

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	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: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information						
1a	Name of plan <u>INDUSTRY DIVE INC. 401K PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>01/01/2014</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>001</u>	1c	Effective date of plan <u>01/01/2014</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>INDUSTRY DIVE</u> <u>1575 EYE STREET NW</u> <u>4TH FLOOR</u> <u>WASHINGTON, DC 20005</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>45-4157966</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>202-331-2480</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>519100</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>45-4157966</u>	2c	Plan Sponsor's telephone number <u>202-331-2480</u>	2d	Business code (see instructions) <u>519100</u>
2b	Employer Identification Number (EIN) <u>45-4157966</u>						
2c	Plan Sponsor's telephone number <u>202-331-2480</u>						
2d	Business code (see instructions) <u>519100</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.	08/14/2020	GARY GUTTMAN
	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 <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	5 139
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) 121 6a(2) 166 6b 0 6c 32 6d 198 6e 0 6f 198 6g 193 6h 29
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 2G 2J 2K 3D 2F 2R 2T 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 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 _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 INDUSTRY DIVE INC. 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INDUSTRY DIVE	D Employer Identification Number (EIN) 45-4157966	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WELLINGTON CONSULTING SERVICES

14325 WILLARD ROAD
SUITE 104
CHANTILLY, VA 20151

54-1620949

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 28 52	TPA FEES	20975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CHARLES SCHWAB TRUST

211 MAIN STREET
14TH FLOOR
SAN FRANCISCO, CA 94105

42-1558009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33	CUSTODIAN	0	Yes ☒ No ☐	Yes ☐ No ☒	750	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
59	SHAREHOLDER SERVICING	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SCHWAB FUNDS 94-3106735	RATE OF 0.25% OF AVERAGE DAILY BALANCE OF ASSET(S).	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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> 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 INDUSTRY DIVE INC. 401K PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 INDUSTRY DIVE	D Employer Identification Number (EIN) 45-4157966	

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	0	31671
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)	1268021	559649
(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)	0	6017
(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)	337419	2410690
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	1605440 3008027
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	1605440 3008027

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	138265
	(B) Participants	2a(1)(B)	919478
	(C) Others (including rollovers)	2a(1)(C)	105049
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1162792
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5554
	(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)	5554
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	216
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	63253
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	63469
(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)		378178
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1609993

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	174178	
(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)		174178
f Corrective distributions (see instructions)	2f		12253
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)		
(3) Investment advisory and management fees	2i(3)	20975	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		20975
j Total expenses. Add all expense amounts in column (b) and enter total	2j		207406

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1402587
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: RYAN & WETMORE, P.C.

(2) EIN: 52-1753100

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		3534
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		160545
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 <u>INDUSTRY DIVE INC. 401K 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>INDUSTRY DIVE</u>	D Employer Identification Number (EIN) <u>45-4157966</u>

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	<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>47-1972428</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.)
----------------	---

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 _____

INDUSTRY DIVE, INC. 401(K) PLAN

FINANCIAL STATEMENTS

December 31, 2019 and 2018

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Independent Auditors' Report

To Management of
Industry Dive, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Industry Dive, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, 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 4, which was certified by Charles Schwab Bank, 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, 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 – Supplementary Schedules

The supplementary schedules of Form 5500, Schedule H line 4(a) – Schedule of delinquent participant contributions for the year ended December 31, 2019 and Form 5500, Schedule H, line 4(i) – Schedule of assets (held at end of year) as of December 31, 2019, 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 supplementary schedules referred to above.

Other Matter – Report on Compiled 2018 Financial Statement

Plan management is responsible for the accompanying statement of net assets available for benefits as of December 31, 2018 in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the statement of net assets available for benefits as of December 31, 2018 nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by plan management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the statement of net assets available for benefits as of December 31, 2018.

Report on Form and Content in Compliance with DOL Rules and Regulations for the 2019 Financial Statements

The form and content of the information included in the 2019 financial statements and supplementary schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Bethesda, MD
August 6, 2020

INDUSTRY DIVE, INC. 401(K) PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2019 and 2018**

	2019 (Audited)	2018 (Compiled)
ASSETS		
Investments, at fair value		
Mutual funds	\$ 2,410,689	\$ 1,268,021
Participant self-directed brokerage account	88,584	-
Money market fund	<u>477,083</u>	<u>337,419</u>
Total investments	<u>2,976,356</u>	<u>1,605,440</u>
Receivables:		
Participant contributions	1,767	20,955
Employer contributions	<u>11,127</u>	<u>7,370</u>
Total receivables	<u>12,894</u>	<u>28,325</u>
Noninterest-bearing cash	<u>31,671</u>	<u>-</u>
Total assets	<u>3,020,921</u>	<u>1,633,765</u>
LIABILITIES		
Corrective distributions payable	<u>-</u>	<u>12,253</u>
Total liabilities	<u>-</u>	<u>12,253</u>
Net assets available for benefits	<u><u>\$ 3,020,921</u></u>	<u><u>\$ 1,621,512</u></u>

SEE INDEPENDENT AUDITOR'S REPORT

The Notes to Financial Statements are an integral part of these statements.

INDUSTRY DIVE, INC. 401(K) 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:

Net appreciation in fair value of investments	\$ 378,179
Interest and dividends	<u>69,022</u>

447,201

Contributions:

Participants	900,290
Employer	142,022
Rollovers	<u>105,049</u>

Total contributions	<u>1,147,361</u>
---------------------	------------------

Total additions	<u>1,594,562</u>
-----------------	------------------

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	174,178
Administrative expenses	<u>20,975</u>

Total deductions	<u>195,153</u>
------------------	----------------

NET INCREASE	1,399,409
--------------	-----------

Net assets available for benefits

Beginning of year	<u>1,621,512</u>
-------------------	------------------

End of year	<u><u>\$ 3,020,921</u></u>
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SEE INDEPENDENT AUDITOR'S REPORT

The Notes to Financial Statements are an integral part of these statements.

INDUSTRY DIVE, INC. 401K Plan

NOTES TO FINANCIAL STATEMENTS December 31, 2019

Note 1 Description of plan

The following description of the Industry Dive, Inc. 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Industry Dive, Inc. ("Company") except employees covered by a collective bargaining agreement; and nonresident aliens who did not receive US earned income. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Amendments

In 2019, administrative changes were made to the Plan's Adoption Agreement as of January 1, 2018 to remove certain eligibility requirements related to the employer match.

The Plan's Adoption Agreement was updated as of January 1, 2020 to change the participant entry date to the plan to the employee's start date. The Plan was amended effective January 1, 2020 to change certain hardship provisions and change certain provisions related to required distributions.

Contributions

Each year, participants may elect that his employer contribute up to 100% of pretax annual compensation as defined by the Plan, up to the maximum allowed by the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. If a participant does not make such election, he is deemed to have authorized payroll deductions for pre-tax contributions equal to 3% of his compensation. A participant may at any time elect a different contribution percentage (including 0%) with respect to his compensation. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans ("rollover contributions"). Participants direct the investment of their contributions and the employer contributions to their accounts into various investment options offered by the Plan.

The Company made a matching contribution of 50% of the first 2% of eligible compensation contributed to the Plan. Additional nonelective contributions may be contributed at the discretion of the Company. Additional nonelective contributions are allocated in the ratio that each eligible participant's compensation bears to the total compensation paid to all eligible participants for the year. The Company made a matching contribution to the Plan of \$142,022 and no additional nonelective contributions for the year ended December 31, 2019.

INDUSTRY DIVE, INC. 401K Plan

NOTES TO FINANCIAL STATEMENTS
December 31, 2019

Note 1 **Description of plan (continued)**

Participant accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions, (b) investment earnings (losses), and (c) administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon.

Each participant is vested in the Company's matching and nonelective contribution portions of their account, if any, according to the following schedule based upon years of credited service:

Years of vesting credited service	
Less than 1 year	0%
1 year	33%
2 years	66%
3 years	100%

Investment Options

Plan investments are participant directed. Upon enrollment in the Plan, a participant may direct contributions in a number of investment fund options, or in a self-directed brokerage account managed by Charles Schwab. Participants may change or transfer their investment options at any time via telephone or a secure internet website.

Note 2 **Summary of significant accounting policies**

Payment of benefits

On termination of service due to death, disability, normal retirement age (age 65), or in-service at age 59.5, a participant may receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or installment payments. Participants may also elect to withdraw amounts from their accounts in the event of a proven financial hardship. In the event of such a hardship withdrawal, participant contributions will be suspended for six months after the receipt of such withdrawal.

INDUSTRY DIVE, INC. 401K Plan

**NOTES TO FINANCIAL STATEMENTS
December 31, 2019**

Note 2 Summary of significant accounting policies (continued)

Upon termination of employment, if a participant's vested interest in their account exceeds \$5,000, no distribution shall be made to the participant before they reach the age of normal retirement or receipt of consent to payout by the participant and their spouse, if applicable.

If the participant's vested account is \$5,000 or less, the vested account balance may be paid out in the form of a lump sum distribution unless the participant elects the balance to be rolled into an individual retirement account or another qualified retirement plan. In event of a mandatory distribution greater than \$1,000, the distribution may be paid out in a direct rollover to an individual retirement arrangement designated by the Plan Administrator if the participant does not elect a direct rollover or lump sum distribution.

Forfeited accounts

Forfeitures are used to reduce future employer contributions or pay Plan expenses. At December 31, 2019 and 2018, unused forfeitures totaled \$4,157 and \$66, respectively. During the year ended December 31, 2019, \$504 were used to reduce employer contributions. During 2020, \$3,688 were used to reduce employer contributions.

Basis of accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition

The Plan's investments are reported at fair value. Fair value 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. The Plan's management determines the Plan's valuation policies utilizing information provided by investment advisors, and custodian. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Employee contributions and employer matching contributions are recognized on the pay date to which they relate. Additional non-elective employer contributions are recognized in the year as designated by the Company.

INDUSTRY DIVE, INC. 401K Plan

**NOTES TO FINANCIAL STATEMENTS
December 31, 2019**

Note 2 Summary of significant accounting policies (continued)

Payment of benefits

Benefits are recorded when paid.

Administrative expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Subsequent events

The Plan Administrator has evaluated events and transactions that occurred after the statement of net assets date through the date of the independent auditors' report, the date the financial statements were available to be issued. See Note 12 for material subsequent events that required recognition or additional disclosure in these financial statements.

Note 3 Concentration of credit risk

The Plan maintains its balances in a brokerage institution, which at times may exceed the Securities Investor Protection Corporation limits up to \$500,000 for balances (with a limit of \$250,000 for cash). The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash and securities.

Note 4 Information prepared and certified by the custodian of the Plan (unaudited)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Charles Schwab Bank ("Charles Schwab") has certified that the following data included in the accompanying financial statements and supplementary schedules is complete and accurate.

INDUSTRY DIVE, INC. 401K Plan

NOTES TO FINANCIAL STATEMENTS
December 31, 2019

Note 4 **Information prepared and certified by the custodian of the Plan (unaudited) (continued)**

December 31,	2019	2018
Investments at fair value:		
Mutual funds	\$ 2,410,689	\$ 1,268,021
Participant self-directed brokerage account	88,584	-
Money market fund	<u>477,083</u>	<u>337,419</u>
Total investments at fair value	\$ <u>2,976,356</u>	\$ <u>1,605,440</u>
Year ended December 31, 2019		
Investment income:		
Net appreciation in fair value of investment	\$ 378,179	
Interest and dividends	\$ 69,022	

Note 5 **Fair value measurements**

The framework for measuring fair value 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) and the lowest priority to observable inputs (Level 3).

The three levels of the fair value hierarchy under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, Fair Value Measurement, are described as follows:

Level 1- 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.

Level 2- Inputs to the valuation methodology include:

- 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 asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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.

Level 3- Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

INDUSTRY DIVE, INC. 401K Plan

**NOTES TO FINANCIAL STATEMENTS
December 31, 2019**

Note 5 Fair value measurements (continued)

The asset 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodology used for investments measured at fair value. There have been no changes in methodologies used at December 31, 2019 and 2018.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission ("SEC"). These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Participant self-directed brokerage account: This account consists primarily of mutual funds and common stocks that are valued at the closing price reported on the active market on which the individual securities are traded.

Money market fund: Valued at the daily closing price as reported by the fund. The money market fund held by the Plan is an open-ended money market fund and is registered with the SEC. The fund is required to publish its daily NAV. This fund generally transacts at a \$1.00 stable NAV. However, on a daily basis the fund NAV is calculated using the amortized cost of the securities held in the fund.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator believes the Plan's 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 estimate of fair value measurement at the reporting date.

For the year ended December 31, 2019 there were no significant transfers between Level 1 and 2, and no transfers in and out of Level 3.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments that are measured at fair value on a recurring basis as of December 31, 2019 and 2018:

INDUSTRY DIVE, INC. 401K Plan

NOTES TO FINANCIAL STATEMENTS December 31, 2019

Note 5 Fair value measurements (continued)

Investments at fair value as of December 31, 2019				
	Total	Fair value Hierarchy Level		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments by fair value level:				
Mutual funds	\$ 2,410,689	\$ 2,410,689	\$ -	\$ -
Participant self-directed brokerage account	88,584	88,584		
Money market fund	<u>477,083</u>	<u>477,083</u>	<u>-</u>	<u>-</u>
Total investments in the fair value hierarchy level	\$ <u>2,976,356</u>	\$ <u>2,976,356</u>	\$ <u>-</u>	\$ <u>-</u>

Investments at fair value as of December 31, 2018				
	Total	Fair value Hierarchy Level		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments by fair value level:				
Mutual funds	\$ 1,268,021	\$ 1,268,021	\$ -	\$ -
Money market fund	<u>337,419</u>	<u>337,419</u>	<u>-</u>	<u>-</u>
Total investments in the fair value hierarchy level	\$ <u>1,605,440</u>	\$ <u>1,605,440</u>	\$ <u>-</u>	\$ <u>-</u>

Note 6 Related-party and party in interest transactions

The Plan includes investments that are managed by Charles Schwab Bank. Charles Schwab Bank is the custodian as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. The Plan also includes PRO Account Portfolios that are managed by Wellington Consulting Services, Inc. with the assets primarily custodied by Charles Schwab Bank, these transactions also qualify as party in interest transactions. Personnel and facilities of the Company have been used to perform administrative functions for the Plan at no charge to the Plan. These transactions qualify as party in interest transactions. These party in interest transactions are exempt from prohibited transactions under ERISA.

Note 7 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 would become 100% vested in their employer contributions.

INDUSTRY DIVE, INC. 401K Plan

NOTES TO FINANCIAL STATEMENTS
December 31, 2019

Note 8 **Income tax status**

The Company has adopted a Prototype Non-standardized Profit Sharing Plan sponsored by Wellington Financial Group and received a favorable determination letter on July 9, 2014. The Plan adopted by the Company has been deemed, by the IRS, in compliance with the applicable requirements of the IRC. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC and therefore believes that the Plan is qualified as tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Plan management has evaluated the Plan's tax positions and concluded that the Plan has taken no uncertain tax positions that require recognition or disclosure in the financial statements as of December 31, 2019 and 2018. The Plan's federal tax return is subject to examination by the IRS and tax authorities, generally for a period of three years after the returns are filed. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2016.

Note 9 **Reconciliation of financial statements to Schedule H of Form 5500**

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to Schedule H of Form 5500:

	December 31,	
	2019	2018
Net assets available for benefits per the financial statements	\$ 3,020,921	\$ 1,621,512
Contributions receivable	(12,894)	(28,325)
Corrective distributions payable	-	12,253
Net assets available for benefits per Schedule H of Form 5500	\$ 3,008,027	\$ 1,605,440

INDUSTRY DIVE, INC. 401K Plan

NOTES TO FINANCIAL STATEMENTS
December 31, 2019

Note 9 Reconciliation of financial statements to Schedule H of Form 5500 (continued)

The following is a reconciliation of contributions per the financial statements to Schedule H of Form 5500:

	Year ended December 31, 2019
Contributions per the financial statements	\$ 1,147,361
Add: Contributions receivable at beginning of year	28,325
Less: Contributions receivable at end of year	(12,894)
Contributions per Schedule H of Form 5500	<u>\$ 1,162,792</u>

The following is a reconciliation of distributions per the financial statements to Schedule H of Form 5500:

	Year ended December 31, 2019
Benefits paid to participants per the financial statements	\$ 174,178
Add: Corrective distributions payable at beginning of year	12,253
Distributions per Schedule H of Form 5500	<u>\$ 186,431</u>

Note 10 Prohibited transactions

During the year ended December 31, 2019, the Company failed to segregate and remit in a timely manner certain participant contributions (salary reduction amounts) totaling \$3,534 from its assets within the required time period as specified by the DOL Reg. 2510.3012. Failure to segregate and remit contributions within the specified time period is a prohibited transaction according to the provisions of ERISA and the IRC.

Note 11 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 such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

INDUSTRY DIVE, INC. 401K Plan

**NOTES TO FINANCIAL STATEMENTS
December 31, 2019**

Note 12 Subsequent Events

The COVID-19 outbreak, which was declared a pandemic by the World Health Organization on March 11, 2020, has negatively impacted the world economy and common stock share prices for most companies. The impact of COVID-19 on companies continues to evolve rapidly and its future effects on the Plan's net assets available for benefits and changes in net assets available for benefits will depend on future developments that are highly uncertain and cannot be accurately predicted.

In March 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress. The CARES Act provides immediate and temporary relief for retirement plan sponsors and their participants with respect to employer contributions and distributions. The provisions of the CARES Act may be effective and operationalized immediately, prior to amending the plan document.

SUPPLEMENTARY SCHEDULES

Industry Dive, Inc.
PLAN NAME: Industry Dive Inc. 401k Plan
EIN: 45-4157966
PLAN NO. 001
PYE: 12/31/2019

Form 5500, Schedule H, Line 4(a)- Schedule of delinquent participant contributions

Total That Constitute Nonexempt Prohibited Transactions

	Participant Contributions Transferred Late to the Plan*	Contributions Not Corrected	Contributions Corrected Outside VFCP Fiduciary Correction Program	Contributions Pending Correction in VFCP	Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
2019	\$ 3,534	\$ 3,534	\$ -	\$ -	\$ -
	\$ 3,534	\$ 3,534	\$ -	\$ -	\$ -

*Late participant loan repayments are included.

Industry Dive, Inc.
PLAN NAME: Industry Dive Inc. 401k Plan
EIN: 45-4157966
PLAN NO. 001
PYE: 12/31/2019

Form 5500, Schedule H, line 4(i) - Schedule of assets (held at end of year)

(a)	(b)Identity of Issue, Borrower, Lessor, or Similar Party	(c)Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d)Cost	(e)Current Value
	DFA Real Estate Securities Port Inst	Mutual Fund	#	\$ 46,469
	Invesco Oppen Gold & Spec Mineral	Mutual Fund	#	156,779
	Ishares US Aggregate BD Index	Mutual Fund	#	30,848
*	Schwab Intl Index FD	Mutual Fund	#	119,131
*	Schwab S&P 500 Index Fund	Mutual Fund	#	238,533
*	Schwab Small Cap Index Select	Mutual Fund	#	173,028
*	Schwab Total Stk Mkt Index	Mutual Fund	#	552,460
*	Schwab Treas Inflat Port Sec Idx FD	Mutual Fund	#	17,340
	TIAA-CREF Large Cap Value Indx Instl	Mutual Fund	#	222,392
	TIAA-CREF Large-Cap GR Idx Instl	Mutual Fund	#	79,903
	Vanguard Balanced Index FD Admiral	Mutual Fund	#	93,359
	Vanguard Emrg Mkts Stk Index Fd Adm	Mutual Fund	#	128,007
	Vanguard Financials Index FD Adm Shr	Mutual Fund	#	147,054
	Vanguard Health Care Ind FD Adm	Mutual Fund	#	18,621
	Vanguard Hi-Yield Corp FD Admiral SH	Mutual Fund	#	22,865
	Vanguard Info Tech Index FD Admiral	Mutual Fund	#	113,188
	Vanguard Materials Index FD Adm	Mutual Fund	#	1,917
	Vanguard Mid Cap Index Fund Admiral	Mutual Fund	#	73,805
	Vanguard Short Trm Corp BD Idx Admrl	Mutual Fund	#	94,140
	Vanguard Total World Stk Index Inv	Mutual Fund	#	80,850
	Atlassian Corp PLC	Participant Self-directed Brokerage Account	#	6,017
*	Schwab Government Money Fund	Participant Self-directed Brokerage Account	#	82,567
*	Schwab Bank Savings	Money Market Fund	#	477,083
				<hr/>
				\$ 2,976,356

* Party-in-interest as defined by ERISA.

Historical cost information is not required as all investments are participant-directed.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan: Industry Dive Inc. 401(k) Plan



Employer Identification Number: ► 45-4157966

For plan year (beginning/ending): ► As of December 31, 2019

Plan number: ► 001

(a)	(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	DFA Real Estate Securities Port Inst	**	\$ 46,469
	Mutual Funds	Invesco Oppen Gold & Spec Mineral	**	\$ 156,779
	Mutual Funds	Ishares US Aggregate BD Index	**	\$ 30,848
	Mutual Funds	Schwab Intl Index FD	**	\$ 119,131
	Mutual Funds	Schwab S&P 500 Index Fund	**	\$ 238,533
	Mutual Funds	Schwab Small Cap Index Select	**	\$ 173,028
	Mutual Funds	Schwab Total Stk Mkt Index	**	\$ 552,460
	Mutual Funds	Schwab Treas Inflat Port Sec Idx FD	**	\$ 17,340
	Mutual Funds	TIAA- CREF Large Cap Value Indx Instl	**	\$ 222,392
	Mutual Funds	TIAA-CREF Large-Cap GR Idx Instl	**	\$ 79,903
	Mutual Funds	Vanguard Balanced Index FD Admiral	**	\$ 93,359
	Mutual Funds	Vanguard Emrg Mkts Stk Index FD Adm	**	\$ 128,007
	Mutual Funds	Vanguard Financials Index FD Adm Shr	**	\$ 147,054
	Mutual Funds	Vanguard Health Care Ind FD Adm	**	\$ 18,621
	Mutual Funds	Vanguard Hi-Yield Corp FD Admiral SH	**	\$ 22,865
	Mutual Funds	Vanguard Info Tech Index FD Admiral	**	\$ 113,188
	Mutual Funds	Vanguard Materials Index FD Adm	**	\$ 1,917
	Mutual Funds	Vanguard Mid Cap Index Fund Admiral	**	\$ 73,805
	Mutual Funds	Vanguard Short Trm Corp BD Idx Admrl	**	\$ 94,140
	Mutual Funds	Vanguard Total World Stk Index Inv	**	\$ 80,850
	Common Stock	Atlassian Corp PLC	**	\$ 6,017
	MMF	Schwab Government Money Fund	**	\$ 82,567
	MMF	Schwab Bank Savings	**	\$ 477,083
				\$ 2,976,356

Industry Dive, Inc.
PLAN NAME: Industry Dive Inc. 401k Plan
EIN: 45-4157966
PLAN NO. 001
PYE: 12/31/2019

Form 5500, Schedule H, line 4(i) - Schedule of assets (held at end of year)

(a)	(b)Identity of Issue, Borrower, Lessor, or Similar Party	(c)Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d)Cost	(e)Current Value
	DFA Real Estate Securities Port Inst	Mutual Fund	#	\$ 46,469
	Invesco Oppen Gold & Spec Mineral	Mutual Fund	#	156,779
	Ishares US Aggregate BD Index	Mutual Fund	#	30,848
*	Schwab Intl Index FD	Mutual Fund	#	119,131
*	Schwab S&P 500 Index Fund	Mutual Fund	#	238,533
*	Schwab Small Cap Index Select	Mutual Fund	#	173,028
*	Schwab Total Stk Mkt Index	Mutual Fund	#	552,460
*	Schwab Treas Inflat Port Sec Idx FD	Mutual Fund	#	17,340
	TIAA-CREF Large Cap Value Indx Instl	Mutual Fund	#	222,392
	TIAA-CREF Large-Cap GR Idx Instl	Mutual Fund	#	79,903
	Vanguard Balanced Index FD Admiral	Mutual Fund	#	93,359
	Vanguard Emrg Mkts Stk Index Fd Adm	Mutual Fund	#	128,007
	Vanguard Financials Index FD Adm Shr	Mutual Fund	#	147,054
	Vanguard Health Care Ind FD Adm	Mutual Fund	#	18,621
	Vanguard Hi-Yield Corp FD Admiral SH	Mutual Fund	#	22,865
	Vanguard Info Tech Index FD Admiral	Mutual Fund	#	113,188
	Vanguard Materials Index FD Adm	Mutual Fund	#	1,917
	Vanguard Mid Cap Index Fund Admiral	Mutual Fund	#	73,805
	Vanguard Short Trm Corp BD Idx Admrl	Mutual Fund	#	94,140
	Vanguard Total World Stk Index Inv	Mutual Fund	#	80,850
	Atlassian Corp PLC	Participant Self-directed Brokerage Account	#	6,017
*	Schwab Government Money Fund	Participant Self-directed Brokerage Account	#	82,567
*	Schwab Bank Savings	Money Market Fund	#	477,083
				<hr/>
				\$ 2,976,356

* Party-in-interest as defined by ERISA.

Historical cost information is not required as all investments are participant-directed.