

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ZUMAN, INC. RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/2013</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/01/2013</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>11/01/2013</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ZUMAN, INC.</u> <u>5994 W LAS POSITAS BLVD #225</u> <u>PLEASANTON, CA 94588</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>45-5251240</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> </tr> <tr> <td>2d Business code (see instructions) <u>541214</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>45-5251240</u>	2c Plan Sponsor's telephone number	2d Business code (see instructions) <u>541214</u>	
2b Employer Identification Number (EIN) <u>45-5251240</u>					
2c Plan Sponsor's telephone number					
2d Business code (see instructions) <u>541214</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	DOUGLAS P. DEVLIN, CEO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	DOUGLAS P. DEVLIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 835
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 696 6a(2) 800 6b 0 6c 218 6d 1018 6e 0 6f 1018 6g 685 6h 6
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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **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 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 ZUMAN, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ZUMAN, INC.	D Employer Identification Number (EIN) 45-5251240	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(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?
15 37 38 50	TPA	94463	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP.

59-2749576

(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?
28 51	INVESTMENT MGMT	26091	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZUMAN, INC.

45-5251240

(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?
14 50	PLAN ADMINISTRATOR	15640	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)

CAMBRIDGE INVESTMENT RESEARCH

1776 PLEASANT PLAIN ROAD
FAIRFIELD, IA 52556

(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?
28 51	INVESTMENT ADVISOR	8163	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan ZUMAN, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ZUMAN, INC.	D Employer Identification Number (EIN) 45-5251240	

Part I	Asset and Liability Statement
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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)	91986	95337
(2) Participant contributions.....	1b(2)	80354	120011
(3) Other.....	1b(3)	8742	4930
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	477754	520247
(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)	19113993	26907518
(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	19772829 27648043
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	59207 17984
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	59207 17984
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	19713622 27630059

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1339515
	(B) Participants	2a(1)(B)	3753842
	(C) Others (including rollovers)	2a(1)(C)	401691
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	5495048
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)	26105
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	26105
(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)	555801
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	555801
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3801064
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9878018

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2129973	
(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)		2129973
f Corrective distributions (see instructions)	2f		18677
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)	110103	
(3) Investment advisory and management fees	2i(3)	34254	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		144357
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2293007

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7585011
l Transfers of assets:			
(1) To this plan	2l(1)		2270707
(2) From this plan	2l(2)		1939281

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: **BERMAN HOPKINS WRIGHT & LAHAM, CPAS**

(2) EIN: **59-1152714**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
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.	X		
4n	X		

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)
WA ACQUISITION, LLC RETIREMENT SAVINGS PLAN	81-4649164	001

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.
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For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>		
A Name of plan <u>ZUMAN, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ZUMAN, INC.</u>	D Employer Identification Number (EIN) <u>45-5251240</u>	

Part I	Distributions
All references to distributions relate only to payments of benefits during the plan year.	
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>65-0708495</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

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

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**Zuman, Inc.
Retirement Plan**

**Financial Statements and
Supplemental Information**

December 31, 2019 and 2018

BERMAN HOPKINS
WRIGHT & LAHAM
CPAS AND ASSOCIATES, LLP

**Schedule H, Part III, Question 3a Attachment
Zuman, Inc. Retirement Plan
Federal ID #45-5251240
Plan #001**

Zuman, Inc. Retirement Plan

**Financial Statements and
Supplemental Information**

December 31, 2019 and 2018

**BERMAN HOPKINS
WRIGHT & LAHAM**
CPAS AND ASSOCIATES, LLP

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Zuman, Inc. Retirement Plan
Pleasanton, CA

Report on the Financial Statements

We have audited the accompanying financial statements of Zuman, Inc. Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's 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 of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Zuman, Inc. Retirement Plan as of December 31, 2019 and 2018, and the changes in net assets available for benefits for the year ended December 31, 2019 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information, as listed in the table of contents, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

October 14, 2020
Melbourne, Florida

*Berman Hopkins Wright &
Latham, CPAs and Associates, LLP*

Zuman, Inc. Retirement Plan

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(Participant Directed)**

December 31,

	<u>2019</u>	<u>2018</u>
ASSETS		
Investments at fair value	\$ 26,907,518	\$ 19,113,993
Receivables:		
Notes receivable from participants	520,247	477,754
Employer contributions	95,337	91,986
Participant contributions	120,011	80,354
Other	<u>4,930</u>	<u>8,742</u>
Total receivables	<u>740,525</u>	<u>658,836</u>
	27,648,043	19,772,829
LIABILITIES		
Corrective distributions payable	<u>17,984</u>	<u>59,207</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 27,630,059</u></u>	<u><u>\$ 19,713,622</u></u>

See notes to financial statements.

Zuman, Inc. Retirement Plan

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(Participant Directed)**

Year ended December 31, 2019

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net appreciation in fair value of mutual funds	\$ 3,801,064
Dividends, interest, and capital gain distributions	555,801
Total investment income	<u>4,356,865</u>

Interest on notes receivable from participants	26,105
--	--------

Contributions:

Employer's	1,339,515
Participants'	3,735,858
Rollovers	<u>401,691</u>
Total contributions	<u>5,477,064</u>
Total additions	<u>9,860,034</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	2,012,648
Deemed distributions of notes receivable to participants	118,018
Administrative expenses	<u>144,357</u>
Total deductions	<u>2,275,023</u>

Change in net assets	7,585,011
-----------------------------	------------------

TRANSFERS IN	2,270,707
TRANSFERS OUT	(1,939,281)

NET ASSETS AVAILABLE FOR BENEFITS

AT BEGINNING OF YEAR	<u>19,713,622</u>
-----------------------------	-------------------

NET ASSETS AVAILABLE FOR BENEFITS

AT END OF YEAR	<u><u>\$ 27,630,059</u></u>
-----------------------	-----------------------------

See notes to financial statements.

Zuman, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2019 and 2018

NOTE A - DESCRIPTION OF PLAN

The following description of Zuman, Inc. Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan was established on November 1, 2013 and is a multiple employer defined contribution plan covering all employees of Zuman, Inc. (the Principal Participating Employer) and Adopting Employers, collectively known as the "Companies." Employees are eligible to participate in the Plan based on elections made by the Adopting Employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

As a multiple employer plan, the adopting employers change periodically within the Plan. Increases and decreases in Plan assets are presented as transfers in and out on the statement of changes in net assets available for benefits for these changes in participation.

2. Contributions

Each year, participants may contribute pre-tax annual compensation as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers several mutual funds as investment options for participants.

Employers may adopt to automatically enroll participants in the Plan as elected in an addendum to the Adoption Agreement. If an Automatic Enrollment arrangement is adopted, participants will have the right to opt out of participating in the plan within the first ninety days of the first contribution and receive a refund of their account balance, without reduction of any plan fees. Automatic enrollment accounts will be invested into a balanced fund or managed account at the direction of the trustee, if the participant does not specify the investment allocation.

Employer matching and/or profit sharing contributions are determined by each participating employer within plan limits. For the year ended December 31, 2019, the Companies matching and profit sharing contributions totaled \$1,339,515 for participating employees. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Zuman, Inc. Retirement Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE A - DESCRIPTION OF PLAN (continued)

3. Participant accounts

Each participant's account is credited with the participant's contributions and their adopting employer's matching contributions, as well as allocations of their adopting employer's profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the adopting employer's matching and employer contributions is based on years of continuous service. A participant is fully vested after no more than six years of credited service, as determined by each participating employer.

5. Payment of benefits

On termination of service due to death, disability, resignation or retirement, a participant will receive a lump-sum distribution.

6. Forfeitures

Forfeitures of employer contributions are to be used to pay administrative expenses or reduce the Companies' future contribution under the Plan. The balance of unallocated forfeitures at December 31, 2019 and 2018 was \$6,887 and \$9,434, respectively. Also, in 2019, \$9,051 was used to reduce employer contributions.

7. 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 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest rates ranging from 4.25% to 6.50%, which is commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of accounting

The Plan's financial statements are prepared under the accrual basis of accounting.

Zuman, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2019 and 2018

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

2. Investments, 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 fair value measurements disclosure.

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

3. Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America ("GAAP") requires management and the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results may differ from those estimates.

4. Payments of benefits

Benefits are recorded when paid.

5. Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 or 2018. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

6. Administrative expenses

Certain expenses of maintaining the Plan are paid directly by the Companies and are excluded from these financial statements. Investment related expenses are included in investment income.

7. Excess contributions payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

Zuman, Inc. Retirement Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

8. Recently issued accounting standards, regulations and new legislation

Fair value measurements

In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update No. 2018-13, *Fair Value Measurements*, which modifies the disclosure requirements for fair value measurements by removing, modifying, or adding certain disclosures. With respect to employee benefit plans, this update is effective for fiscal years beginning after December 15, 2019. The effect of this guidance on the financial statements of the Plan has not been determined.

SECURE Act of 2019

In 2019, Congress implemented Setting Every Community Up for Retirement Enhancement (SECURE) Act of 2019 ("Act 1"). The Act 1 is a mixture of incremental changes to defined contribution plans and defined benefit plans. The majority of the provisions in this legislation are effective for fiscal years beginning after December 15, 2019. The effect of this Act 1 on the financial statements of the Plan has not been determined.

CARES Act

On March 27, 2020, Congress implemented the Coronavirus, Aid, Relief, and Economic Security (CARES) Act ("Act 2"). The Act 2 was created to help the struggling US Economy as a result of the COVID-19 pandemic. In addition, a portion of the Act 2 temporarily made changes to qualified retirement plans to assist retirement plan participants during the pandemic. The Act 2 is effective beginning March 27, 2020 and expires December 31, 2020.

NOTE C - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan receives investment management and third party administration services from a related group of companies, including Slavic Mutual Fund Management Corp. and Slavic Integrated Administration Inc.

Fidelity Management Trust Company ("Fidelity") is the trustee for the Plan's investment assets, which consist of mutual funds. Various mutual funds held in the Plan are issued by Fidelity.

Zuman, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2019 and 2018

NOTE C - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (continued)

These transactions qualify as party-in-interest transactions. Zuman, Inc., the plan administrator, received \$15,640 for administrative services included in the total direct payments. In addition, there are fees paid by the Plan relating to investment management fees charged on a daily basis to the mutual funds held with Fidelity. It is impractical to estimate the total investment management fees paid through this arrangement with the trustee.

Total direct payments for these services were \$144,357 for the year ended December 31, 2019.

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

NOTE D - PLAN TERMINATION

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

NOTE E - INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated March 31, 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 have determined 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.

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

NOTE F - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities, which are exposed to various risks such as interest rates, 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.

Zuman, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2019 and 2018

NOTE G - FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no Plan assets requiring the use of Level 3 inputs for the periods presented.

Following is a description of the valuation methodologies used for assets measured at fair value.

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

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

Zuman, Inc. Retirement Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE G - FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2019 Totals	Level 1	Level 2	Level 3
Assets				
Mutual funds	\$ 26,907,518	\$ 26,907,518	\$ -	\$ -
Total investment assets at fair value	<u>\$ 26,907,518</u>	<u>\$ 26,907,518</u>	<u>\$ -</u>	<u>\$ -</u>
	2018 Totals	Level 1	Level 2	Level 3
Assets				
Mutual funds	\$ 19,113,993	\$ 19,113,993	\$ -	\$ -
Total investment assets at fair value	<u>\$ 19,113,993</u>	<u>\$ 19,113,993</u>	<u>\$ -</u>	<u>\$ -</u>

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

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2019, there were no significant transfers between Levels 1 and 2 and no transfers into or out of Level 3.

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

1. Classification

The attached financial statements report notes receivables from participants as a receivable to the Plan, while Form 5500 reports these balances as a general investment on Schedule H. In addition, corrective distributions are deducted from participant contributions on the financial statements while they are listed as a separate expense of the Plan on Form 5500. This represents a classification difference and the reported amounts per financial statements and Form 5500 agree as of and for the years ended December 31, 2019 and 2018.

Zuman, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2019 and 2018

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 (continued)

2. Basis of accounting

The financial statements are prepared on the accrual basis of accounting while the Form 5500 is prepared on a modified cash basis of accounting. As such, corrective distributions payable are recognized in the financial statements in a different period than they are recognized in the Form 5500. Total assets, liabilities and net assets available for benefits of the Plan reconcile fully once these timing differences are taken into consideration.

NOTE I - SUBSEQUENT EVENTS

In early 2020, the World Health Organization has declared a pandemic constituting a "Public Health Emergency of International Concern." The pandemic has caused worldwide business disruptions through mandated and voluntary business closures. This has resulted in instability and fluctuations of the investment markets. Due to significant uncertainties, the financial impact to the Plan cannot be reasonably estimated through the date of the financial statements.

The Plan administrator has evaluated subsequent events through October 14, 2020, the date the financial statements were available to be issued, and, excluding the previously mentioned event, has determined that no material events occurred that would require disclosure in the financial statements.

SUPPLEMENTAL INFORMATION

Zuman, Inc. Retirement Plan

EIN #45-5251240 Plan #001

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

December 31, 2019

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	Vanguard Total Stock Market Index Admiral	Mutual Funds	**	\$ 6,384,281
	Vanguard Short Term Federal Admiral	Mutual Funds	**	3,507,743
	Vanguard Federal Money Market	Mutual Funds	**	2,487,398
	Vanguard 500 Index Admiral	Mutual Funds	**	1,076,179
	American Funds EuroPacifc Growth R6	Mutual Funds	**	950,157
	Vanguard Target Retirement 2030	Mutual Funds	**	774,556
	Wells Fargo Core Bond Fund	Mutual Funds	**	699,918
	Vanguard Small Cap Growth Index Adm	Mutual Funds	**	696,607
	Vanguard Information Technology Index Ad	Mutual Funds	**	671,652
	Vanguard Target Retirement 2045	Mutual Funds	**	612,864
*	Fidelity Advisor Technology	Mutual Funds	**	567,175
	Vanguard Industrials Index Admiral	Mutual Funds	**	557,582
	Vanguard Growth Index Admiral	Mutual Funds	**	520,405
	DFA Emerging Markets Core Equity	Mutual Funds	**	410,164
	Vanguard Target Retirement 2035	Mutual Funds	**	406,941
	Vanguard Target Retirement 2020	Mutual Funds	**	387,881
*	Fidelity International Growth Fund	Mutual Funds	**	378,724
	Vanguard Target Retirement 2050	Mutual Funds	**	377,969
	American Funds 2040 Target Date	Mutual Funds	**	304,150
	T. Rowe Price Blue Chip Growth	Mutual Funds	**	277,831
	BlackRock High Yield Bond	Mutual Funds	**	250,497
	American Funds 2030 Target Date	Mutual Funds	**	236,485
*	Fidelity US Bond Index Fund	Mutual Funds	**	235,293
	American Funds 2025 Target Date	Mutual Funds	**	233,240
	American Funds 2035 Target Date	Mutual Funds	**	231,165
	Janus Henderson Enterprise	Mutual Funds	**	229,583
	JPMorgan Equity Income CL R6	Mutual Funds	**	223,894
*	Fidelity 500 Index	Mutual Funds	**	216,176
	Vanguard Mid Cap Index Admiral	Mutual Funds	**	204,934
	Vanguard Mid Cap Growth Index Admiral	Mutual Funds	**	201,555
	Standard Stable Asset II	Mutual Funds	**	200,573
	iShares MSCI EAFE International Index K	Mutual Funds	**	199,277
*	Fidelity Mid Cap Index	Mutual Funds	**	181,242
	American Funds 2055 Target Date	Mutual Funds	**	175,565
	Vanguard Real Estate Index Admiral	Mutual Funds	**	164,061
	JPMorgan US Research Enhanced Equity CL L	Mutual Funds	**	162,207
	American Funds 2045 Target Date	Mutual Funds	**	149,382

See independent auditor's report.

Zuman, Inc. Retirement Plan

EIN #45-5251240 Plan #001

Schedule H, line 4i - Schedule of Assets (Held at End of Year) (continued)

December 31, 2019

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	DFA US Small Cap	Mutual Funds	**	128,981
	Vanguard Target Retirement 2040	Mutual Funds	**	123,658
	American Funds 2020 Target Date	Mutual Funds	**	115,107
	Vanguard Small Cap Value Index Admiral	Mutual Funds	**	108,248
	Vanguard Small Cap Index Admiral	Mutual Funds	**	107,123
	American Funds 2050 Target Date	Mutual Funds	**	100,094
	Vanguard Mid Cap Value Index Admiral	Mutual Funds	**	92,522
	Vanguard Target Retirement 2055 Inv	Mutual Funds	**	91,022
	DFA US Large Cap Value Prtf Instl	Mutual Funds	**	82,786
	Vanguard Short Term Bond Index Admiral	Mutual Funds	**	70,103
	JPMorgan Core Plus Bond Fund R6	Mutual Funds	**	62,765
	Vanguard Target Retirement 2025	Mutual Funds	**	60,277
	Wells Fargo Special Mid Cap	Mutual Funds	**	48,880
	Prudential High Yield Z	Mutual Funds	**	41,563
	International Stock Fund R1	Mutual Funds	**	36,042
	Invesco Oppenheimer Gold & Special MN R6	Mutual Funds	**	18,660
	Vanguard Target Retirement 2065 Inv	Mutual Funds	**	14,996
	Vanguard Short Term Inflation Protected	Mutual Funds	**	14,709
	Northern Small Cap Value	Mutual Funds	**	14,569
	Franklin Utilities R6	Mutual Funds	**	12,654
	Vanguard Energy Admiral	Mutual Funds	**	8,815
	DFA Inflation Protected SEC Port	Mutual Funds	**	8,345
*	Fidelity Advisor Materials I	Mutual Funds	**	293
		Matures 2020 to 2034; Interest rates range from		
*	Notes receivable from participants	4.25% to 6.50%	\$ -	520,247
		Total investments	\$ -	\$ 27,427,765

*Denotes party-in-interest

**Omitted- participant directed

See independent auditor's report.

Multiple-Employer Plan Participating Employer Information

Zuman, Inc. Retirement Plan		Plan #001	EIN: 45-5251240
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
Aligos Therapeutics, Inc	82-4724808	12.47%	
Aristea Therapeutics, Inc.	83-1074231	2.18%	
ASD Therapy Solutions, LLC, dba Apari Autism Center	83-2526282	0.00%	
Bay Area Bioscience Center, dba California	47-3118621	0.18%	
Beyond Type 1	47-3336640	0.10%	
Bring a Trailer Media, LLC	46-2786654	1.29%	
California Life Sciences Association	47-3226523	1.83%	
Forbes Todd Automotive II, LLC dba Audi Dallas	26-4703330	7.35%	
Fruition Sciences, Inc.	26-1911904	0.01%	
GW Imports, LP dba Goodson Acura of Dallas	76-0156522	6.28%	
Hook 42, Inc.	46-0673898	2.16%	
Kezar Life Sciences	47-3366145	14.61%	
Livingly Media, Inc	20-3259559	5.50%	
Mabwell Therapeutics, Inc.	83-1568218	0.77%	
May and Stanley Smith Charitable Trust	94-6622075	0.24%	
Open Road Lending, LLC	27-1293701	6.47%	
Originator Inc	46-3468074	1.57%	
Semarchy, Inc.	46-1815219	1.56%	
SolPad, Inc	46-5314099	2.45%	
Technovation	20-8386654	1.68%	
The Parking REIT Inc.	47-3955882	0.62%	
Treehouse Island, Inc	37-1648659	11.12%	
TTLC Management	36-4813611	6.43%	
Voicebase Inc.	27-2113142	8.79%	
WA Acquisition, LLC	81-4649164	0.41%	
Zuman, Inc.	45-5251240	3.91%	

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

Zuman, Inc. Retirement Plan

Plan #001

EIN #: 45-5251240

(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
	BlackRock	BTMKX - iShares MSCI EAFE International Index K		199,277
	DFA	DFCEX - DFA Emerging Markets Core Equity		410,163
	DFA	DFLVX - DFA US Large Cap Value Prtf Instl		82,786
	DFA	DIPSX - DFA Inflation Protected SEC Port		8,345
	Fidelity	FATIX - Fidelity Advisor Technology		567,175
	Fidelity	FMFEX - Fidelity Advisor Materials I		293
	Franklin/Templeton	FUFRX - Franklin Utilities R6		12,654
	Fidelity	FXAIX - Fidelity 500 Index		216,176
	Fidelity	FXNAX - Fidelity US Bond Index		235,293
	JPMorgan	JCPUX - JPMorgan Core Plus Bond Fund R6		62,765
	JPMorgan	JPIEX - JPMorgan US Research Enhanced Equity L		162,207
	Oppenheimer Funds	OGMIX - Invesco Oppenheimer Gold & Special Miner		18,660
	Prudential	PHYZX - Prudential High Yield Z		41,563
	American Funds	RERGX - American Funds EuroPacific R6		950,157
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Admiral		70,104
	Vanguard	VFFVX - Vanguard Target Retirement 2055		91,022
	Vanguard	VFIFX - Vanguard Target Retirement 2050		377,970
	Vanguard	VFORX - Vanguard Target Retirement 2040		123,658
	Vanguard	VGELX - Vanguard Energy Admiral		8,814
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		164,062
	Vanguard	VIGAX - Vanguard Growth Index Admiral		520,405
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		204,934
	Vanguard	VINAX - Vanguard Industrial Index Admiral		557,583
	Vanguard	VITAX - Vanguard Information Technology Index Ad		671,651
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		14,996
	Vanguard	VMFXX - Vanguard Federal Money Market		2,487,030
	Vanguard	VMGMX - Vanguard Mid Cap Growth Index Admiral		201,555
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		92,522
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		420,789
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		3,507,743
	Vanguard	VSIAX - Vanguard Small Cap Value Index Adm		108,248
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		107,123
	Vanguard	VTAPX - Vanguard Short-Term Inf Prot Index Admir		14,709
	Vanguard	VTHRX - Vanguard Target Retirement 2030		774,556
	Vanguard	VTIVX - Vanguard Target Retirement 2045		612,864
	Vanguard	VTMAX - Vanguard Total Stock Market Index Admira		6,384,281
	Vanguard	VTTHX - Vanguard Target Retirement 2035		406,942
	Vanguard	VTTVX - Vanguard Target Retirement 2025		60,277
	Vanguard	VTWXX - Vanguard Target Retirement 2020		387,881
	BlackRock	BRHYX - BlackRock High Yield Bond		250,497
	DFA	DFSTX - DFA US Small Cap		128,982
	Fidelity	FIGFX - FIDELITY INT'L GROWTH FUND		378,724
	Fidelity	FSMDX - Fidelity Mid Cap Index		181,242
	Janus	JDMNX - Janus Henderson Enterprise N		229,582
	Wells Fargo	MBFIX - Wells Fargo Total Return Bond		699,919
	Northern	NOSGX - NORTHERN SMALL CAP VALUE		14,569
	JPMorgan	OIEJX - JPMorgan Equity Income CL R6		223,894
	Wilmington Trust	QHSAQ - Wilmington CIT Temple Int'l Stock Fnd R1		36,042
	American Funds	RFDTX - AMERICAN FUNDS 2025		233,259
	American Funds	RFETX - AMERICAN FUNDS 2030 TARGET DATE		236,504
	American Funds	RFETX - American Funds 2035 Target Date		231,193
	American Funds	RFGTX - AMERICAN FUNDS 2040 TARGET DATE		304,183
	American Funds	RFHTX - AMERICAN FUNDS 2045 TARGET DATE		149,397
	American Funds	RFITX - AMERICAN FUNDS 2050 TARGET DATE		100,105
	American Funds	RFKTX - AMERICAN FUNDS 2055 TARGET		175,582
	American Funds	RRCTX - AMERICAN FUNDS 2020		115,111
	T Rowe Price	TRBCX - T Rowe Price Blue Chip Growth		277,831
	Vanguard	VFIAX - Vanguard 500 Index Admiral		1,076,033
	Vanguard	VMFXX - Vanguard Federal Money Market		369
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		275,818
	Wells Fargo	WFMIX - Wells Fargo Special Mid Cap Value Inst		48,880
	Standard	XSAF2 - Standard Stable Asset II		200,573
	Participant Loans	4.25% to 6.50%		520,247