

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
B	This return/report is:		
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☒ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>STRUNK HR, LLC 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/2014</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JOINT VENTURES, LLC</u> <u>3700 BARRON WAY</u> <u>RENO, NV 89511</u>	2b	Employer Identification Number (EIN) <u>90-0868324</u>
		2c	Plan Sponsor's telephone number <u>775-200-9928</u>
		2d	Business code (see instructions) <u>621310</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/12/2019	ALAN GOLD, CPA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name JOINT VENTURES, LLC c Plan Name STRUNK HR, LLC 401(K) PLAN (JOINT VENTURES, LLC)	4b EIN 90-0868324 4d PN 001
5 Total number of participants at the beginning of the plan year	5 158
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 157
a(2) Total number of active participants at the end of the plan year	6a(2) 183
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 3
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 186
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 186
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 22
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2T 2J 2K 2F 2G 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **0** **A** (Insurance Information)
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

A Name of plan STRUNK HR, LLC 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT VENTURES, LLC	D Employer Identification Number (EIN) 90-0868324

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	17	184
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	6290	71376
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6307	71560

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6307	71560
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	10383	
(B) Participants	2a(1)(B)	62956	
(C) Others (including rollovers)	2a(1)(C)	1643	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		74982
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	234	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		234
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		-4642
d Total income. Add all income amounts in column (b) and enter total	2d		70574

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	689	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		689
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	4632	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4632
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5321

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		65253
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: R&A CPAS

(2) EIN: 86-0550947

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a	X		32251
4b		X	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>STRUNK HR, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JOINT VENTURES, LLC</u>	D Employer Identification Number (EIN) <u>90-0868324</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>77-6214267</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
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Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

STRUNK HR, LLC 401(K) PLAN (JOINT VENTURES, LLC)
FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULES AND
INDEPENDENT AUDITORS' REPORT
December 31, 2018



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INDEPENDENT AUDITORS' REPORT

Trustees
Strunk HR, LLC 401(K) Plan (Joint Ventures, LLC)
Reno, Nevada

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Strunk HR, LLC 401(K) Plan (Joint Ventures, LLC) (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note F, which was certified by Matrix Trust Company and Mid Atlantic Trust Company (the "Custodians" of the Plan), except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that Matrix Trust Company held the Plan's investment assets and executed investment transactions from plan inception to May 10, 2018 and that Mid Atlantic Trust Company held the Plan's investment assets and executed investment transactions from May 11, 2018 to December 31, 2018. The plan administrator has obtained certifications from the Custodians as of and for the applicable periods during the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the Custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets held at end of year and schedule of delinquent participant contributions as of and for the year ended December 31, 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

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

Handwritten signature in black ink that reads "R & A CPAs". The "R" is large and stylized, with the "&" and "A" following it. "CPAs" is written in a simpler, slightly cursive hand.

A Professional Corporation

Tucson, Arizona
November 22, 2019

<p align="center"><u>Multiple Employer Plan Participating Employer Information</u></p> <p align="center">Strunk HR, LLC 401(k) Plan</p> <p align="center">EIN# 47-2143800</p> <p align="center">Plan #001</p>

Aero Jet Services, LLC	86-0859570	3.04%
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Camelback Spring Training, LLC	26-3162887	2.40%
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Century 21 Northwest Realty	86-0822029	0.55%
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[illegible]

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☒ the DFVC program ☐ special extension (enter description) _____

Part II	Basic Plan Information—enter all requested information				
1a Name of plan Strunk HR, LLC 401(k) Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2014</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/2014	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/2014					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Joint Ventures, LLC 3700 Barron Way Reno NV 89511	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 90-0868324</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 775-200-9928</td> </tr> <tr> <td>2d Business code (see instructions) 621310</td> </tr> </table>	2b Employer Identification Number (EIN) 90-0868324	2c Plan Sponsor's telephone number 775-200-9928	2d Business code (see instructions) 621310	
2b Employer Identification Number (EIN) 90-0868324					
2c Plan Sponsor's telephone number 775-200-9928					
2d Business code (see instructions) 621310					

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

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

SIGN HERE		12/11/2019	Kris Birkeland
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 158
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 157 6a(2) 183 6b 0 6c 3 6d 186 6e 0 6f 186 6g 22 6h 2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2T 2J 2K 2F 2G 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

STRUNK HR, LLC 401(K) PLAN (JOINT VENTURES, LLC)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,
(See Independent Auditors' Report)

ASSETS:	2018	2017
Investments, at fair value (Notes C and D):		
Unitized funds	\$ 51,945	\$ 1,444
Mutual funds	19,431	4,846
<i>Total investments, at fair value</i>	<u>71,376</u>	<u>6,290</u>
Receivables:		
Employer contributions receivable	2,944	-
Corrective contribution receivable	219	-
<i>Total receivables</i>	<u>3,163</u>	<u>-</u>
Non-interest bearing cash	<u>184</u>	<u>17</u>
<i>TOTAL ASSETS</i>	<u>74,723</u>	<u>6,307</u>
LIABILITIES:		
Excess contributions refundable to participants (Note I)	<u>6,272</u>	<u>-</u>
<i>NET ASSETS AVAILABLE FOR BENEFITS</i>	<u><u>\$ 68,451</u></u>	<u><u>\$ 6,307</u></u>

The accompanying notes are an integral part
of these financial statements.

STRUNK HR, LLC 401(K) PLAN (JOINT VENTURES, LLC)

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2018
(See Independent Auditors' Report)

INVESTMENT LOSS:	
Net depreciation in fair value of investments	\$ (4,642)
Dividend income	<u>234</u>
<i>Total investment loss</i>	<u>(4,408)</u>
CONTRIBUTIONS:	
Employee contributions	56,903
Employer contributions	13,327
Employee rollover contributions	<u>1,643</u>
<i>Total contributions</i>	<u>71,873</u>
<i>Total additions</i>	<u>67,465</u>
DEDUCTIONS:	
Distributions paid to participants	689
Administrative expenses	<u>4,632</u>
<i>Total deductions</i>	<u>5,321</u>
<i>INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS</i>	62,144
Net assets available for benefits, beginning of year	<u>6,307</u>
Net assets available for benefits, ending of the year	<u>\$ 68,451</u>

The accompanying notes are an integral part
of these financial statements.

STRUNK HR, LLC 401(K) PLAN (JOINT VENTURES, LLC)

NOTES TO FINANCIAL STATEMENTS

December 31, 2018
(See Independent Auditors' Report)

NOTE A – DESCRIPTION OF PLAN

The following description of the Strunk HR, LLC 401(K) Plan (Joint Ventures, LLC) (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution retirement plan established to encourage and assist employees in regularly saving for their retirement through payroll reductions and to provide retirement benefits for employees of Joint Ventures, LLC (the “Company”).

During 2017, the Plan became a participant in the Strunk HR, LLC 401(k) multiple employer plan, which was formed in January 1, 2014, and employees began making contributions beginning at the end of 2017.

Eligibility

Employees must be at least 21 years of age and complete 2 months of service to participate in salary deferral and employer matching contributions. Upon satisfying these requirements, employees can enroll in the Plan on the first day of the month coinciding with or following the month in which the requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions

Participants may contribute to the Plan through payroll deductions up to 90% of their eligible compensation, generally limited to \$18,500 in 2018, which may be contributed on a pre-income tax or after-tax basis. Participants who are ages 50 or older may contribute up to an additional \$6,000 in 2018. The Plan provides for investment elections among different types of investment funds and participants may change their investment elections by communicating directly with the third party administrator. Contributions determined to be excessive in accordance with the discrimination rules of the Internal Revenue Service regulations are refunded annually.

For each Plan year, the Company may make discretionary matching contributions to the Plan. The Company has the right under the Plan to discontinue its contributions at any time. For the year ended December 31, 2018, the Company made discretionary matching contributions equal to 50% of the first 2% of compensation the employee contributed to the plan. The matching contribution is made each pay period that the employee contribution is made, with provisions allowing for a true-up following the end of the Plan year. For the year ended December 31, 2018, the Company made matching contributions totaling \$13,327 on behalf of the participants.

Participant Accounts

Each participant's account is maintained separately within the Plan and is credited the participant's contributions and allocation of the Company's contributions and the Plan earnings. Allocations of participant earnings and administrative expenses are based on participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account, subject to vesting limitations.

STRUNK HR, LLC 401(K) PLAN (JOINT VENTURES, LLC)

NOTES TO FINANCIAL STATEMENTS - *CONTINUED*

December 31, 2018
(See Independent Auditors' Report)

NOTE A – DESCRIPTION OF PLAN (*continued*)

Vesting

Participants are immediately vested in their voluntary contributions and any earnings on these contributions. Vesting in the remainder of their accounts, including employer match, is based on years of service, with 1,000 hours of service need for a year of vesting service to be credited. An employee is vested in employer discretionary matching contributions at the rate of 20% after two years of service, 40% after three years of service, 60% after four years of service, 80% after five years of service, and is fully vested after six years of service. Upon disability or death, an employee is 100% vested in his or her entire account.

Payment of Benefits

Upon termination of service, participants may elect to receive a lump-sum amount equal to the value of their vested account balance, they may request their vested account balance be rolled over into an IRA or qualified plan, or they may defer receipt of distribution until retirement, as long as the participants' vested balance exceeds \$5,000. Benefits are distributable without penalty upon death, disability, or normal retirement at age 65 with five years of participation, and are subject to certain minimum distribution rules upon reaching age 70 ½. Distributions will be paid by lump sum, except for installment payments for certain required minimum distributions.

The Plan provides for in-service withdrawals after age 59 ½ and hardship withdrawals for specific immediate and heavy financial needs, as defined in the Plan, which must come from a participant's elective deferral and rollover contribution account balances.

Withdrawals are generally subject to 20% federal income tax withholding and any applicable state income tax withholding unless the participant elects not to have taxes withheld. Also, withdrawal prior to the age 59 ½ may be subject to a 10% early withdrawal penalty tax.

Notes Receivable from Participants

The Plan is permitted to make loans to participants to satisfy certain financial needs as defined. Each loan must not to exceed \$50,000 or 50% of the participant's vested account balance at the date the loan is granted. Loans bear interest at prevailing rates and are generally required to be repaid within 5 years. The loans are secured by the balance in the participant's account balance. Generally, principal and interest are paid ratably through payroll deductions. A loan is considered to be in default and may be treated as a deemed distribution if amounts due remain outstanding at the end of the quarter following the quarter the amounts became due.

Administrative Expenses

Certain administrative expenses of the Plan are paid from Plan assets. Certain other administrative expenses are paid by the Company and certain administrative services for the Plan are provided by the Company at no charge, which are considered allowable party-in-interest transactions.

Forfeitures

Forfeitures are the non-vested portion of participant account balances from terminated participants. These funds, which have been retained in the Plan, are available to reduce future contributions of the Company or to pay administrative expenses of the Plan. The balance of forfeitures was \$184 and \$17 as of December 31, 2018 and 2017, respectively.

STRUNK HR, LLC 401(K) PLAN (JOINT VENTURES, LLC)

NOTES TO FINANCIAL STATEMENTS - *CONTINUED*

December 31, 2018
(See Independent Auditors' Report)

NOTE B – SIGNIFICANT ACCOUNTING POLICIES

The significant accounting policies followed by the Plan in the preparation of its financial statements are as follows:

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting. Receivables and liabilities, other than for benefits, are accrued in accordance with the American Institute of Certified Public Accountants Audit and Accounting Guide, *Audits of Employee Benefit Plans*.

Net Appreciation (Depreciation) in Fair Value of Investments

The Plan presents, in the statement of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Investment expenses are recorded as a reduction in investment earnings.

Accounting principles generally accepted in the United States of America ("GAAP") establishes the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under GAAP are described below:

<i>Level 1</i>	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
<i>Level 2</i>	<p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the assets or liability;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.</p>
<i>Level 3</i>	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

STRUNK HR, LLC 401(K) PLAN (JOINT VENTURES, LLC)

NOTES TO FINANCIAL STATEMENTS - *CONTINUED*

December 31, 2018
(See Independent Auditors' Report)

NOTE B – SIGNIFICANT ACCOUNTING POLICIES (*continued*)

Investment Valuation and Income Recognition (*continued*)

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Loan fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018. If a participant ceases to make note repayments and the Plan Administrator deems the participant note to be in default, the participant note balance is reduced and a benefit payment is recorded upon the occurrence of a distributable event. As of December 31, 2018 and 2017, there were no notes receivable from participants.

Payment of Benefits

Benefits to participants are recorded when paid.

Income Tax Status

The Plan participates in a defined contribution volume submitter plan and trust offered by CCH Incorporated, DBA ftwilliam.com, which is intended to meet the requirements of the Internal Revenue Code as a qualified Retirement Plan and Trust/Custodial Account. The Plan obtained its latest determination letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended by the Company, the Plan administrator and Company management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in these financial statements.

Accounting principles generally accepted in the United States of America clarify the accounting for uncertainty in income taxes by creating a framework to recognize, measure, present, and disclose in financial statements uncertain tax positions that have been taken or expect to be taken in a tax return. The Plan administrator and Company management believe that there are no material uncertain tax positions for which it is reasonably possible that reported total amounts could significantly differ from amounts that may be determined upon examination by taxing authorities. Additionally, the Company is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status. In general, the Plan's federal tax returns remain subject to examination by taxing authorities for three years, unless specific conditions are met, from the filing date. Accordingly, the Form 5500 filings since inception of the Plan remain subject to examination.

STRUNK HR, LLC 401(K) PLAN (JOINT VENTURES, LLC)

NOTES TO FINANCIAL STATEMENTS - *CONTINUED*

December 31, 2018
(See Independent Auditors' Report)

NOTE C – FAIR VALUE MEASUREMENTS

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Mutual funds: Valued at the net asset value (“NAV”) of shares held by the Plan at year end.

Unitized funds: Valued at the net asset value (“NAV”) based on the fair value of the underlying mutual funds and exchange traded funds held by the Plan at year end.

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

The Plan's mutual funds and unitized funds are all level 1 investments within the fair value hierarchy as of December 31, 2018 and 2017.

NOTE D – UNITIZED FUNDS

The Plan has participant-directed investments held in unitized funds accounts that allow participants to invest in model portfolios managed by the Plan's registered investment advisor. The underlying investments of the unitized funds are mutual funds and exchange traded funds. Although these investments are not publicly traded, the unitized funds have a readily determinable fair value as the net asset value is computed daily, based on the market prices of the underlying investments, and published to the Plan.

NOTE E – RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan invests in shares of unitized funds managed by affiliates of CuraFin Advisors, the Plan's registered investment advisor. Certain Plan expenses are paid by the Plan sponsor. These investment and expense transactions are considered party-in-interest transactions for which statutory exemption exists.

NOTE F – UNAUDITED INFORMATION CERTIFIED BY CUSTODIANS

Matrix Trust Company held the Plan's investment assets and executed investment transactions from plan inception to May 10, 2018 and Mid Atlantic Trust Company held the Plan's investment assets and executed investment transactions from May 11, 2018 to December 31, 2018. The following unaudited information in the Plan's financial statements and supplemental schedules was certified to be complete and accurate by the Plan's custodians, Matrix Trust Company and Mid Atlantic Trust Company, within the meaning of 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

- All amounts reported as non-interest bearing cash, mutual funds, and unitized funds in the statements of net assets available for benefits as of December 31, 2018.
- All amounts reported as net depreciation in fair value of investments and dividend income in the statement of changes in net assets available for benefits as of December 31, 2018.
- All amounts reported in the supplemental schedule of assets held at end of year.

STRUNK HR, LLC 401(K) PLAN (JOINT VENTURES, LLC)

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2018
(See Independent Auditors' Report)

NOTE G – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE H - RISKS AND UNCERTAINTIES

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

NOTE I – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2018	2017
Net assets available for benefits per the accompanying financial statements	\$ 68,451	\$ 6,307
Excess contributions refundable to participants	6,272	-
Corrective contributions receivable	(219)	-
Employer contributions receivable	(2,944)	-
	<u>71,560</u>	<u>6,307</u>
<i>Net assets available for benefits per the Form 5500</i>	<u>\$ 71,560</u>	<u>\$ 6,307</u>

The following is a reconciliation of increase in net assets available for benefits per the accompanying financial statements for the year ended December 31, 2018 to those shown in the Form 5500:

Increase in net assets available for benefits per the accompanying financial statements	\$ 62,144
Excess contributions refundable to participants	6,272
Corrective contributions receivable	(219)
Employer contributions receivable	(2,944)
	<u>65,253</u>
<i>Increase in net assets available for benefits per the Form 5500</i>	<u>\$ 65,253</u>

NOTE J – SUBSEQUENT EVENTS

Accounting principles generally accepted in the United States of America require the disclosure of the date through which subsequent events were evaluated when determining whether adjustment to or disclosure in the financial statements is required. The definition of a subsequent event is an event or transaction that occurs after the balance sheet date but before the financial statements are issued. The Plan administrator has evaluated subsequent events through November 22, 2019, which represents the date the accompanying financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

STRUNK HR, LLC 401(K) PLAN (JOINT VENTURES, LLC)

SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

Plan year ended December 31, 2018

EIN: 90-0868324 PLAN: 001
(See Independent Auditors' Report)

[a]	[b]	[c]	[d]	[e]
	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
Identity of issue, borrower, lessor, or similar party				
* CuraFin Disciplined Risk- Balanced Strategy	Unitized Fund	**	\$ 20,297	
* CuraFin Disciplined Risk- Aggressive Strategy	Unitized Fund	**	17,226	
* CuraFin Disciplined Risk- Moderate Conservative Strategy	Unitized Fund	**	10,664	
* CuraFin Disciplined Risk- Moderate Aggressive Strategy	Unitized Fund	**	3,758	
	Total unitized funds		51,945	
BlackRock LifePath Index 2030 K	Mutual Fund	**	3,441	
iShares U.S. Basic Materials ETF	Mutual Fund	**	3,402	
BlackRock Total Return Fund Class K Shares	Mutual Fund	**	3,275	
Janus Henderson Enterprise Fund Class N	Mutual Fund	**	3,116	
DFA Large Cap International Portfolio Institutional Class	Mutual Fund	**	2,916	
iShares Core S&P Total U.S. Stock Market ETF	Mutual Fund	**	1,214	
BlackRock LifePath Index 2040 K	Mutual Fund	**	761	
Vanguard Total International Bond Index Fund ETF Shares	Mutual Fund	**	493	
iShares Core U.S. Aggregate Bond ETF	Mutual Fund	**	300	
Vanguard Small-Cap Growth Index Fund ETF Shares	Mutual Fund	**	188	
Columbia Dividend Income Fund Institutional 3 Class	Mutual Fund	**	56	
DFA Inflation-Protected Securities Portfolio Inst Class	Mutual Fund	**	46	
Vanguard Federal Money Market Fund Investor Shares	Mutual Fund	**	46	
Lord Abbett Short Duration Income Funs Class R6	Mutual Fund	**	34	
Schwab U.S. Small-Cap ETF	Mutual Fund	**	27	
DFA U.S. Targeted Value Portfolio Institutional Class	Mutual Fund	**	27	
DFA Short-Term Government Portfolio Institutional Class	Mutual Fund	**	23	
Franklin Growth Series Class R6	Mutual Fund	**	17	
Schwab U.S. Mid-Cap ETF	Mutual Fund	**	16	
TIAA-CREF Mid-Cap Value Fund Premier Class	Mutual Fund	**	16	
DFA Global Real Estate Securities Portfolio	Mutual Fund	**	11	
PIMCO Income Fund Class I-2	Mutual Fund	**	6	
	Total mutual funds		19,431	
	Total		<u>\$ 71,376</u>	

* Party-in-interest transaction for which a statutory exemption exists.

** Cost information is not required as all investments are participant-directed.

The accompanying notes are an integral part
of these financial statements.

STRUNK HR, LLC 401(K) PLAN (JOINT VENTURES, LLC)

SCHEDULE H – LINE 4a –
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN: 90-0868324 PLAN: 001

December 31, 2018
(See Independent Auditors' Report)

Participant contributions transferred late to Plan	Total that constitute nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
Check here if late participant loan repayments are included: ☐	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
\$ 32,251	\$ -	\$ 32,251	\$ -	\$ -
<u>\$ 32,251</u>	<u>\$ -</u>	<u>\$ 32,251</u>	<u>\$ -</u>	<u>\$ -</u>

The accompanying notes are an integral part
of these financial statements.