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

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
DAILY MANAGEMENT 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

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)
DAILY MANAGEMENT 401(K) PROFIT SHARING PLAN

16461 RACQUET CLUB ROAD
FORT LAUDERDALE, FL 33326

2b Employer Identification Number (EIN)
59-2242825

2c Plan Sponsor's telephone number
954-217-9490

2d Business code (see instructions)
531310

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.	08/13/2020	BEATRIZ GIRALDO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	365
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	313
a(2) Total number of active participants at the end of the plan year	**6a(2)**	357
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	60
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	418
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	418
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	296
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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

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)	**9b** Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	**(1)** [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	**(2)** [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	**(3)** [X] Trust
(4) [ ] General assets of the sponsor	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **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 C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider 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.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
DAILY MANAGEMENT 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DAILY MANAGEMENT 401(K) PROFIT SHARING PLAN

D Employer Identification Number (EIN)
59-2242825

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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

ALLIANCE BERNSTEIN

13-4604930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN CENTURY INVESTMENTS

44-0640487

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS

95-6817943

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK INVESTMENTS, INC.

23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CLEARBRIDGE INVESTMENTS

01-0846058

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DELAWARE INVESTMENTS

23-1863226

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS FUND DISTRIBUTORS, LLC

04-2747644

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TOUCHSTONE INVESTMENT TRUST

31-0853808

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD FIDUCIARY TRUST COMPANY

90-6083976

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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 ☐

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
(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.	

(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

(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

(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

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)

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
DAILY MANAGEMENT 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DAILY MANAGEMENT 401(K) PROFIT SHARING PLAN

D Employer Identification Number (EIN)
59-2242825

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	15213	
(2) Participant contributions	1b(2)	22866	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	345635	364462
(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)	498729	520172
(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)	7575511	9851130
(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	8457954	10735764
	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 through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8457954	10735764

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)	463142	
	(B) Participants	2a(1)(B)	809780	
	(C) Others (including rollovers)	2a(1)(C)	4468	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1277390
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)	30285	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		30285
	(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)	538231	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		538231
	(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)		
	(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)		

		(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)		1233164
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3079070
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	793008	
(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)		793008
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)	6289	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1963	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		8252
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		801260
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2277810
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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: LAPADULA CARLSON + CO **(2)** EIN: 65-0292391

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:

		Yes	No	Amount
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.)	4a		X	
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.)	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?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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.)	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
DAILY MANAGEMENT 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DAILY MANAGEMENT 401(K) PROFIT SHARING PLAN

D Employer Identification Number (EIN)
59-2242825

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** |

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): _____ _____

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** | 74

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**

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	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**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	**15a**	
b The corresponding number for the second preceding plan year	**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	**16a**	
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	**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: 0.0 % Investment-Grade Debt: 0.0 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 0.0 %

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_____

DAILY MANAGEMENT, INC. 401(k) PROFIT SHARING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018
TOGETHER WITH INDEPENDENT AUDITORS' REPORT

DAILY MANAGEMENT, INC. 401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2019 AND 2018

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LAPADULA
CARLSON
+ Co.
CERTIFIED PUBLIC ACCOUNTANTS
550 Biltmore Way, Suite 1200
Coral Gables, FL 33134
Telephone
305-529-9300
Facsimile
305-529-0012

INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of
Daily Management, Inc. 401(k) Profit Sharing Plan
Ft. Lauderdale, Florida

We were engaged to audit the accompanying financial statements of **Daily Management, Inc. 401(k) Profit Sharing Plan** (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years 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 ("United States"); 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. However, because of the matter described in the Basis for Disclaimer of Opinion paragraph, 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 ("DOL's") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), Daily Management, Inc. (the "Company" or "Plan Administrator") instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information in Note 6, which was certified by the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that Reliance Trust Company ("Reliance"), holds the Plan's investment assets and executes investment transactions. The Plan Administrator obtained a certification from Reliance as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan Administrator by Reliance 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 audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedule

The supplemental schedule of assets (held at end of year) as of December 31, 2019 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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.

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 and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Coral Gables, Florida
June 18, 2020

DAILY MANAGEMENT, INC. 401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2019 AND 2018

ASSETS

	2019	2018
INVESTMENTS, at fair value	$ 10,215,592	$ 7,921,146
RECEIVABLES:		
Employer contributions	-	15,213
Employee contributions	-	22,866
Notes receivables from participants	520,172	498,729
Total receivables	520,172	536,808
Total assets	10,735,764	8,457,954
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	**$ 10,735,764**	**$ 8,457,954**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

DAILY MANAGEMENT, INC. 401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

	2019	2018
ADDITIONS:		
Contributions -		
Participants	$ 809,780	$ 748,499
Employers	463,142	426,781
Rollovers	4,468	22,586
Total contributions	1,277,390	1,197,866
Investment income (loss) -		
Net appreciation (depreciation) in fair value	1,233,164	(973,323)
Dividend and interest income	538,231	540,332
Net investment income (loss)	1,771,395	(432,991)
Interest on notes receivable from participants	30,285	26,516
Total additions	3,079,070	791,391
DEDUCTIONS:		
Benefits paid to participants	793,008	823,665
Deemed distributions of participant loans	1,963	719
Administrative expenses	6,289	-
Total deductions	801,260	824,384
Increase (decrease) in net assets available for benefits	2,277,810	(32,993)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	8,457,954	8,490,947
End of year	**$ 10,735,764**	**$ 8,457,954**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

DAILY MANAGEMENT, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2019 AND 2018

(1) DESCRIPTION OF THE PLAN

The following description of **Daily Management, Inc. 401(k) Profit Sharing Plan** (the "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 adopted by Daily Management, Inc. (the "Company", "Employer" or "Plan Administrator"), to provide eligible employees with special incentives for retirement savings. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended and to certain provisions of the Internal Revenue Code of 1986 ("IRC"), as amended.

The Plan was created effective January 1, 1997, and was amended and restated on October 1, 2010. The Plan Administrator appointed Reliance Trust Company ("Reliance") as the Trustee and asset custodian and, Automatic Data Processing, Inc. ("ADP") as the record keeper of the Plan.

Eligibility

Employees 18 years of age or older who completed one year of service with 1,000 hours of service, excluding union and non-resident alien employees, are eligible to participate in the Plan for both salary deferral contributions and for employer discretionary matching. Employees will be eligible to participate in the Plan on January 1, the first day of the Plan year immediately following completion of the eligibility requirements.

Contributions

Participants direct the investment of their contributions into various investment options offered by the Plan. A participant can contribute up to 86% of his/her total pre-tax compensation limited by the IRC to $19,000 and $18,500 for 2019 and 2018, respectively. Amounts contributed in excess of the maximum permitted by the IRC are refunded to the respective participant. Additionally, participants are eligible to designate some or all of their contributions as a Roth contribution.

Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions limited by the IRC to $6,000 for 2019 and 2018. Participants may also contribute amounts representing distributions from other qualified defined contribution plans.

The Employer matches 100% of deferral contributions and up to a maximum of 4% of a participant's total eligible compensation. Matching Employer contributions during the years ended December 31, 2019 and 2018 amounted to $463,142 and $426,781, respectively.

(1) DESCRIPTION OF THE PLAN (CONTINUED)

Individual participant accounts

A separate individual account is established for each individual participant. Each participant's account is credited with the participant's contributions, employer matching contributions, and an allocation of the investment results. Participant's share in the expenses of the Plan based on the ratio of each participant's daily plan balance less withdrawals and distributions. Investment income or loss includes interest, realized gains or losses on sale of investments and the net change in unrealized appreciation or (depreciation) of investments. All dividends from investments are immediately reinvested.

Vesting

Participants are immediately fully vested in their contributions and income (or loss) allocations. Participants vest in employer matching contributions and income or loss based on the number of years of completed service.

The vested interest in employer matching contributions, if any, is based on vesting years of service as outlined in the following schedule. Participants will always be 100% vested upon their normal retirement age, death or disability.

Years of Service	Vested Interest
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years and over	100%

Participants should refer to the Summary Plan Description for complete detail.

Notes receivable from participants (Participant loans)

The Plan allows participants to borrow from their account balances. The minimum amount for a loan is $500 with a maximum of the lesser of $50,000 or one-half of the participant's vested interest in the Plan. The maximum loan term is five years, unless the loan is for the purchase of the principal residence of the participant, in which case the maximum term is thirty years. The loans' rates of interest are fixed based on two points over the prime rate. Principal and interest are paid ratably through payroll deductions. The current loan balances as of December 31, 2019 and 2018 amounted to $520,172 and $498,729, respectively.

Notes receivable from participants are recorded at their unpaid principal balance plus accrued but unpaid interest. Delinquent loans are recorded as deemed distributions in accordance with the Plan Document.

(1) DESCRIPTION OF THE PLAN (CONTINUED)

Payment of benefits

Withdrawals under the Plan are allowed for in-service withdrawals, termination of employment, hardships, disability or retirement. Distributions may also be made to a named beneficiary in the event of a participant's death.

Hardship withdrawals

A participant may elect to withdraw from their account balances, provided the participant does not reduce their account balance to less than $100, if the withdrawal is necessitated by one or more of the following qualifying hardships:

- Medical expenses of the participant or a member of their immediate family for which reimbursement has not been made and will not be available from any other source
- Purchase of a principal residence by the participant
- To prevent eviction from a participant's principal residence or foreclosure of the mortgage
- Post-secondary education of the participant or a member of his/her immediate family at an accredited institution of higher learning for a 12 month period
- For payment of burial expenses of a participant's spouse, children or dependents
- Expenses to repair damages to participant's principal residence that would qualify for the casualty deduction under IRC §165.

Hardship withdrawals may be made only if there are no other resources available to the participant to meet the need occasioning the hardship.

Rollovers

The Plan enables employees to contribute assets that were held by a previous employer plan, provided they meet the requirements of the Internal Revenue Service ("IRS").

Forfeitures

Forfeitures result when participants terminate employment before becoming fully vested in employer contributions, if any. The Plan may allocate participant forfeitures to reduce employer matching contributions for the Plan year in which the forfeiture occurs or for the payment of administrative expenses.

(1) DESCRIPTION OF THE PLAN (CONTINUED)

Investment options

Participants are able to direct their contributions and any related earnings into a stable value fund or several mutual funds that are available throughout the year. Participants may change their investment election at any time.

Plan termination

Although the Company has not expressed any intent to do so, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Plan and ERISA. In the event the Plan terminates, the interest of each participating employee in the Plan shall be fully vested and such termination shall not reduce the interest of any participating employee or their beneficiaries accrued under the Plan up to the date of such termination.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Plan's management, who are responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America ("United States") and have been consistently applied in the preparation of the accompanying financial statements.

Use of estimates

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

Plan expenses

Professional service fees for legal, accounting and other professional services rendered to the Plan during the years ended December 31, 2019 and 2018 were paid by the Plan or the Plan Administrator on behalf of the Plan. These fees were based on customary and reasonable rates for such services.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Valuation of investments and income recognition

Shares of mutual funds are valued at the net asset value ("NAV") of shares held by the Plan at year-end as determined by quotations obtained from national security exchanges.

The difference between current value and the value as of the end of the prior year as well as the difference between the proceeds and the average cost of the investments sold are presented in the accompanying statements of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments.

Payment of benefits

Benefits are recorded when paid.

Transactions with parties-in-interest

Plan assets may include investment in funds managed by Reliance. Reliance is the third-party administrator as defined by the Plan and therefore, these transactions would qualify as an exempt party-in-interest transaction under ERISA.

Notes receivable from participants are considered to be party-in-interest because they are transacted with Plan participants.

Income taxes

The underlying Standardized Prototype Plan has received an opinion letter from the IRS, stating that the form of the underlying prototype document is qualified under Section 401(a) of the IRC and any employer adopting this form of the plan will be considered to have a plan qualified under the IRC. The Plan has been modified since receiving the opinion letter; however, the Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC. Accordingly, the Plan continues to be qualified, therefore, no provision for income taxes is considered necessary.

Accounting principles generally accepted in the United States require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or financial statement disclosure. The Plan is subject to routine audits by taxing jurisdictions until the applicable statute of limitations expires; however, there are currently no audits for any tax periods in progress.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Reclassification

Certain 2018 amounts have been reclassified to conform to the 2019 presentation.

(3) RISK AND UNCERTAINTIES

Financial instruments, which potentially expose the Plan to concentrations of credit risk, consist of a stable value fund and several mutual funds, which, inherent in the fair market value determination, include the risk factor of credit worthiness of each individual security underlying the investment. These funds invest in equities and fixed income securities, which in general, are exposed to various risks, such as interest, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements and participant account balances.

The Plan's exposure to certain concentrations of risk is mitigated by the diversification of investments across a variety of participant-directed fund elections. Additionally, the investments within each participant-directed fund are further diversified into a variety of financial instruments.

(4) INVESTMENTS

The Plan's investments are managed by Reliance.

The Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) $1,233,164 and ($973,323) during the years ended December 31, 2019 and 2018. Interest and dividend income for the years ended December 31, 2019 and 2018 amounted to $538,231 and $540,332, respectively.

(5) FAIR VALUE MEASUREMENT

The Plan adopted the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures*, which provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC Topic 820 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; and
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

  If the assets 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.

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

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

Money market fund – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

Mutual funds – The value is calculated 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 United States Securities and Exchange Commission ("SEC"). The funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

(5) FAIR VALUE MEASUREMENT (CONTINUED)

The preceding methods may produce a fair value calculation that is not necessarily indicative of the net realizable value or reflective of future values. While the managers believe their valuation methods are appropriate and consistent with other market participants, the use of different methodologies to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The inputs or methodology used for valuating securities are not necessarily an indication of the risk associated with these securities.

The following tables set forth by levels, within the fair value hierarchy, the balances of investments measured at fair value on a recurring basis as of December 31, 2019 and 2018:

	2019			
Description	Level 1	Level 2	Level 3	Total
Money market fund	$ -	$ 364,462	$ -	$ 364,462
Investments measured at NAV				9,851,130
Total investments				$ 10,215,592

	2018			
Description	Level 1	Level 2	Level 3	Total
Money market fund	$ -	$ 345,635	$ -	$ 345,635
Investments measured at NAV				7,575,511
Total investments				$ 7,921,146

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan Administrator has evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2019 and 2018, there were no significant transfers in or out of levels 1, 2 or 3.

(5) FAIR VALUE MEASUREMENT (CONTINUED)

Fair Value of investments that calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2019 and 2018, respectively:

Investments	Fair Value 2019	Fair Value 2018	Redemption Frequency	Redemption Notice Period
1. AB Global Bond Fund	$ 220,464	$ -	Daily	None
2. AB High Income Fund	523,367	-	Daily	None
3. AB Total Return Bond Portfolio Advisor	759,224	-	Daily	None
4. American Century Mid Cap Value Fund R6	388,302	-	Daily	None
5. American Funds Global Balanced R6	1,594,513	-	Daily	None
6. Clearbridge Large Cap Growth Fund	757,784	-	Daily	None
7. Clearbridge Small Cap Growth Fund IS	98,340	-	Daily	None
8. Delaware Small Cap Value Fund R6	394,873	-	Daily	None
9. iShares Russell 2000 Small Cap Index Fund	70,753	-	Daily	None
10. iShares S&P 500 Index Fund K	1,198,602	-	Daily	None
11. JPMorgan Government Bond Fund	598,930	-	Daily	None
12. MFS International Diversification Fund R6	271,117	-	Daily	None
13. MFS Value Fund R6	1,208,110	-	Daily	None
14. Touchstone Mid Cap Growth Fund	664,414	-	Daily	None
15. Vanguard Lifestrategy Conservative Growth Fund	180,630	-	Daily	None
16. Vanguard Lifestrategy Income Fund	11,322	-	Daily	None
17. Vanguard Lifestrategy Moderate Growth Fund	910,385	-	Daily	None
18. American Century Strategic Allocation Conservative Fund	-	134,963	Daily	None
19. Blackrock 20/80 Target Allocation Fund	-	7,728	Daily	None
20. Blackrock Equity Dividend Fund	-	246,117	Daily	None
21. Blackrock Global Allocation Fund	-	1,126,142	Daily	None
22. Blackrock High Yield Bond Portfolio	-	453,802	Daily	None
23. Blackrock Total Return Fund Institutional	-	385,736	Daily	None
24. Columbia Contrarian Core Fund Institutional	-	308,501	Daily	None
25. Delaware Diversified Income Fund	-	221,400	Daily	None

(5) FAIR VALUE MEASUREMENT (CONTINUED)

Fair Value of investments that calculate NAV (continued)

Investments	Fair Value 2019	Fair Value 2018	Redemption Frequency	Redemption Notice Period
26. Delaware Small Cap Core Fund	-	40,558	Daily	None
27. Eaton Vance Atlanta Capital SMID-Cap Fund	-	466,979	Daily	None
28. Federated International Leaders Fund	-	228,539	Daily	None
29. Goldman Sachs Global Income Fund Institutional	-	176,505	Daily	None
30. Goldman Sachs Technology Opportunities Fund	-	302,553	Daily	None
31. Janus-Henderson Balanced Fund	-	328,107	Daily	None
32. JPMorgan Government Bond Fund	-	517,766	Daily	None
33. JPMorgan Large Cap Growth Fund	-	552,719	Daily	None
34. MFS Government Markets Income Trust	-	711,775	Daily	None
35. PGIM Balanced Fund	-	341,865	Daily	None
36. PGIM Jennison Health Sciences Fund	-	361,765	Daily	None
37. PNC Multi-Factor Small Cap Core Fund	-	77,586	Daily	None
38. Victory Sycamore Established Value Fund	-	308,352	Daily	None
39. Victory Sycamore Small Company Opportunity Fund	-	276,053	Daily	None
Total investments measured at NAV	$ 9,851,130	$ 7,575,511		

1. *AB Global Bond Fund* - The fund seeks to generate current income consistent with preservation of capital. The fund seeks to invest at least 80% of its net assets in government securities and at least 65% of its net assets in debt securities issued or guaranteed by governments of countries that are members of Organization for Economic Co-operation and Development.

2. *AB High Income Fund* - The fund seeks primarily a high level of current income and secondarily, capital appreciation. The fund invests in a non-diversified portfolio of sovereign debt obligations and in United States and non-United States corporate fixed income securities. Substantially, all of the fund's assets are invested in lower-rated securities.

3. *AB Total Return Bond Portfolio Advisor* - The fund seeks a high level of current income consistent with preservation of capital, by investing in investment-grade fixed-income securities. The fund normally invests all of its assets in securities that are rated at least BBB by S&P or, if unrated, are of comparable quality.

4. *American Century Mid Cap Value Fund R6* - The fund seeks long-term capital growth. Income is a secondary objective. Under normal market conditions, the fund will invest at least 80% of its assets in medium size companies. In selection stocks for the fund, the portfolio managers look for companies whose stock price may not reflect the company's value.

(5) FAIR VALUE MEASUREMENT (CONTINUED)

Fair Value of investments that calculate NAV (continued)

5. *American Funds Global Balanced R6* - The fund seeks the balanced accomplishment of three objectives: long-term growth of capital, conservation of principal and current income. It will maintain at least 45% of its assets in common stocks and other equity investments and will also invest at least 25% of its assets in bonds and other debt securities.

6. *Clearbridge Large Cap Growth Fund* - The fund seeks long-term capital growth by investing in equity securities of firms with large market capitalizations, including United States exchanged-traded and over-the-counter common stocks, convertible securities and warrants and rights related to equity securities. Selecting the best value among growth firms is stressed.

7. *Clearbridge Small Cap Value Fund IS* - The fund seeks to obtain long-term growth of capital by investing primarily in equity securities of companies with market capitalizations at the time of purchase similar to those companies included in the Russell 2000 Index. The Index includes companies with market "caps" below the top 1000 stocks of the equity market.

8. *Delaware Small Cap Value Fund R6* - The fund seeks capital appreciation. The fund strives to identify small companies believed to offer above-average opportunities for long-term price appreciation because their current stock price does not appreciate accurately to reflect the companies' underlying value or future earning potential.

9. *iShares Russell 2000 Small Cap Index Fund* - The fund seeks to match the performance of the Russell 2000 Index as closely as possible before expenses. The Index is a market-weighted index composed of approximately 2,000 common stocks issued by smaller-capitalization United States firms in a range of businesses.

10. *iShares S&P 500 Index Fund K* - The fund seeks to provide investment results that correspond to the total return performance of publicly-traded common stocks in the aggregate, S&P 500 Index. It seeks to replicate the total return performance of the S&P 500 Index, which is composed of 500 selected common stocks, most of which are listed on the New York Stock Exchange.

11. *JPMorgan Government Bond Fund* - The fund seeks high current income with liquidity and safety of principal. The fund limits its investments to securities issued by the United States government and its agencies and instrumentalities. The fund mainly invests in government bonds with intermediate to long remaining maturities, including mortgage-backed securities.

12. *MFS International Diversification Fund R6* - The fund seeks long-term growth of capital by investing in other international MFS funds that are diversified in terms of market capitalization, style, and geographic region.

(5) FAIR VALUE MEASUREMENT (CONTINUED)

Fair Value of Investments that calculate NAV (continued)

13. *MFS Value Fund R6* - The fund seeks capital appreciation and reasonable income. The fund invests, under normal market conditions, at least 65% of its net assets in equity securities of companies which the adviser believes are undervalued in the market relative to their long term potential.

14. *Touchstone Mid Cap Growth Fund* - The fund seeks to increase the value of fund shares as a primary goal and to earn income as a secondary goal. Under normal circumstances, the fund will invest at least 80% of its assets in common stocks of mid cap United States companies.

15. *Vanguard Lifestrategy Conservative Growth Fund* - The fund seeks to provide current income and low-to-moderate growth of capital by investing in other Vanguard funds. The portfolio fund invests in these funds using a fixed formula that typically results in an allocation of about 60% of assets to bonds and 40% to common stocks.

16. *Vanguard Lifestrategy Income Fund* - The fund seeks to provide current income by investing in other Vanguard funds. The portfolio invests in these funds using a fixed formula in order to provide investors with the targeted asset allocation.

17. *Vanguard Lifestrategy Moderate Growth Fund* - The fund seeks to provide growth of capital and a low to moderate current income by investing in other Vanguard funds according to a fixed formula that typically results in an allocation of about 60% of assets to common stocks and 40% to bonds.

18. *American Century Strategic Allocation Conservative Fund* - The fund seeks the highest level of total return consistent with its asset mix. The fund seeks regular income through its emphasis on bonds and money market securities. It also has the potential for moderate long-term total return as a result of its stake in equity securities.

19. *Blackrock 20/80 Target Allocation Fund* - The fund seeks a balance between long-term capital appreciation and high current income, with a greater emphasis on income. The fund, which is a fund-of-funds, normally invests 40% of its assets in underlying funds that invest primarily in equity securities and 60% in funds that invest in fixed income securities.

20. *Blackrock Equity Dividend Fund* - The fund seeks to provide shareholders with long-term total return by investing primarily in a diversified portfolio of dividend paying common stocks which yield more than the S&P 500 Composite Stock Price Index.

21. *Blackrock Global Allocation Fund* - The fund seeks high total investment return, consistent with prudent risk, through a fully-managed investment policy utilizing United States and foreign equity, debt and money market securities. This combination will be varied in response to changing market and economic trends.

(5) FAIR VALUE MEASUREMENT (CONTINUED)

Fair Value of Investments that calculate NAV (continued)

22. *Blackrock High Yield Bond Portfolio* - The fund seeks to maximize total return, consistent with income generation and prudent investment management. The fund normally invests at least 80% of its assets in high yield bonds, including convertible and preferred securities.

23. *Blackrock Total Return Fund Institutional* - The fund seeks to realize a total return that exceeds that of the Barclays Capital Aggregate Index. The fund invests primarily in dollar-denominated investment grade bonds. The fund will also maintain an average portfolio duration (based on net assets) that is within +/- 25% of the index.

24. *Columbia Contrarian Core Fund Institutional* - The fund seeks total return, consisting of long-term capital appreciation and current income. Normally, the fund invests at least 80% of its net assets in equity securities of United States companies that have large market capitalizations and that the advisor believes have the potential for long-term growth and current income.

25. *Delaware Diversified Income Fund* - The fund seeks maximum long-term total return, consistent with reasonable risk, by investing primarily in the following four fixed income sectors: the United States Investment Grade Sector, the United States High-Yield Sector, the International Sector and the Emerging Markets Sector.

26. *Delaware Small Cap Core Fund* - The fund seeks long-term capital appreciation. The fund invests primarily in stocks of small companies that the fund manager believes have a combination of attractive valuations, growth prospects, and strong cash flows. Under normal circumstances, at least 80% of the fund's net assets are invested in small-cap companies.

27. *Eaton Vance Atlanta Capital SMID-Cap Fund* - The fund seeks long-term capital growth. Invests primarily in common stocks of companies with small market capitalizations. The fund will normally invest in companies having market capitalizations within the range of companies comprising the Russell 2000 stock index.

28. *Federated International Leaders Fund* - The fund seeks to provide long-term growth of capital. The fund pursues its investment objective by investing primarily in a portfolio of equity securities issued by foreign companies that the adviser has deemed as undervalued relative to the company; the company's competitive position and/or its growth prospects.

29. *Goldman Sachs Global Income Fund Institutional* - The fund seeks a high total return, emphasizing current income and, to a lesser extent, opportunities for capital appreciation. The fund invests, under normal circumstances, at least 80% of its net assets plus any borrowings for investment purposes in a portfolio of fixed income securities of United States and foreign issuers.

(5) FAIR VALUE MEASUREMENT (CONTINUED)

Fair Value of Investments that calculate NAV (continued)

30. *Goldman Sachs Technology Opportunities Fund* - The fund seeks long-term growth of capital by investing at least 65% of its total assets in equity securities of media, telecommunications, technology, and internet related companies.

31. *Janus-Henderson Balanced Fund* - The fund seeks long-term capital growth, consistent with preservation of capital and balanced by current income. The fund normally invests 50-60% of its assets in equity securities selected primarily for their growth potential and 40-50% of its assets in securities selected primarily for their income potential.

32. *JPMorgan Government Bond Fund* - The fund seeks high current income with liquidity and safety of principal. The fund limits its investments to securities issued by the United States government and its agencies and instrumentalities. The fund mainly invests in government bonds with intermediate to long remaining maturities, including mortgage-backed securities.

33. *JPMorgan Large Cap Growth Fund* - The fund seeks long-term capital appreciation and growth of income by investing primarily in equity securities. Under normal circumstances at least 80% of the fund's net assets will be invested in the equity securities of large, well-established companies.

34. *MFS Government Markets Income Trust* - The fund seeks to provide a high level of current income by investing at least 65% of its assets in obligations issued by the United States government, its agencies or instrumentalities. The fund may also invest 35% of its total assets in obligations issued by foreign governments, agencies or instrumentalities.

35. *PGIM Balanced Fund* - The fund seeks income and long-term growth of capital by investing in a portfolio of equity, fixed-income, and money market securities.

36. *PGIM Jennison Health Sciences Fund* - The fund seeks long-term capital appreciation. The fund invests primarily in equity-related securities of United States firms engaged in the following industries: hospitals, nursing and residential care, health and medical insurance carriers, pharmaceutical and medicine companies, and medical equipment firms.

37. *PNC Multi-Factor Small Cap Core Fund* - The fund seeks long-term capital appreciation by investing in a diversified portfolio of small cap equity securities that possesses both value and growth characteristics.

38. *Victory Sycamore Established Value Fund* - The fund seeks long-term capital growth. The fund pursues its investment objective by investing primarily in equity securities of companies with market capitalizations, at the time of purchase, within the range of companies comprising the Russell MidCap Value Index.

(5) FAIR VALUE MEASUREMENT (CONTINUED)

Fair Value of Investments that calculate NAV (continued)

39. *Victory Sycamore Small Company Opportunity Fund* - The fund seeks to provide capital appreciation by investing primarily in a diversified portfolio of equity securities of small-capitalization companies that the Investment adviser believes to be undervalued. The adviser places an emphasis on valuation, financial strength and the prospect for improved fundamentals.

(6) INFORMATION CERTIFIED BY THE TRUSTEES

The Plan Administrator elected a method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Accordingly, Reliance, the third-party administrator has certified to the completeness and accuracy of:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2019 and 2018
- Investment income reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2019 and 2018
- Investments reflected on the supplemental schedule of assets (held at end of year)

(7) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of investments per the financial statements to investments per Form 5500 as of December 31, 2019 and 2018:

	2019	2018
Investments per the financial statements	$ 10,215,592	$ 7,921,146
Notes receivable from participants (participant loans)	520,172	498,729
Investments per Form 5500	$ 10,735,764	$ 8,419,875

(8) SUBSEQUENT EVENTS

In accordance with FASB ASC Topic 855 *Subsequent Events*, the Plan has evaluated events that have occurred through June 18, 2020, which is the date these financial statements were available to be issued. There were no material events noted during this period that would impact the results reflected in these financial statements.

SUPPLEMENTAL SCHEDULE

DAILY MANAGEMENT, INC. 401(k) PROFIT SHARING PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2019

EIN: 59-2242825

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(e) Current value
MUTUAL FUNDS:			
AB GLOBAL BOND FUND	25,967	UNITS - MUTUAL FUND	$ 220,464
AB HIGH INCOME FUND	62,829	UNITS - MUTUAL FUND	523,367
AB TOTAL RETURN BOND PORTFOLIO ADVISOR	67,069	UNITS - MUTUAL FUND	759,224
AMERICAN CENTURY MID CAP VALUE FUND R6	22,721	UNITS - MUTUAL FUND	388,302
AMERICAN FUNDS GLOBAL BALANCED R6	46,406	UNITS - MUTUAL FUND	1,594,513
CLEARBRIDGE LARGE CAP GROWTH FUND	13,863	UNITS - MUTUAL FUND	757,784
CLEARBRIDGE SMALL CAP GROWTH FUND IS	2,578	UNITS - MUTUAL FUND	98,340
DELAWARE SMALL CAP VALUE FUND R6	6,092	UNITS - MUTUAL FUND	394,873
ISHARES RUSSELL 2000 SMALL CAP INDEX FUND	3,448	UNITS - MUTUAL FUND	70,753
ISHARES S&P 500 INDEX FUND K	3,131	UNITS - MUTUAL FUND	1,198,602
JPMORGAN GOVERNMENT BOND FUND	55,818	UNITS - MUTUAL FUND	598,930
MFS INTERNATIONAL DIVERSIFICATION FUND R6	12,867	UNITS - MUTUAL FUND	271,117
MFS VALUE FUND R6	27,203	UNITS - MUTUAL FUND	1,208,110
TOUCHSTONE MID CAP GROWTH FUND	19,633	UNITS - MUTUAL FUND	664,414
VANGUARD LIFESTRATEGY CONSERVATIVE GROWTH FUND	8,589	UNITS - MUTUAL FUND	180,630
VANGUARD LIFESTRATEGY INCOME FUND	698	UNITS - MUTUAL FUND	11,322
VANGUARD LIFESTRATEGY MODERATE GROWTH FUND	31,544	UNITS - MUTUAL FUND	910,385
		Total mutual funds	**9,851,130**
MONEY MARKET FUND,			
VANGUARD FEDERAL MM INV	364,462	UNITS - MONEY MARKET FUND	**364,462**
		Total investments	**10,215,592**
PARTICIPANT LOANS			**520,172**
		Total investments per 5500	**$ 10,735,764**

Note: Cost information has not been included as all investments are participant directed

This schedule was prepared from data obtained and certified by Reliance Trust Company.

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

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning and ending

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
Daily Management 401(k) Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 1/1/1997

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)
Daily Management 401(k) Profit Sharing Plan

16461 Racquet Club Road
Fort Lauderdale FL 33326

Electronic Filing Only

2b Employer Identification Number (EIN)
59-2242825

2c Plan Sponsor's telephone number
(954) 217-9490

2d Business code (see instructions)
531310

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	Beatriz Giraldo	8/13/2020	Beatriz Giraldo
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor Same	**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**	365
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	313
a(2) Total number of active participants at the end of the plan year	**6a(2)**	357
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	60
d Subtotal. Add lines **6a(2), 6b,** and **6c**.	**6d**	418
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	418
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	296
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

Electronic Filing Only

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

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	(1) [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	(2) [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	(3) [X]	Trust
(4) [ ]	General assets of the sponsor	(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) [X] **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) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ____ **A** (Insurance Information)

(4) [X] **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 _____

Electronic Filing Only

DAILY MANAGEMENT, INC. 401(k) PROFIT SHARING PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2019

EIN: 59-2242825

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VANGUARD LIFESTRATEGY CONSERVATIVE GROWTH FUND	8,589	UNITS - MUTUAL FUND	180,630
VANGUARD LIFESTRATEGY INCOME FUND	698	UNITS - MUTUAL FUND	11,322
VANGUARD LIFESTRATEGY MODERATE GROWTH FUND	31,544	UNITS - MUTUAL FUND	910,385
		Total mutual funds	**9,851,130**
MONEY MARKET FUND,			
VANGUARD FEDERAL MM INV	364,462	UNITS - MONEY MARKET FUND	**364,462**
		Total investments	**10,215,592**
PARTICIPANT LOANS			**520,172**
		Total investments per 5500	**$ 10,735,764**

Note: Cost information has not been included as all investments are participant directed

This schedule was prepared from data obtained and certified by Reliance Trust Company.