

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</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 <u>2MC MANAGEMENT RETIREMENT SAVINGS PLAN</u>	<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;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2015</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2015</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2015</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>2MC MANAGEMENT, INC.</u> <u>7660 SCHOOL RD</u> <u>CINCINNATI, OH 45249</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>81-0860843</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-771-1700</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>423990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>81-0860843</u>	2c Plan Sponsor's telephone number <u>513-771-1700</u>	2d Business code (see instructions) <u>423990</u>	
2b Employer Identification Number (EIN) <u>81-0860843</u>					
2c Plan Sponsor's telephone number <u>513-771-1700</u>					
2d Business code (see instructions) <u>423990</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/07/2020	JEREMY FRYE
	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 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 175
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	6a(1) 166 6a(2) 165 6b 2 6c 7 6d 174 6e 0 6f 174 6g 48 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ 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)** ☐ 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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>2MC MANAGEMENT RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>2MC MANAGEMENT, INC.</u>	D Employer Identification Number (EIN) <u>81-0860843</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MONEY MARKET FUND</u>				
b Name of sponsor of entity listed in (a): <u>AMERICAN FUNDS</u>				
c EIN-PN <u>95-6817943-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20257</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WASHINGTON MUTUAL INVESTORS</u>				
b Name of sponsor of entity listed in (a): <u>AMERICAN FUNDS</u>				
c EIN-PN <u>95-6817943-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14617</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMCAP FUND</u>				
b Name of sponsor of entity listed in (a): <u>AMERICAN FUNDS</u>				
c EIN-PN <u>95-6817943-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>103748</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESTMENT CO OF AMERICA</u>				
b Name of sponsor of entity listed in (a): <u>AMERICAN FUNDS</u>				
c EIN-PN <u>95-6817943-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>55483</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GROWTH FUND OF AMERICA</u>				
b Name of sponsor of entity listed in (a): <u>AMERICAN FUNDS</u>				
c EIN-PN <u>95-6817943-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>115859</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INCOME FUND OF AMERICA</u>				
b Name of sponsor of entity listed in (a): <u>AMERICAN FUNDS</u>				
c EIN-PN <u>95-6817943-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>40153</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEW PERSPECTIVE FUND</u>				
b Name of sponsor of entity listed in (a): <u>AMERICAN FUNDS</u>				
c EIN-PN <u>95-6817943-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26333</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: BOND FUND OF AMERICA		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS		
c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19671
a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL INVESTORS		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS		
c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88529
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS		
c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73749
a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL INCOME BUILDER		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS		
c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36648
a Name of MTIA, CCT, PSA, or 103-12 IE: EURO PACIFIC GROWTH		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS		
c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29420
a Name of MTIA, CCT, PSA, or 103-12 IE: AHIT		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS		
c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10800
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE BOND FUND OF AMERICA		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS		
c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13717
a Name of MTIA, CCT, PSA, or 103-12 IE: WORLD BOND FUND		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS		
c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8051
a Name of MTIA, CCT, PSA, or 103-12 IE: WORLD GROWTH AND INCOME		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS		
c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131404
a Name of MTIA, CCT, PSA, or 103-12 IE: NEW WORLD FUND		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS		
c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45432

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS TARGET - 2020

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36356
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS TARGET - 2025

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40689
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS TARGET - 2035

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35625
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS TARGET - 2045

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21846
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS TARGET - 2050

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3784
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS TARGET - 2055

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34686
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSMGI

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35144
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a Name of MTIA, CCT, PSA, or 103-12 IE: DWGI

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31100
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS TARGET - 2060

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 95-6817943-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6647
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan 2MC MANAGEMENT RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 2MC MANAGEMENT, INC.	D Employer Identification Number (EIN) 81-0860843	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	3306	0
	(2) Participant contributions.....	1b(2)	7993	0
	(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)	918235	1079694
	(10) Value of interest in pooled separate accounts	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(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	929534	1079694

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	929534	1079694
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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)	74478	
(B) Participants	2a(1)(B)	163518	
(C) Others (including rollovers)	2a(1)(C)	48016	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		286012
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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		198477
(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		
d Total income. Add all income amounts in column (b) and enter total	2d		484489

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	332404	
(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)		332404
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)	1925	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1925
j Total expenses. Add all expense amounts in column (b) and enter total	2j		334329

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		150160
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) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

☒ Yes ☐ No

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

(1) Name: RUDLER, PSC

(2) EIN: 31-1048275

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a	X		7993
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		100000
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	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan 2MC MANAGEMENT RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 2MC MANAGEMENT, INC.		D Employer Identification Number (EIN) 81-0860843
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 95-6817943		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

2MC MANAGEMENT RETIREMENT SAVINGS PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

As of and for the years ended
December 31, 2019 and December 31, 2018

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INDEPENDENT AUDITORS' REPORT

Trustees and Management of the
2MC Management Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of 2MC Management Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and December 31, 2018, and the related statement of changes in the net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Capital Bank and Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2019 and December 31, 2018, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of and for the year ended December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule 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 schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

Fort Wright, Kentucky
July 31, 2020

2MC MANAGEMENT RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2019 and December 31, 2018

	December 31, 2019	December 31, 2018
ASSETS		
Investments		
Investments at fair value	\$ 1,079,694	\$ 918,235
Total Investments	1,079,694	918,235
Receivables		
Participants' contributions receivable	0	7,993
Employer's contribution receivable	0	3,306
Total Receivables	0	11,299
Total Assets	1,079,694	929,534
NET ASSETS AVAILABLE FOR BENEFITS	\$ 1,079,694	\$ 929,534

The accompanying notes are an integral part of this statement.

2MC MANAGEMENT RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2019

ADDITIONS

Additions to net assets attributed to:

Investment Income:

Dividend income	\$ 41,010
Net appreciation in fair value of investments	157,467

Total Investment Income	198,477
-------------------------	---------

Contributions:

Participants' contributions	163,518
Participants' rollover contributions	48,016
Employer's contributions	74,478

Total Contributions	286,012
---------------------	---------

Total Additions	484,489
-----------------	---------

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	332,404
Administrative fees	1,925

Total Deductions	334,329
------------------	---------

Net Increase	150,160
--------------	---------

NET ASSETS AVAILABLE FOR BENEFITS

BEGINNING OF YEAR	929,534
--------------------------	---------

END OF YEAR	\$ 1,079,694
--------------------	---------------------

The accompanying notes are an integral part of this statement.

2MC MANAGEMENT RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2019 and December 31, 2018

NOTE 1 - DESCRIPTION OF PLAN

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

General

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

Eligibility

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

Contributions

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

Participant Accounts

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

Payment of Benefits

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

Vesting

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

Administrative Expenses

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

Forfeitures

Forfeitures may be used in succeeding years to reduce employer contributions or pay plan expenses. The balance in the forfeiture account at December 31, 2019 was \$0 and at December 31, 2018 was \$0.

2MC MANAGEMENT RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2019 and December 31, 2018

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Basis of Accounting

The accompanying financial statements have been prepared in accordance with GAAP and conform to the accounting requirements of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

Use of Estimates

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

Payment of Benefits

Benefits are recorded when paid.

Adoption of New Accounting Pronouncement

In January 2016, FASB issued ASU No. 2016-01, Financial Instrument (Subject 825-10) – Overall Recognition and Measurement of Financial Assets and Liabilities. ASU No. 2016-01 amended ASC 825, Financial Instruments, which eliminates the requirements to disclose the fair value of financial instruments not recorded at fair value required under ASC 825. The ASU is effective for years beginning after December 15, 2018. ASU No. 2016-01 was adopted by the Plan on January 1, 2019 and did not have a significant impact on the Plan's financial statements.

NOTE 3 - PLAN TERMINATION

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

2MC MANAGEMENT RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2019 and December 31, 2018

NOTE 4 - INCOME TAX STATUS

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

The plan administrator believes it is no longer subject to income tax examinations for the years prior to 2016. There are currently no audits for any tax periods in progress.

NOTE 5 - INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

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

	<u>December 31, 2019</u>	<u>December 31, 2018</u>
Investments		
Mutual funds	\$ <u>1,079,694</u>	\$ <u>918,235</u>
Total Investments	\$ <u><u>1,079,694</u></u>	\$ <u><u>918,235</u></u>
Investment income (loss)	\$ <u>198,477</u>	

NOTE 6 - FAIR VALUE MEASUREMENT

The Plan’s investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There are no plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented.

2MC MANAGEMENT RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2019 and December 31, 2018

NOTE 6 - FAIR VALUE MEASUREMENT (Continued)

Level 1 Fair Value Measurement

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2019 and December 31, 2018:

	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>
<u>December 31, 2019</u>		
Mutual funds	\$ 1,079,694	\$ 1,079,694
Total investments at fair value	\$ 1,079,694	\$ 1,079,694

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

Gains and losses (realized and unrealized) included in changes of net assets available for benefits for the year ended December 31, 2019 are reported in net appreciation (depreciation) in fair value of investments.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

All of the Plan investments are managed by Capital Bank and Trust Company. Capital Bank and Trust Company is the custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the administration services amounted to \$1,925 for the year ended December 31, 2019.

2MC MANAGEMENT RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2019 and December 31, 2018

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 9 - SUBSEQUENT EVENTS

Subsequent to year-end, the World Health Organization declared the spread of Coronavirus Disease ("COVID-19") a worldwide pandemic. The COVID-19 pandemic is having significant effects on global markets, supply chains, businesses, and communities. Specific to the Plan, COVID-19 may impact various parts of its 2020 operations and valuation of assets held for plan benefits. Both domestically and international equity markets have experienced significant declines. The full impact of COVID-19 is unknown and cannot be reasonably estimated as these events occurred subsequent to year-end and are still developing.

In response to the pandemic, on March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was enacted to provide economic relief to businesses and individuals impacted by the pandemic. Provisions of the CARES Act specific to the Plan, included increasing the amount that Plan participants may borrow from their account up to or lesser of \$100,000 or 100% of the vested account balance until 180 days after the Act's enactment date, and also allows Plan participants the option of delaying loan payments on existing or 2020 loans until January 1, 2021.

The Plan has evaluated all other subsequent events through July 31, 2020, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

2MC MANAGEMENT RETIREMENT SAVINGS PLAN
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

		(c)				
(a)	(b)	Description of			(d)	(e)
Related	Identity of issue, borrower,	investment including			Cost	Current
Party	lessor, or similar party	maturity date, rate of interest, collateral, par or maturity value				Value
Mutual Funds						
*	American Funds	Money Market Fund	20,257	shares	**	\$ 20,257
*	American Funds	Washington Mutual Investors	309	shares	**	14,617
*	American Funds	Amcap Fund	3,469	shares	**	103,748
*	American Funds	Investment Co of America	1,413	shares	**	55,483
*	American Funds	Growth Fund of America	2,412	shares	**	115,859
*	American Funds	Income Fund of America	1,750	shares	**	40,153
*	American Funds	New Perspective Fund	581	shares	**	26,333
*	American Funds	Bond Fund of America	1,499	shares	**	19,617
*	American Funds	Fundamental Investors	1,437	shares	**	88,529
*	American Funds	American Balanced Fund	2,606	shares	**	73,749
*	American Funds	Capital Income Builder	578	shares	**	36,648
*	American Funds	EuroPacific Growth	547	shares	**	29,420
*	American Funds	American High Income Trust Fund	1,071	shares	**	10,800
*	American Funds	Intermediate Bond Fund of America	1,020	shares	**	13,717
*	American Funds	World Bond Fund	402	shares	**	8,051
*	American Funds	World Growth and Income	2,548	shares	**	131,404
*	American Funds	New World Fund	665	shares	**	45,432
*	American Funds	Target-2020	2,849	shares	**	36,356
*	American Funds	Target-2025	2,948	shares	**	40,689
*	American Funds	Target-2035	2,306	shares	**	35,625
*	American Funds	Target-2045	1,355	shares	**	21,846
*	American Funds	Target-2050	238	shares	**	3,784
*	American Funds	Target-2055	1,743	shares	**	34,686
*	American Funds	Moderate Growth and Income Portfolio	2,276	shares	**	35,144
*	American Funds	Developing World Growth and Income	2,755	shares	**	31,100
*	American Funds	Target-2060	496	shares	**	6,647
						\$ 1,079,694

* Party-in-interest

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

See Independent Auditors' Report.

2MC MANAGEMENT RETIREMENT SAVINGS PLAN
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

(a) Related Party	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
Mutual Funds					
*	American Funds	Money Market Fund	20,257 shares	**	\$ 20,257
*	American Funds	Washington Mutual Investors	309 shares	**	14,617
*	American Funds	Amcap Fund	3,469 shares	**	103,748
*	American Funds	Investment Co of America	1,413 shares	**	55,483
*	American Funds	Growth Fund of America	2,412 shares	**	115,859
*	American Funds	Income Fund of America	1,750 shares	**	40,153
*	American Funds	New Perspective Fund	581 shares	**	26,333
*	American Funds	Bond Fund of America	1,499 shares	**	19,617
*	American Funds	Fundamental Investors	1,437 shares	**	88,529
*	American Funds	American Balanced Fund	2,606 shares	**	73,749
*	American Funds	Capital Income Builder	578 shares	**	36,648
*	American Funds	EuroPacific Growth	547 shares	**	29,420
*	American Funds	American High Income Trust Fund	1,071 shares	**	10,800
*	American Funds	Intermediate Bond Fund of America	1,020 shares	**	13,717
*	American Funds	World Bond Fund	402 shares	**	8,051
*	American Funds	World Growth and Income	2,548 shares	**	131,404
*	American Funds	New World Fund	665 shares	**	45,432
*	American Funds	Target-2020	2,849 shares	**	36,356
*	American Funds	Target-2025	2,948 shares	**	40,689
*	American Funds	Target-2035	2,306 shares	**	35,625
*	American Funds	Target-2045	1,355 shares	**	21,846
*	American Funds	Target-2050	238 shares	**	3,784
*	American Funds	Target-2055	1,743 shares	**	34,686
*	American Funds	Moderate Growth and Income Portfolio	2,276 shares	**	35,144
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* Party-in-interest

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

See Independent Auditors' Report.