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
FREE STREAM MEDIA CORP 401(K) PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/2012

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)
FREE STREAM MEDIA CORP DBA SAMBA TV

123 TOWNSEND STREET, FLOOR 5
SAN FRANCISCO, CA 94107

2b Employer Identification Number (EIN) 26-3436467

2c Plan Sponsor's telephone number 415-860-7920

2d Business code (see instructions) 541600

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.	10/12/2020	JACK HAU
	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	**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**	278
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)**	246
a(2) Total number of active participants at the end of the plan year	**6a(2)**	206
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	206
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	206
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	131
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	48
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)** [ ] **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 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
FREE STREAM MEDIA CORP 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FREE STREAM MEDIA CORP DBA SAMBA TV

D Employer Identification Number (EIN)
26-3436467

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	62941	58739
(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)	23202	20019
(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)	2781749	4501057
(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	2867892	4579815
	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	2867892	4579815

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)		
	(B) Participants	2a(1)(B)	1270621	
	(C) Others (including rollovers)	2a(1)(C)	537968	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1808589
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12	
	(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)	1102	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1114
	(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)	94093	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		94093
	(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)		676137
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2579933
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	837904	
(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)		837904
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)	30106	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		30106
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		868010
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1711923
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: ASAM LLP **(2)** EIN: 47-4709852

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		286789
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
FREE STREAM MEDIA CORP 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FREE STREAM MEDIA CORP DBA SAMBA TV

D Employer Identification Number (EIN)
26-3436467

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 16-1470238

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

Free Stream Media Corporation (DBA Samba TV)
401(k) Profit Sharing Plan and Trust

Financial Statements
and Independent Auditors' Report
December 31, 2019 and 2018

ASAM, LLP
500 Sansome Street, Suite 502
San Francisco, CA 94111

Free Stream Media Corp 401(k) Profit Sharing Plan Trust
December 31, 2019 and 2018

Contents	Page
Independent Auditors' Report	1 - 2
Statements of Net Assets Available for Benefits (Modified Cash Basis)	3
Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)	4
Notes to Financial Statements	5 - 11

ASAM, LLP
Certified Public Accountants

500 Sansome Street, Suite 502
San Francisco, CA 94111
Phone: (415) 788-2371
Fax: (415) 788-2372

Independent Auditors' Report

To the Administrative Committee of
Free Stream Media Corporation
401(k) Profit Sharing Plan and Trust
San Francisco, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Free Stream Media Corporation 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statement of net assets available for benefits (modified cash basis) as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits (modified cash basis) 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 the modified cash basis in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

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

As described in Note 2, these financial statements and the supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

ASAM, LLP
Certified Public Accountants

500 Sansome Street, Suite 502
San Francisco, CA 94111
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Disclaimer of Opinion

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

Other Matter

The assets listing (held at end of year) (modified cash basis) as of December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

ASAM, LLP

San Francisco, California
October 12, 2020

Free Stream Media Corp 401(k) Profit Sharing Plan and Trust
Statements of Net Assets Available for Benefits(Modified Cash Basis)
December 31, 2019 and 2018

	2019	2018
ASSETS		
Investments at Fair Value		
Registered Investment Companies	$ 4,501,057	$ 2,781,749
Cash	58,739	62,941
Total Investments	4,559,796	2,844,690
Receivables		
Notes Receivable from Participants	$ 20,019	$ 23,202
Total Receivables	20,019	23,202
TOTAL ASSETS	$ 4,579,815	$ 2,867,892

See independent auditors' report and notes to financial statements

Free Stream Media Corp 401(k) Profit Sharing Plan and Trust
Statements of Changes in Net Assets Available for Benefits(Modified Cash Basis)
For the Years Ended December 31, 2019 and 2018

	2019	2018
ADDITIONS		
Additions to Net Assets Attributed to:		
Investment Income		
Gain (Loss) from Registered Investment Companies	$ 676,137	$ (260,244)
Interest	12	9
Gain from Registered Investment Company Shares	94,093	80,102
Net Investment Gain (Loss)	770,242	(180,133)
Interest Income on Notes Receivable from Participants	1,102	1,870
Contributions		
Contributions by Participants	1,270,621	1,090,535
Rollover contribution	537,968	68,933
Total Contributions	1,808,589	1,159,468
TOTAL ADDITIONS	$ 2,579,933	$ 981,205
DEDUCTIONS		
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	$ 837,904	$ 72,468
Administrative Expenses	30,106	21,097
TOTAL DEDUCTIONS	868,010	93,565
NET INCREASE	1,711,923	887,640
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	2,867,892	1,980,252
END OF YEAR	$ 4,579,815	$ 2,867,892

Free Stream Media Corp 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
December 31, 2019 and 2018

Note 1 – Description of Plan

The following description of the Free Stream Media Corp 401(k) Profit Sharing Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan within the scope of the Employee Retirement Income Security Act of 1974 ("ERISA") covering all employees of the Free Stream Media Corp (DBA, Samba TV, the "Company") who have at least one month of service during the year. The Plan engaged Paychex, Inc. from January 2018 through September 2019 and Plan Design Consultants, Inc. from October through December 2019 as the Plan Administrator to assist in administering the Plan.

Contributions

Eligible participants may contribute on a pre-tax basis up to the maximum dollar limit set by the applicable statues. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may, in its discretion, make employer profit sharing contributions and the company did not make any contributions during the years ended December 31, 2019 and 2018.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's employer profit sharing contributions and, (b) Plan earnings (losses), and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on a pro rata allocation and a contribution is made. Each participant entitles to benefit to the extent of that participant's vested amount.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 95% of their account balance. The notes are secured by the balance in the participant's account and interest rate on loans from this Plan will be computed on the basis of the prime rate plus 1%. The loan rate is determined on the date of request and will not change for the duration of the loan repayment period. Principal and interest are paid ratably through semi-monthly payroll deductions. Participants may also choose to make loan repayments via electronic funds transfer from a checking account they designate, the repayment frequency may not correspond with payroll frequency, but will be no less often than monthly.

Note 1 – Description of Plan (Continued)

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a period not longer than participant's life expectancy. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Unvested amount will be held in a Forfeiture Account, that shares in any increase or decrease in the fair market value of the assets. The Plan contains provisions for the disposition of the Forfeiture Account based on the various choices terminated participants made. Non-vested portions of a Plan Participant's Employer Contributions could be allocated to other Plan Participants, applied to reduce Employer Contributions, or used toward administrative expenses of the Plan.

Note 2 – Summary of Significant Accounting Policies

Use of Estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires the Company and Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Basis of Accounting

The financial statements of the plan are prepared on the modified cash basis of accounting, another comprehensive basis of accounting. The modified cash basis method uses accrual basis for long-term balance sheet elements and cash basis for short-term elements. The U.S. General Accepted Accounting Principles ("GAAP") generally use accrual basis for all financial statement elements.

Investments held by a defined-contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal. Interest income is recorded on the cash basis. Related fees are charged directly to the borrowing participant's account. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan. As of December 31, 2019, and 2018, no allowance for credit losses were considered necessary.

Note 2 – Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Excess Contributions Payable

Contributions in excess of amount allowed by the IRS are recorded as a liability with a corresponding reduction to contributions and generally are distributed back to the participants before April 15 of the following year. If the excess is not removed from the Plan by April 15, amount is treated as normal distribution. The Plan distributed the 2019 excess contribution to the applicable participants prior to April 15, 2020. Based on the non-discrimination test of actual deferral percentage ("ADP") conducted by the plan administrator, the plan had total excess contribution and earnings of $27,997 as of December 31, 2019. The company will distribute back to applicable participants prior to October 15, 2020.

Payment of Benefits

Benefits are recorded when paid.

Expenses

All expenses related to administration of the Plan, except for the Plan's asset advisory charges and fees, are paid by the Company and are therefore excluded from these financial statements.

Recent Accounting Standards

In July 2019, the AICPA Auditing Standards Board ("ASB") issued Statement on Auditing Standards ("SAS") No. 136, Forming an Opinion and Reporting on Financial Statements of Employee Benefit Plans Subject to ERISA ("EBP SAS"), The EBP SAS prescribes certain new performance requirements for an audit of financial statements of employee benefit plans subject to ERISA and changes the form and content of the related auditor's report. The SAS No. 136 is effective for audits of financial statements for periods ending on or after December 15, 2021, and early implementation is permitted. The adoption of this guidance is not expected to have a material effect on the Plan's financial Statements.

Note 3 - Risks and Uncertainties

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

Note 4 – Fair Value Measurements

The Plan measures its assets and liabilities at the fair value of the price received to sell an asset or pay to transfer a liability in an orderly transaction with a market participant at the measurement date. In the absence of active markets for identical assets or liabilities, such measurements involve developing assumptions based on observable market data and, in the absence of such data, internal information that is consistent with what market participants would use in a hypothetical transaction that occurred at the date of measurement.

Assets and liabilities measured at fair value are based on one or more of three valuation techniques identified in the tables below.

a) Market approach - Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.

b) Cost approach - Amount that would be required to replace the service capacity of an asset (replacement cost).

c) Income approach - Techniques to convert future amounts to a single present amount based on market expectations.

Assets Measured at Fair Value on a Nonrecurring Basis

	Carrying Value	Quoted prices in active markets for identical assets	Significant other observable inputs	Significant unobservable inputs	Valuation technique
	December 31, 2019	**(Level 1)**	**(Level 2)**	**(Level 3)**	
Registered Investment Companies	$ 4,501,057	$ 4,501,057	-	-	(a)
Cash	58,739	58,739	-	-	(a)
Total	$ 4,559,796	$ 4,559,796	-	-	
	December 31, 2018	**(Level 1)**	**(Level 2)**	**(Level 3)**	
Registered Investment Companies	$ 2,781,749	$ 2,781,749	-	-	(a)
Cash	62,941	62,941	-	-	(a)
Total	$ 2,844,690	$ 2,844,690	-	-	

Note 5 – Investments

The Plan Administrator engages a subservices organization, Mid Atlantic Trust Company ("MATC"), to provide financial advices, execute, and support processing of transactions of the Plan's assets. The Plan Administrator and MATC has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by MATC as complete and accurate, except for comparing such information certified by the service provider to information included in the Plan's financial statements and supplemental schedules.

As of December 31, 2019, and 2018, total investments and notes receivable from participants held and certified by the MATC in the accompanying statements of net assets available for plan benefits were $4,579,815 and $2,867,892, respectively. For the years ended December 31, 2019 and 2018, MATC certified that the Plan had interest income of $1,102 and $1,870, respectively, and a gain of $770,242 for Dec 31, 2019 and a loss of $180,133 for Dec 31, 2018 in the fair market value of the Plan's net investments.

During the years ended December 31, 2019 and 2018, the change in value of the Plan's investments (including actual disposition of investments during the years, and the unrealized gain or loss on investments held as of the end of the years) were as follows:

	2019	2018
Registered Investment Companies	$ 676,137	$ (260,244)
Cash	12	9
Registered Investment Company Shares	94,093	80,102
Net change	$ 770,242	$ (180,133)

Investments that represent 5% or more of the Plan's net assets as of December 31, 2019 and 2018 were as follows:

Investment Description	2019	2018
Vanguard 500 Index Fund Admiral Shares	$ 1,175,036	$ 489,732
Vanguard Target Retirement 2050 Fund Investor Shares	622,516	391,291
Vanguard Target Retirement 2045 Fund Investor Shares	620,553	515,799
Vanguard Target Retirement 2055 Fund Investor Shares	340,390	170,011
Vanguard Equity-Income Fund Admiral Shares	267,246	176,715
Vanguard Total Int'l Stock Index Fund Investor Shares	-	139,182
Total	$ 3,025,741	$ 1,882,730

In the event of the Plan termination, a material adverse change to the Plan, withdrawal of a contract, or switch to a different investment provider, the amount receivable by the Plan would be the fair value instead of contract value of the Contract.

Note 6 – Related Party Transactions

Certain Plan investments are shares of mutual funds managed by MATC. MATC is the trustee as defined by the Plan and, therefore, those transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services amounted to $30,106 and $21,097 for the years ended December 31, 2019 and 2018.

Notes receivable from participants and the related interest income are also considered party-in-interest transactions. The notes receivable from participants were $20,019 and $23,202 as of December 31, 2019 and 2018, respectively, and the related interest income were $1,102 and $1,870 for the respective years then ended.

All party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

Note 7 – Plan Termination

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

Note 8 – Tax Status

The IRS has determined and informed the Company by a letter dated April 10, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

The modified cash basis of accounting requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audit for any tax periods in progress.

The Plan believes that there were no material tax liabilities on uncertain tax positions for the Plan years ended December 31, 2019 and 2018.

Note 9 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2019 and 2018 and for Plan years to the Form 5500 filed with the Internal Revenue Service for the years ended December 31, 2019 and 2018:

	2019	2018
Net assets available for benefits per the financial statements	$ 4,579,815	$ 2,867,892
Amounts allocated to withdrawing participants	-	-
Net assets available for benefits per Form 5500	$ 4,579,815	$ 2,867,892

The following is a reconciliation of benefits paid to participants per the financial statements and Form 5500 for the year ended December 31, 2019:

Benefits paid to participants per the financial statements	$ 837,904
Add: Amounts participants withdrawals during the year ended December 31, 2019	-
Benefits paid to participants per Form 5500	$ 837,904

Amounts participants withdrawals are recorded on the Form 5500 for benefit claims that have been processed, approved, and paid prior to year-end.

Note 10–Subsequent Events

The Plan has evaluated events, including the impact of COVID-19 pandemic to the market value of the assets of the Plan, that occur after December 31, 2019, the financial statement date, but before the financial statements were available to be issued on October 12, 2020. The Plan believes that fluctuations in the market value of the plan investments should be short-term and temporary. There are no other events have occurred that would require recognition in the financial statements or disclosure in the notes to the financial statements.

Plan Name: FREE STREAM MEDIA CORP 401(k) Profit Sharing Plan and Trust
Plan Number: 001 EIN: 26-3436467
Asset Listing (Held at End of Year)
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	JP Morgan	Federal Money Market Fund Institutional Class	**	$58,739
*	Participant Plan Loan	Participant Plan Loans 1-5 years Interest Rate 5.25%	**	20,019
*	Vanguard	Equity-Income Fund Admiral Shares	**	267,246
*	Vanguard	Small-Cap Growth Index Fund Admiral Shares	**	205,920
*	Vanguard	Small-Cap Index Fund Admiral Shares	**	177,071
*	Vanguard	500 Index Fund Admiral Shares	**	1,175,036
*	Vanguard	Total International Stock Index Fund Admiral Shares	**	161,230
*	Vanguard	Ultra-Short-Term Bond Fund Admiral Shares	**	7,595
*	Vanguard	Intermediate-Term Investment-Grade Fund Admiral Shares	**	180,545
*	Vanguard	Short-Term Investment-Grade Fund Admiral Shares	**	51,667
*	Vanguard	Life Strategy Growth Fund Investor Shares	**	87,011
*	Vanguard	Balanced Index Fund Admiral Shares	**	130,890
*	Vanguard	Wellesley Income Fund Admiral Shares	**	86,448
*	Vanguard	Target Retirement Income Fund Investor Shares	**	6,039
*	Vanguard	Target Retirement 2015 Fund Investor Shares	**	331
*	Vanguard	Target Retirement 2025 Fund Investor Shares	**	3,021
*	Vanguard	Target Retirement 2035 Fund Investor Shares	**	67,382
*	Vanguard	Target Retirement 2045 Fund Investor Shares	**	620,553
*	Vanguard	Target Retirement 2065 Fund Investor Shares	**	32,314
*	Vanguard	Target Retirement 2020 Fund Investor Shares	**	69,325
*	Vanguard	Target Retirement 2060 Fund Investor Shares	**	64,664
*	Vanguard	Target Retirement 2055 Fund Investor Shares	**	340,390
*	Vanguard	Target Retirement 2050 Fund Investor Shares	**	622,516
*	Vanguard	Target Retirement 2040 Fund Investor Shares	**	124,477
*	Vanguard	Target Retirement 2030 Fund Investor Shares	**	19,386

Notes

* Identified person known to be a party-in-interest to the plan.

** The cost was omitted as a participant directed with respect to asset allocated to his or her account.

Plan Name: FREE STREAM MEDIA CORP 401(k) Profit Sharing Plan and Trust
Plan Number: 001 EIN: 26-3436467
Asset Listing (Held at End of Year)
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	JP Morgan	Federal Money Market Fund Institutional Class	**	$58,739
*	Participant Plan Loan	Participant Plan Loans 1-5 years Interest Rate 5.25%	**	20,019
*	Vanguard	Equity-Income Fund Admiral Shares	**	267,246
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*	Vanguard	500 Index Fund Admiral Shares	**	1,175,036
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*	Vanguard	Target Retirement 2045 Fund Investor Shares	**	620,553
*	Vanguard	Target Retirement 2065 Fund Investor Shares	**	32,314
*	Vanguard	Target Retirement 2020 Fund Investor Shares	**	69,325
*	Vanguard	Target Retirement 2060 Fund Investor Shares	**	64,664
*	Vanguard	Target Retirement 2055 Fund Investor Shares	**	340,390
*	Vanguard	Target Retirement 2050 Fund Investor Shares	**	622,516
*	Vanguard	Target Retirement 2040 Fund Investor Shares	**	124,477
*	Vanguard	Target Retirement 2030 Fund Investor Shares	**	19,386

Notes

* Identified person known to be a party-in-interest to the plan.

** The cost was omitted as a participant directed with respect to asset allocated to his or her account.