## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

|     | art I             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                     |                               |                  |                             |
|-----|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------|-------------------------------|------------------|-----------------------------|
| For | r calenda         | ar plan year 2018 or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | fiscal plan year beginning 01/01/2    | 20 <u>18</u>        | and ending                    | 12/31/2018       |                             |
| Α   | This ret          | urn/report is for:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X a single-employer plan              |                     |                               |                  | _                           |
| ъ.  | <b>.</b>          | a single-employer plan   a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)  a one-participant plan   a foreign plan   a foreign plan   a foreign plan   a short plan year return/report (less than 12 months)  the first return/report   a short plan year return/report (less than 12 months)  The box if filling under:   Form 5558   automatic extension   DFVC program   DFVC program    The box if filling under:   Ib Three-digit plan number (PN)   001    The control of plan   TY TAX SERVICE 401(K) PROFIT SHARING PLAN   1c Effective date of plan   01/01/2014    Plan sponsor's name (employer, if for a single-employer plan)   Mailing address (include room, apt., suite no. and street, or P.O. Box)   City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) |                                       |                     |                               |                  |                             |
| В   | This retu         | irn/report is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the first return/report               | the final return/re | eport                         |                  |                             |
|     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | an amended return/report              | a short plan year   | return/report (less than 12 r | months)          |                             |
| С   | Check b           | oox if filing under:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 불                                     |                     | sion                          | DFVC pro         | gram                        |
|     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | special extension (enter desc         | ription)            |                               |                  |                             |
| Pa  | art II            | Basic Plan Info                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ormation—enter all requested in       | formation           |                               |                  |                             |
|     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PROFIT SHARING PLAN                   |                     |                               | plan nu          | umber                       |
|     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                     |                               | 1c Effective     | ·                           |
| 2a  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                     |                               | <b>2b</b> Employ |                             |
|     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                     | e instructions)               | ` '              |                             |
| DMD | BD LLC            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                     |                               | 2C Spons         |                             |
|     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                     |                               | 2d Busine        | ess code (see instructions) |
|     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                     |                               |                  | 541213                      |
|     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                     |                               | 1                |                             |
| 3a  | Plan ad           | dministrator's name a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and address X Same as Plan Spo        | nsor.               |                               | <b>3b</b> Admini | strator's EIN               |
|     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                     |                               | 3c Admini        | strator's telephone number  |
|     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                     |                               |                  |                             |
|     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                     |                               |                  |                             |
| 4   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                     |                               | 4b EIN           | 38-3744094                  |
|     | Sponso            | or's name ABERDEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                     |                               | 4d PN            |                             |
| С   | Plan N            | ame                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                     |                               |                  |                             |
| 5a  | Total r           | number of participant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s at the beginning of the plan year.  |                     |                               | 5a               | 12                          |
| b   | Total r           | number of participant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s at the end of the plan year         |                     |                               | 5b               | 12                          |
| С   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                     |                               | 5c               | 12                          |
| d   | I <b>(1)</b> Tota | al number of active p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | articipants at the beginning of the p | lan year            |                               | 5d(1)            | 12                          |
|     | ` '               | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                     |                               | 5d(2)            | 10                          |
| е   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | , ,                                   | '                   |                               | 5e               | 0                           |
|     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                     |                               |                  |                             |
| SB  | or Sche           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | and signed by an enrolled actuary,    |                     |                               |                  |                             |
| SIG |                   | Filed with authorized                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | d/valid electronic signature.         | 10/15/2019          | MITCH BROWN                   |                  |                             |
| HE  | RE                | Signature of plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       | Date                | Enter name of indivi          | dual signing as  | s plan administrator        |
| SIG | SN<br>RE          | Filed with authorize                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | d/valid electronic signature.         | 10/15/2019          | MITCH BROWN                   |                  |                             |
| ""  | IVE               | Signature of empl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | loyer/plan sponsor                    | Date                | Enter name of indivi          | dual signing as  | s employer or plan sponsor  |

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

|          | Were all of the plan's assets during the plan year invested in eligib<br>Are you claiming a waiver of the annual examination and report of<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility | an indepe                  | ndent qualified public a                | account  | ant (IC | QPA)    |                           | No No |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------|----------|---------|---------|---------------------------|-------|
| С        | If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the      | nsurance p                 | orogram (see ERISA se                   | ection 4 | 021)?   |         | Yes No Not determ         |       |
| Pa       | rt III Financial Information                                                                                                                                                                                    | 1                          | T                                       |          |         |         |                           |       |
| 7        | Plan Assets and Liabilities                                                                                                                                                                                     |                            | (a) Beginning                           | of Year  |         |         | (b) End of Year           |       |
| <u>a</u> | Total plan assets                                                                                                                                                                                               | 7a                         |                                         | 77902    |         |         | 77125                     |       |
| b        | Total plan liabilities                                                                                                                                                                                          | 7b                         |                                         |          |         |         |                           |       |
| С        | Net plan assets (subtract line 7b from line 7a)                                                                                                                                                                 | 7c                         |                                         | 77902    |         |         | 77125                     |       |
| 8        | Income, Expenses, and Transfers for this Plan Year                                                                                                                                                              |                            | (a) Amoun                               | ıt       |         |         | (b) Total                 |       |
| a        | Contributions received or receivable from: (1) Employers                                                                                                                                                        | 8a(1)                      |                                         | 15378    |         |         |                           |       |
|          | (2) Participants                                                                                                                                                                                                | 8a(2)                      |                                         | 15315    |         |         |                           |       |
|          | (3) Others (including rollovers)                                                                                                                                                                                | 8a(3)                      |                                         |          |         |         |                           |       |
| b        | Other income (loss)                                                                                                                                                                                             | 8b                         |                                         | -3728    |         |         |                           |       |
|          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)                                                                                                                                                            | 8c                         |                                         |          |         |         | 26965                     |       |
| d        | Benefits paid (including direct rollovers and insurance premiums to provide benefits)                                                                                                                           | . 8d                       | :                                       | 27742    |         |         |                           |       |
| е        | Certain deemed and/or corrective distributions (see instructions) $\dots$                                                                                                                                       | 8e                         |                                         |          |         |         |                           |       |
| f        | Administrative service providers (salaries, fees, commissions)                                                                                                                                                  | 8f                         |                                         | 0        |         |         |                           |       |
| g        | Other expenses                                                                                                                                                                                                  | 8g                         |                                         | 0        |         |         |                           |       |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g)                                                                                                                                                                   | 8h                         |                                         |          |         |         | 27742                     |       |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c)                                                                                                                                                               | 8i                         |                                         |          |         |         | -777                      |       |
| <u>j</u> | Transfers to (from) the plan (see instructions)                                                                                                                                                                 | 8j                         |                                         |          |         |         |                           |       |
| Pai      | t IV Plan Characteristics                                                                                                                                                                                       |                            |                                         |          |         |         |                           |       |
| 9a       | If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3B 3D 3H                                                                                                                           | feature co                 | odes from the List of Plant             | an Cha   | racteri | stic Co | odes in the instructions: |       |
| b        | If the plan provides welfare benefits, enter the applicable welfare for                                                                                                                                         | eature cod                 | des from the List of Pla                | n Chara  | acteris | tic Cod | des in the instructions:  |       |
| Par      | t V Compliance Questions                                                                                                                                                                                        |                            |                                         |          |         |         |                           |       |
| 10       | During the plan year:                                                                                                                                                                                           |                            |                                         |          | Yes     | No      | Amount                    |       |
| а        | Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)                                                                     | oluntary F                 | Fiduciary Correction                    | 10a      |         | X       |                           |       |
| b        | Were there any nonexempt transactions with any party-in-interest reported on line 10a.)                                                                                                                         | t? (Do not                 | include transactions                    | 10b      |         | Х       |                           |       |
| c        | Was the plan covered by a fidelity bond?                                                                                                                                                                        |                            |                                         | 10c      |         | X       |                           |       |
| d        | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?                                                                                                                       | fidelity bo                | nd, that was caused                     | 10d      |         | X       |                           |       |
| е        | Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)                                              | ner person<br>ne or all of | s by an insurance<br>the benefits under | 10e      |         | Х       |                           |       |
| f        | Has the plan failed to provide any benefit when due under the pla                                                                                                                                               | n?                         |                                         | 10f      |         | X       |                           |       |
| g        |                                                                                                                                                                                                                 |                            |                                         | 10g      |         | X       |                           |       |
| h        | If this is an individual account plan, was there a blackout period? 2520.101-3.)                                                                                                                                | •                          |                                         | 10h      |         | X       |                           |       |
| i        | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10                                                                             | •                          |                                         | 10i      |         |         |                           |       |

| Form 5500-SF (2018) | Page <b>3-</b> 1 |
|---------------------|------------------|
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| Part   | VI Pension Funding Compliance                                                                                                                                                                |                 |     |                             |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----|-----------------------------|
| 11     | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)                                             |                 |     | Yes 🛚 No                    |
| 11a    | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40                                                                                           | 11a             |     |                             |
| 12     | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?                                                                      |                 | of  | Yes X No                    |
|        | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)                                                                                                          |                 |     |                             |
| а      | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver                                                     | and enter<br>Da |     | e of the letter ruling Year |
| lf y   | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.                                                                                          |                 |     |                             |
| b      | Enter the minimum required contribution for this plan year                                                                                                                                   | 12b             |     |                             |
| С      | Enter the amount contributed by the employer to the plan for this plan year                                                                                                                  | 12c             |     |                             |
| d      | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)                                                          | 12d             |     |                             |
| е      | Will the minimum funding amount reported on line 12d be met by the funding deadline?                                                                                                         |                 | Yes | □ No □ N/A                  |
| Part ' | VII Plan Terminations and Transfers of Assets                                                                                                                                                |                 |     |                             |
| 13a    | Has a resolution to terminate the plan been adopted in any plan year?                                                                                                                        |                 | Ye  | s 🔀 No                      |
|        | If "Yes," enter the amount of any plan assets that reverted to the employer this year                                                                                                        | 13a             |     |                             |
| b      | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?                                                    | the             |     | Yes X No                    |
| С      | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.) | n(s) to         |     |                             |
| 1      | <b>3c(1)</b> Name of plan(s):                                                                                                                                                                | (2) EIN(s)      | )   | <b>13c(3)</b> PN(s)         |
|        |                                                                                                                                                                                              |                 |     |                             |

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF. OMB Nos. 1210-0110 1210-0089

2018

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| Part I Annual Repo                                                                                                                                                                                                                                                                                       |                                                                                                       | accordance with the in                                      | structions to the Form 5500-                                      | SF.                                                       | mapection                         |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------|--|--|--|
| or calendar plan year 2018 or f                                                                                                                                                                                                                                                                          | iscal plan year beginning                                                                             | 01/01/201                                                   | 0                                                                 |                                                           |                                   |  |  |  |
|                                                                                                                                                                                                                                                                                                          | x a single-employer plan                                                                              |                                                             | 3                                                                 | 12/31/2                                                   | 018                               |  |  |  |
| This return/report is for:  a a multiple-employer plan (not multiemployer) a list of participating employer information in a foreign plan  This return/report is:  a one-participant plan the first return/report an amended return/report  a short plan year return/report (less than 12 return/report) |                                                                                                       |                                                             |                                                                   |                                                           |                                   |  |  |  |
| Check box if filing under:                                                                                                                                                                                                                                                                               | x Form 5558 special extension (enter desc                                                             | automatic extensio                                          |                                                                   |                                                           | program                           |  |  |  |
| art II Basic Plan In                                                                                                                                                                                                                                                                                     | formation enter all requested                                                                         |                                                             |                                                                   |                                                           |                                   |  |  |  |
| Name of plan                                                                                                                                                                                                                                                                                             | requested                                                                                             | dinformation                                                |                                                                   |                                                           |                                   |  |  |  |
|                                                                                                                                                                                                                                                                                                          | CE 401(k) PROFIT SHARI                                                                                | NG PLAN                                                     |                                                                   | 1b Three-dig<br>plan num<br>(PN) ►                        |                                   |  |  |  |
| Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box)                                                                                                                                                                    |                                                                                                       |                                                             |                                                                   | 1c Effective<br>01/01/                                    | date of plan<br>2014              |  |  |  |
| Mailing Address (include ro<br>City or town, state or province<br>DMDBD LLC                                                                                                                                                                                                                              | om, apt., suite no. and street, or P.O<br>ce, country, and ZIP or foreign posta                       | . Box)<br>I code (if foreign, see instr                     | uctions)                                                          | 2b Employer Identification Numb<br>(EIN) 47-4339137       |                                   |  |  |  |
|                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                             |                                                                   | 2c Sponsor's telephone number (425) 582-9925              |                                   |  |  |  |
| 5714 80TH AVE NE                                                                                                                                                                                                                                                                                         |                                                                                                       |                                                             |                                                                   | 2d Business code (see instruction: 541213                 |                                   |  |  |  |
| US MARYSVILLE WA 98270 Plan administrator's name a                                                                                                                                                                                                                                                       | nd address X Same as Plan Spo                                                                         |                                                             |                                                                   |                                                           |                                   |  |  |  |
| Sponsor's name ABERDE                                                                                                                                                                                                                                                                                    | e plan sponsor or the plan name has<br>nsor's name, EIN, the plan name and<br>EN MEDIA COMPANY LLC di | line plan number from the                                   | last return/report.                                               | 4b EIN 38-                                                | 3744094                           |  |  |  |
| Plan Name                                                                                                                                                                                                                                                                                                |                                                                                                       |                                                             |                                                                   | ld PN                                                     |                                   |  |  |  |
| Total number of participants                                                                                                                                                                                                                                                                             | at the beginning of the plan year                                                                     |                                                             |                                                                   | 5a                                                        | 12                                |  |  |  |
| Number of participants with a                                                                                                                                                                                                                                                                            | account belonger as of the                                                                            |                                                             |                                                                   | 5b                                                        | 12                                |  |  |  |
|                                                                                                                                                                                                                                                                                                          | account balances as of the end of the                                                                 | ***************************************                     |                                                                   | 5с                                                        | 12                                |  |  |  |
| 7) Total number of and                                                                                                                                                                                                                                                                                   |                                                                                                       | year                                                        | 5                                                                 | d(1)                                                      | 12                                |  |  |  |
| Number of participants who to                                                                                                                                                                                                                                                                            | icipants at the end of the plan year<br>erminated employment during the pla                           | an year with accrued benef                                  | fits that work                                                    | d(2)                                                      | 10                                |  |  |  |
| ution: A penalty for the late                                                                                                                                                                                                                                                                            | or incomplete filing of this return                                                                   | roport will be                                              |                                                                   | 5e                                                        | 0                                 |  |  |  |
| fer penalties of perjury and oth<br>or Schedule MB completed an<br>ef, it is true, correct, and comp                                                                                                                                                                                                     | ner penalties set forth in the instruction<br>and signed by an enrolled actuary, as wellete           | ons, I declare that I have exwell as the electronic version | camined this return/report, inclion of this return/report, and to | established.  uding, if applicate the best of my leading. | ible, a Schedule<br>knowledge and |  |  |  |
| GN TO THE                                                                                                                                                                                                                                                                                                | 40                                                                                                    | 10/15/2019                                                  | MITCH BROWN                                                       |                                                           | September 2000                    |  |  |  |
| Signature of plan adm                                                                                                                                                                                                                                                                                    | Mistrator                                                                                             | Date                                                        | Enter name of individual sign                                     | ning as plan ad                                           | ministrator                       |  |  |  |
| RE Signature of employer                                                                                                                                                                                                                                                                                 | -10                                                                                                   | 10/15/2019                                                  | MITCH BROWN                                                       |                                                           |                                   |  |  |  |
| orginature of employer                                                                                                                                                                                                                                                                                   |                                                                                                       | Date                                                        | Enter name of individual sign                                     | ing as amal                                               |                                   |  |  |  |
| Paperwork Reduction Act N                                                                                                                                                                                                                                                                                | otice see the instruction .                                                                           |                                                             | 1                                                                 | ing as employe                                            | or plan sponsor                   |  |  |  |

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(See instructions on waiver clinibility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | and the second of the second o | structions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ···········                     |        | ••••••         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •••••                | X Yes      | No     |
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| Part  | VI       | Pension Funding Compliance                                                                                                                                                       |                       |             |               |             |     |
|-------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|---------------|-------------|-----|
| 11    | Is this  | a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche                                                                    |                       |             |               |             |     |
| 44-   | (Form    | 5500 and line 11a below)                                                                                                                                                         | dule SB               |             | ☐ Ye          | es X        |     |
| 11a   | Enter    | he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40                                                                                      | Т                     |             |               | 22 [V]      | ,   |
|       |          |                                                                                                                                                                                  | 11a                   |             |               |             |     |
|       | (If "Y   | ?                                                                                                                                                                                | 302 of                |             | □ Ye          | s X         | ,   |
| а     | If a wa  | ver of the minimum funding standard for a prior year in balls.)                                                                                                                  | The High to proceed a |             | "             | ,5 <u>L</u> | - 1 |
|       | grantin  | ver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e                                                               | nter the              | date of the | e letter ruli | ng          |     |
| II yo | ou com   | pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and claim to Month                                                                                      | Da                    | у           | Year          | -           | 100 |
| b     | Enter t  |                                                                                                                                                                                  | I I                   |             |               |             |     |
|       |          | ne amount contributed by the employer to the plan for the plan year                                                                                                              | 12b                   |             |               |             |     |
| d     | Subtrac  | It the amount in line 12c from the empret in its state.                                                                                                                          | 12c                   |             |               |             |     |
|       | negativ  | et the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a                                                                     | 12d                   |             |               |             |     |
| e     | Will the | minimum funding amount reported on line 12d be met by the funding deadline?                                                                                                      | 120                   |             |               |             |     |
| art   | VII      | Plan Terminations and T                                                                                                                                                          |                       | Yes 🔲       | No [          | N/A         | 3   |
| 1500  |          | Plan Terminations and Transfers of Assets                                                                                                                                        |                       |             |               |             |     |
| 104   | f "Voc   | esolution to terminate the plan been adopted in any plan year?                                                                                                                   |                       | Yes         | X N           |             |     |
| h .   | res,     | enter the amount of any plan assets that reverted to the employer this year                                                                                                      | 13a                   | l les       | X N           | 0           |     |
| D /   | Nere a   | the plan assets distributed to participants or beneficiaries, transferred to another plan or brought and                                                                         |                       | 1715 - CO   |               |             |     |
| C     | f. durin | this plan year, any assets or liabilities were transferred.                                                                                                                      |                       | □ Y         | es X          | No          |     |
| V     | vhich a  | this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to seets or liabilities were transferred. (See instructions.) |                       |             |               |             |     |
| 13c   | (1) Nar  | ne of plan(s):                                                                                                                                                                   |                       |             |               |             |     |
|       |          | 13c(2) E                                                                                                                                                                         | N(s)                  |             | 13c(3)        | PN(s)       |     |
|       |          |                                                                                                                                                                                  |                       |             |               |             |     |
|       |          |                                                                                                                                                                                  |                       |             |               |             |     |
|       |          |                                                                                                                                                                                  |                       |             |               |             |     |