Protect float (In Section) Public Inspect Provide float (In Section) • Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calender plan year 2018 of fiscal plan year beginning 0.101/2016 and ending 12/21/2018 A This return/report is for: a one-participant plan a foreign plan a foreign participant plan a foreign plan B This return/report is the first return/report a one-participant plan a foreign plan DFVC program B This return/report is the first return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 a ducmatic extension DFVC program B abic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number ((N) PLAN DFVC program 21 PRODUCTIONS, INC. 401(%) PLAN DFT/ree-digit plan number ((N) PLAN DFT/ree-digit plan number (N) PLAN DFT/ree-digi	For	m 5500-SF	Short Form Annua	•	of Small Emplo	yee	С	MB Nos. 1210-0110 1210-0089				
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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, if applicable, a Set SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowled belief, it is true, correct, and complete.SIGNFiled with authorized/valid electronic signature.10/15/2019CHAD HAMMOND						5e						
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowled belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 10/15/2019 CHAD HAMMOND	Caution: A	penalty for the late	or incomplete filing of this return/	/report will be assessed	unless reasonable caus							
	SB or Sche	dule MB completed a	nd signed by an enrolled actuary, as									
	SIGN			10/15/2019	CHAD HAMMOND							
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	HERE	Signature of plan a	dministrator	Date	Enter name of individua	idual signing as plan administrator						
SIGN Filed with authorized/valid electronic signature. 10/15/2019 CHAD HAMMOND		Filed with authorized	/valid electronic signature.	10/15/2019	CHAD HAMMOND							
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plans For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF. Form 5500-SF.					Enter name of individua	al signing		r or plan sponsor orm 5500-SF (2018)				

 Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan car 	y and conditio	ns.) n 5500-SF and must inste	ad use	Form	5500.
 C If the plan is a defined benefit plan, is it covered under the PBGC If "Yes" is checked, enter the My PAA confirmation number from Part III Financial Information 				-	
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year
a Total plan assets		305814			0
b Total plan liabilities					
C Net plan assets (subtract line 7b from line 7a)		305814			0
Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from:(1) Employers	8a(1)	2219			
(2) Participants	8a(2)	15710	_		
(3) Others (including rollovers)	8a(3)		_		
b Other income (loss)	8b	17454			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				35383
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	337828			
e Certain deemed and/or corrective distributions (see instructions).	8e		_		
f Administrative service providers (salaries, fees, commissions)	8f	3369	_		
g Other expenses	8g		_		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				341197
i Net income (loss) (subtract line 8h from line 8c)					-305814
j Transfers to (from) the plan (see instructions)	··· 8j				
Part IV Plan Characteristics					
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	n feature code	es from the List of Plan Cha	aracteri	stic Co	des in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare	feature codes	s from the List of Plan Char	acterist	tic Coc	les in the instructions:
Part V Compliance Questions					
0 During the plan year:			Yes	No	Amount

	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	X		20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		X	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page **3-** 1

Part	VI	Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)							Ye	es X	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se SA?			of] [Ye	es 🗙	No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, nting the waiver	and		r th ay _		of the I _ Ye		ruling	
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Ente	r the minimum required contribution for this plan year		12b						
с	Ente	r the amount contributed by the employer to the plan for this plan year		12c						
d		ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)		12d						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No)	N/A	
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	s a resolution to terminate the plan been adopted in any plan year?				Yes	X	No		
	lf "۱	\prime es," enter the amount of any plan assets that reverted to the employer this year		13a						
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the				Yes	s 🗌	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	n(s)	to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		13	Bc(3)	PN(s)	