital Bank and Trust Company. Capital Bank and Trust Company is the custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the administration services amounted to \$1,411 for the year ended December 31, 2018.

**2MC MANAGEMENT RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**  
December 31, 2018 (Audited) and December 31, 2017 (Compiled)

**NOTE 8 - RISKS AND UNCERTAINTIES**

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

**NOTE 9 - CORRECTIVE ACTIONS**

During the year, it was noted that the Plan Sponsor failed to timely remit one payroll deposit. The appropriate corrective actions were taken and the applicable lost earnings were funded to the participant's accounts.

**NOTE 10 - SUBSEQUENT EVENTS**

The Plan has evaluated all subsequent events through October 4, 2019, the date the financial statements were available to be issued.

## **SUPPLEMENTAL INFORMATION**

**2MC MANAGEMENT RETIREMENT SAVINGS PLAN**  
**SUPPLEMENTAL INFORMATION**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**December 31, 2018**

| (a)<br>Related<br>Party | (b)<br>Identity of issue, borrower,<br>lessor, or similar party | (c)<br>Description of<br>investment including<br>maturity date, rate of<br>interest, collateral,<br>par or maturity value | (d)<br>Cost | (e)<br>Current<br>Value |
|-------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| <b>Mutual Funds</b>     |                                                                 |                                                                                                                           |             |                         |
| *                       | American Funds Money Market Fund                                | 28,482 shares                                                                                                             | **          | \$ 28,482               |
| *                       | American Funds Washington Mutual Investors                      | 352 shares                                                                                                                | **          | 14,262                  |
| *                       | American Funds Amcap Fund                                       | 3,625 shares                                                                                                              | **          | 90,809                  |
| *                       | American Funds Investment Co of America                         | 1,557 shares                                                                                                              | **          | 52,412                  |
| *                       | American Funds Growth Fund of America                           | 3,075 shares                                                                                                              | **          | 124,123                 |
| *                       | American Funds Income Fund of America                           | 1,424 shares                                                                                                              | **          | 29,042                  |
| *                       | American Funds New Perspective Fund                             | 416 shares                                                                                                                | **          | 15,048                  |
| *                       | American Funds Bond Fund of America                             | 1,113 shares                                                                                                              | **          | 13,985                  |
| *                       | American Funds Fundamental Investors                            | 1,719 shares                                                                                                              | **          | 89,319                  |
| *                       | American Funds American Balanced Fund                           | 461 shares                                                                                                                | **          | 11,396                  |
| *                       | American Funds Capital Income Builder                           | 526 shares                                                                                                                | **          | 29,625                  |
| *                       | American Funds EuroPacific Growth                               | 364 shares                                                                                                                | **          | 15,909                  |
| *                       | American Funds American High Income Trust Fund                  | 806 shares                                                                                                                | **          | 7,732                   |
| *                       | American Funds Intermediate Bond Fund of America                | 757 shares                                                                                                                | **          | 10,004                  |
| *                       | American Funds World Bond Fund                                  | 988 shares                                                                                                                | **          | 18,811                  |
| *                       | American Funds World Growth and Income                          | 2,965 shares                                                                                                              | **          | 125,296                 |
| *                       | American Funds New World Fund                                   | 498 shares                                                                                                                | **          | 27,720                  |
| *                       | American Funds Target-2020                                      | 1,681 shares                                                                                                              | **          | 19,364                  |
| *                       | American Funds Target-2025                                      | 2,973 shares                                                                                                              | **          | 36,268                  |
| *                       | American Funds Target-2035                                      | 2,339 shares                                                                                                              | **          | 30,709                  |
| *                       | American Funds Target-2045                                      | 1,079 shares                                                                                                              | **          | 14,607                  |
| *                       | American Funds Target-2050                                      | 7 shares                                                                                                                  | **          | 96                      |
| *                       | American Funds Target-2055                                      | 3,707 shares                                                                                                              | **          | 61,615                  |
| *                       | American Funds Moderate Growth and Income Portfolio             | 2,130 shares                                                                                                              | **          | 28,612                  |
| *                       | American Funds Developing World Growth and Income               | 2,200 shares                                                                                                              | **          | 20,528                  |
| *                       | American Funds Target-2060                                      | 221 shares                                                                                                                | **          | 2,461                   |
|                         |                                                                 |                                                                                                                           |             | \$ 918,235              |

\* Party-in-interest

\*\* Cost basis is not required as investments are participant directed

See Independent Auditors' Report.

**2MC MANAGEMENT RETIREMENT SAVINGS PLAN****SUPPLEMENTAL INFORMATION****SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

December 31, 2018

| <b>Total that Constitute Non exempt Prohibited Transactions</b>  |                                        |                                                 |                                                             |                                                                              |
|------------------------------------------------------------------|----------------------------------------|-------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Participants<br/>Contributions Traserred<br/>Late to Plan</b> | <b>Contributions<br/>Not Corrected</b> | <b>Contributions Corrected Outside<br/>VFCP</b> | <b>Contributions<br/>Pending<br/>Correction in<br/>VFCP</b> | <b>Total Fully<br/>Corrected<br/>under<br/>VFCP and<br/>PTE 2002-<br/>51</b> |
| <b>Check Here if Late</b>                                        |                                        |                                                 |                                                             |                                                                              |
|                                                                  | \$ 0                                   | \$ 7,993.21                                     | \$ 0                                                        | \$ 0                                                                         |

| <b>Identity of<br/>Party Involved</b> | <b>Relationship<br/>to Plan</b> | <b>Description of Transaction</b>   | <b>Amount on<br/>Line 4(a)</b> | <b>Lost<br/>Interest</b> |
|---------------------------------------|---------------------------------|-------------------------------------|--------------------------------|--------------------------|
| 2 MC Management, Inc.                 | Plan Sponsor                    | Contribution from paydate 11/2/2018 | \$ 7,993.21                    | \$ 71.14                 |
|                                       |                                 |                                     | <u>\$ 7,993.21</u>             | <u>\$ 71.14</u>          |

See Independent Auditors' Report.

**2MC MANAGEMENT RETIREMENT SAVINGS PLAN**  
**SUPPLEMENTAL INFORMATION**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**December 31, 2018**

|               |                                                       | (c)                                                                                                    |        |      |               |
|---------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------|------|---------------|
|               |                                                       | Description of investment including maturity date, rate of interest, collateral, par or maturity value |        | (d)  | (e)           |
| (a)           | (b)                                                   |                                                                                                        |        | Cost | Current Value |
| Related Party | Identity of issue, borrower, lessor, or similar party |                                                                                                        |        |      |               |
| Mutual Funds  |                                                       |                                                                                                        |        |      |               |
| *             | American Funds Money Market Fund                      | 28,482                                                                                                 | shares | **   | \$ 28,482     |
| *             | American Funds Washington Mutual Investors            | 352                                                                                                    | shares | **   | 14,262        |
| *             | American Funds Amcap Fund                             | 3,625                                                                                                  | shares | **   | 90,809        |
| *             | American Funds Investment Co of America               | 1,557                                                                                                  | shares | **   | 52,412        |
| *             | American Funds Growth Fund of America                 | 3,075                                                                                                  | shares | **   | 124,123       |
| *             | American Funds Income Fund of America                 | 1,424                                                                                                  | shares | **   | 29,042        |
| *             | American Funds New Perspective Fund                   | 416                                                                                                    | shares | **   | 15,048        |
| *             | American Funds Bond Fund of America                   | 1,113                                                                                                  | shares | **   | 13,985        |
| *             | American Funds Fundamental Investors                  | 1,719                                                                                                  | shares | **   | 89,319        |
| *             | American Funds American Balanced Fund                 | 461                                                                                                    | shares | **   | 11,396        |
| *             | American Funds Capital Income Builder                 | 526                                                                                                    | shares | **   | 29,625        |
| *             | American Funds EuroPacific Growth                     | 364                                                                                                    | shares | **   | 15,909        |
| *             | American Funds American High Income Trust Fund        | 806                                                                                                    | shares | **   | 7,732         |
| *             | American Funds Intermediate Bond Fund of America      | 757                                                                                                    | shares | **   | 10,004        |
| *             | American Funds World Bond Fund                        | 988                                                                                                    | shares | **   | 18,811        |
| *             | American Funds World Growth and Income                | 2,965                                                                                                  | shares | **   | 125,296       |
| *             | American Funds New World Fund                         | 498                                                                                                    | shares | **   | 27,720        |
| *             | American Funds Target-2020                            | 1,681                                                                                                  | shares | **   | 19,364        |
| *             | American Funds Target-2025                            | 2,973                                                                                                  | shares | **   | 36,268        |
| *             | American Funds Target-2035                            | 2,339                                                                                                  | shares | **   | 30,709        |
| *             | American Funds Target-2045                            | 1,079                                                                                                  | shares | **   | 14,607        |
| *             | American Funds Target-2050                            | 7                                                                                                      | shares | **   | 96            |
| *             | American Funds Target-2055                            | 3,707                                                                                                  | shares | **   | 61,615        |
| *             | American Funds Moderate Growth and Income Portfolio   | 2,130                                                                                                  | shares | **   | 28,612        |
| *             | American Funds Developing World Growth and Income     | 2,200                                                                                                  | shares | **   | 20,528        |
| *             | American Funds Target-2060                            | 221                                                                                                    | shares | **   | 2,461         |
|               |                                                       |                                                                                                        |        |      | \$ 918,235    |

\* Party-in-interest

\*\* Cost basis is not required as investments are participant directed

See Independent Auditors' Report.

**2MC MANAGEMENT RETIREMENT SAVINGS PLAN**  
**SUPPLEMENTAL INFORMATION**

**SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

December 31, 2018

| <b>Participants<br/>Contributions Traserred<br/>Late to Plan</b> | <b>Total that Constitute Non exempt Prohibited Transactions</b> |                                                 |                                                             | <b>Total Fully<br/>Corrected<br/>under<br/>VFCP and<br/>PTE 2002-<br/>51</b> |
|------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------|
|                                                                  | <b>Contributions<br/>Not Corrected</b>                          | <b>Contributions Corrected Outside<br/>VFCP</b> | <b>Contributions<br/>Pending<br/>Correction in<br/>VFCP</b> |                                                                              |
| <b>Check Here if Late</b>                                        |                                                                 |                                                 |                                                             |                                                                              |
|                                                                  | \$ 0                                                            | \$ 7,993.21                                     | \$ 0                                                        | \$ 0                                                                         |

| <b>Identity of<br/>Party Involved</b> | <b>Relationship<br/>to Plan</b> | <b>Description of Transaction</b>   | <b>Amount on<br/>Line 4(a)</b> | <b>Lost<br/>Interest</b> |
|---------------------------------------|---------------------------------|-------------------------------------|--------------------------------|--------------------------|
| 2 MC Management, Inc.                 | Plan Sponsor                    | Contribution from paydate 11/2/2018 | \$ 7,993.21                    | \$ 71.14                 |
|                                       |                                 |                                     | <u>\$ 7,993.21</u>             | <u>\$ 71.14</u>          |

See Independent Auditors' Report.