

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>MONITRONICS INTERNATIONAL, INC 401(K) SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/29/2005</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/29/2005</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/29/2005</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>MONITRONICS INTERNATIONAL, INC</u> <u>1990 WITTINGTON PLACE</u> <u>FARMERS BRANCH, TX 75234</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>74-2719343</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>972-243-7443</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>512100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>74-2719343</u>	2c Plan Sponsor's telephone number <u>972-243-7443</u>	2d Business code (see instructions) <u>512100</u>	
2b Employer Identification Number (EIN) <u>74-2719343</u>					
2c Plan Sponsor's telephone number <u>972-243-7443</u>					
2d Business code (see instructions) <u>512100</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.	09/30/2022	JONATHAN FABER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

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	1518
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)	1337
a(2) Total number of active participants at the end of the plan year		6a(2)	1659
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	442
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2101
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	10
f Total. Add lines 6d and 6e		6f	2111
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	994
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	24
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan MONITRONICS INTERNATIONAL,INC 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MONITRONICS INTERNATIONAL,INC	D Employer Identification Number (EIN) 74-2719343	

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 CHARLES SCHWAB & CO. INC. AND AFFIL 94-1737782
(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)

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(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 26 50 64	NONE	87170	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC.

94-1737782

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE ATTACHMENT 75-2401150	SEE ATTACHMENT

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>MONITRONICS INTERNATIONAL, INC 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MONITRONICS INTERNATIONAL, INC</u>	D Employer Identification Number (EIN) <u>74-2719343</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab INST LRG CAP VAL TR FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625170-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3404137</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab MANAGED RET TRUST FUND 2010</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>152509</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab MANAGED RET TRUST FUND 2015</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>202886</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab MANAGED RET TRUST FUND 2020</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1145216</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab MANAGED RET TRUST FUND 2025</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>790921</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab MANAGED RET TRUST FUND 2030</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2449165</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab MANAGED RET TRUST FUND 2035</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>705741</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TRUST FUND 2040

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2755504
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TRUST FUND 2045

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1407955
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TRUST FUND 2050

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 763319
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TRUST FD-INCOME

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104439
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND 2060

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48129
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TRUST FUND 2055

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-020	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 146084
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND 2065

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9198
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan MONITRONICS INTERNATIONAL,INC 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MONITRONICS INTERNATIONAL,INC	D Employer Identification Number (EIN) 74-2719343	

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)		
(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)	4584961	3271134
(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)	332507	383470
(9) Value of interest in common/collective trusts.....	1c(9)	10591029	14085203
(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)	23435285	31265370
(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	38943782 49005177
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	51185 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	51185 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	38892597 49005177

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
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1545782
	(B) Participants	2a(1)(B)	3009699
	(C) Others (including rollovers).....	2a(1)(C)	2471818
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	7027299
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3509
	(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)	15836
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	19345
(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)	1587203
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1587203
(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)		1782069
(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)		3344808
c Other income.....	2c		51185
d Total income. Add all income amounts in column (b) and enter total.....	2d		13811909
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3560843	
(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)		3560843
f Corrective distributions (see instructions).....	2f		51216
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	87270	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		87270
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3699329
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		10112580
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: DANCE, BIGELOW, & CO., PC

(2) EIN: 46-1645526

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		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?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan MONITRONICS INTERNATIONAL,INC 401(K) SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MONITRONICS INTERNATIONAL,INC		D Employer Identification Number (EIN) 74-2719343
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): 82-3967259		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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 _____

MONITRONICS INTERNATIONAL, INC.
401(k) SAVINGS PLAN

Financial Statements

December 31, 2021 and 2020

MONITRONICS INTERNATIONAL, INC. 401(k) SAVINGS PLAN

Financial Statements
December 31, 2021 and 2020

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditors' Report	1 - 4
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7 - 16
Schedule of Assets (Held at End of Year)	17



DANCE, BIGELOW & CO, PC

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Administrative Committee of
the Monitronics International, Inc. 401(k) Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of Monitronics International, Inc. 401(k) Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Monitronics International, Inc. 401(k) Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of

Monitronics International, Inc. 401(k) Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management 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, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Monitronics International, Inc. 401(k) Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Monitronics International, Inc. 401(k) Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Monitronics International, Inc. 401(k) Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

The 2020 financial statements of Monitronics International, Inc. 401(k) Savings Plan were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information

certified by a qualified institution. Their report dated September 28, 2021, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and supplemental schedules, and (b) the form and content of the information included in the financial statements and supplemental schedules other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA

Dance, Bigelow & Co., P.C.

Flower Mound, TX
September 26, 2022

MONITRONICS INTERNATIONAL, INC. 401(k) SAVINGS PLAN

Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments at fair value:		
Interest-bearing cash	\$ 3,271,134	\$ 4,584,961
Interest in common/collective trusts	14,085,203	10,591,029
Interest in registered investment companies	<u>31,265,370</u>	<u>23,435,285</u>
Total investments at fair value	48,621,707	38,611,275
Receivables:		
Notes receivable from participants	<u>383,470</u>	<u>332,507</u>
Total assets	<u>49,005,177</u>	<u>38,943,782</u>
LIABILITIES		
Excess contributions payable	<u>-</u>	<u>51,185</u>
Net assets available for benefits	<u>\$ 49,005,177</u>	<u>\$ 38,892,597</u>

The accompanying notes are an integral part of these financial statements.

MONITRONICS INTERNATIONAL, INC. 401(k) SAVINGS PLANStatement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2021

	<u>2021</u>
Additions to net assets attributed to:	
Investment income (loss):	
Net investment gain from common/collective trusts	\$ 1,782,069
Net investment gain from registered investment companies	3,343,315
Interest	56,187
Dividends	<u>1,587,203</u>
Net investment income	<u>6,768,774</u>
Interest on notes receivable from participants	15,836
Contributions:	
Participants	3,009,699
Sponsor	1,545,782
Rollovers	<u>2,471,818</u>
Total contributions	<u>7,027,299</u>
Total additions	<u>13,811,909</u>
Deductions from net assets attributed to:	
Benefits paid to participants	3,560,843
Corrective distributions	51,216
Administrative expenses	<u>87,270</u>
Total deductions	<u>3,699,329</u>
Net increase	10,112,580
Net assets available for benefits at beginning of year	<u>38,892,597</u>
Net assets available for benefits at end of year	<u>\$ 49,005,177</u>

The accompanying notes are an integral part of these financial statements.

MONITRONICS INTERNATIONAL, INC. 401(k) SAVINGS PLAN
Notes to Financial Statements

1 - Description of Plan

The following description of the Monitronics International, Inc. 401(k) Savings Plan (the “Plan”) (formerly Ascent Capital Group 401(k) Savings Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

A. General - The Plan, established on July 29, 2005, is a defined contribution 401 (k) plan covering all eligible employees of Monitronics International, Inc. (the “Sponsor”). Participation begins on the date on which the participant meets the eligibility requirements. On July 29, 2005, certain assets were transferred from the Liberty Media 401(k) Savings Plan to the Plan as the result of the spin-off of Discovery Holding Company (DHC) from Liberty Media Corporation. Those participant accounts were 100% vested when transferred to the Plan. Effective July 7, 2011, Ascent Capital Group, Inc., was merged with and into Ascent Media Corp. As a result of the merger, the name of the Plan’s sponsor was changed to Ascent Capital Group, Inc. On January 23, 2012, the Board of Directors of Ascent Capital Group, Inc. (formerly Ascent Media Corporation, Inc., a controlling party of Monitronics International, Inc.), approved the merger of the Monitronics International, Inc. 401(k) Plan with and into the Plan, effective January 31, 2012. In 2019, Ascent Capital Group, Inc. was merged into Monitronics International, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and is intended to be a qualified retirement plan under the Internal Revenue Code.

On December 20, 2019, Congress passed the Setting Every Community Up for Retirement Enhancement Act (the “SECURE Act”). The SECURE Act expands retirement access to both employers and employees by changing the rules with respect to required minimum distributions among others. The required provisions of the SECURE Act that were effective immediately or beginning no later than January 1, 2020 were operationalized accordingly. On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (“CARES”) Act was signed into law. The CARES Act contains several provisions that temporarily impact 401(k) plans, including the waiver of required minimum distributions, a new hardship withdrawal option, increased loan limits, and a pause option for loan payments. The provisions of the CARES act may be effective and operationalized immediately, prior to amending the plan document. The Sponsor has adopted the relief provisions included in the CARES Act. Written amendments to the Plan document to reflect the operational changes from the CARES and SECURE Acts will be adopted at a later date in accordance with applicable law and guidance.

B. Plan Amendments - Effective June 1, 2008, the Plan was amended to cover all employees of the Company of age 18 or older with 30 days of service. As described in Note 1(A), the Plan was amended to reduce employer matching contributions. Effective February 1, 2012, the Plan was amended to cover all employees of the Company with 90 days of service. Effective January 1, 2016, a restated plan was adopted and to be eligible, an employee must be credited with at least 60 days of service. Effective January 1, 2017, an additional employer, LiveWatch Security, LLC, adopted the plan. The employees of LiveWatch Security, LLC, received employer matching contributions equal to 100% of the participant’s 401(k) contributions that do not exceed 3% of eligible compensation and vest after 2 years of vesting service. Effective January 1, 2019, the Plan was amended to remove the additional non-safe harbor matching contribution and to preserve the prior vesting schedule for the non-safe harbor matching contribution accounts for LiveWatch Security, LLC employees who were hired and became participants on or before December 31, 2018. Additionally, the Plan was amended to change the vesting schedules for the non-safe harbor matching contributions and the non-safe harbor non-elective contributions, and to preserve the prior vesting schedules for the non-safe harbor matching contribution accounts and the non-safe harbor non-elective contribution accounts for employees who were hired and became participants on or before December 31, 2018. Additionally, the Plan was amended to exclude taxable fringe benefits from eligible compensation. Effective September 1, 2019, the Plan was amended to change the Plan name from Ascent Capital Group 401(k) Savings Plan to Monitronics International, Inc. 401(k) Savings Plan. Additionally, the Sponsoring Employer and Plan Administrator was changed from Ascent Capital Group, Inc. to Monitronics International, Inc. Effective January 1, 2021, the Plan was amended to update the vesting schedules for the non-safe harbor matching contributions and the non-safe harbor non-elective contributions, and to preserve the prior vesting schedules

MONITRONICS INTERNATIONAL, INC. 401(k) SAVINGS PLAN
Notes to Financial Statements

1 - Description of Plan (continued)

for the non-safe harbor matching contribution accounts and the non-safe harbor non-elective contribution accounts for employees who were hired and became participants on or after January 1, 2019.

C. Contributions - Participants may voluntarily contribute to the Plan up to an annual maximum of 100% of eligible compensation, as defined by the Plan. Total participant contributions in any calendar year are restricted to the applicable limit under Internal Revenue Code Section 402(g). The applicable limit for the plan year ended December 31, 2021 is \$19,500 with an additional \$6,500 catch-up provision for participants age fifty or older. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Sponsor's matching contribution is a discretionary match based on a percentage of employee pretax salary and Roth 401(k) deferrals subject to a maximum of 100% of each dollar contributed up to 3% of participants compensation, and 50% of each dollar contributed by the participant from 3% up to 5% of participants' eligible compensation. The participants direct the investment of the employee pretax salary deferrals, Roth 401(k) deferrals, and the Sponsor matching contributions to the various investment options offered by the Plan.

Effective April 10, 2009, the Plan was amended to reduce employer matching contributions to 50% of a participant's contribution up to 4% of the participant's compensation. For the year ended December 31, 2008 and through April 9, 2009, the Company's matching contributions were 50% of a participant's contribution up to 8% of their eligible compensation. Effective January 1, 2012, the Plan was amended to reduce employer matching contributions to 25% of a participant's contribution up to 4% of their eligible compensation. Effective January 1, 2017, an additional employer, LiveWatch Security, LLC, adopted the plan. The employees of LiveWatch Security, LLC, received employer matching contributions equal to 100% of the participant's 401(k) contributions not exceeding 3% of eligible compensation. Effective January 1, 2019, the employer may match 50% of each dollar contributed by the participant up to 5% of the participant's compensation. Effective January 1, 2021, the employer may match 100% of each dollar contributed up to 3% of participants compensation, and 50% of each dollar contributed by the participant from 3% up to 5% of the participant's compensation.

The matching Company contribution is invested in a portfolio of investments as directed by the participant. Contributions are subject to certain limitations.

D. Expenses of Administering the Plan - Administrative expenses recorded in the financial statements represent expenses that were absorbed by participants related to the administration of the Plan.

E. Participants' Accounts - Each participant's account is credited with the participant's contributions, the Sponsor's matching contributions 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 transactions, as defined within the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

F. Eligibility and Vesting - Employees of the Sponsor become eligible to participate in the Plan once they have completed 60 days of service with the Sponsor.

Participants' contributions plus actual earnings thereon are 100% vested at all times. Effective January 1, 2019 for employees who became participants on and after January 1, 2019, vesting of Sponsor matching contributions plus earnings thereon is based on years of continuous service in accordance with the following schedule:

<u>Year(s) of Service</u>	<u>Vested Percentage</u>
1	0%
2	50%
3	100%

MONITRONICS INTERNATIONAL, INC. 401(k) SAVINGS PLAN
Notes to Financial Statements

1 - Description of Plan (continued)

F. Eligibility and Vesting (continued) - For employees that were participants prior to January 1, 2019 and were still employed with the Employer on January 1, 2019 (except for employees of LiveWatch Security, LLC), Non-Safe Harbor Matching Contribution accounts shall be vested based on the following vesting schedule:

<u>Year(s) of Service</u>	<u>Vested Percentage</u>
1	20%
2	50%
3	100%

For Plan participants on or before December 31, 2018, employed by LiveWatch Security, LLC, they shall vest based on the following vesting schedule:

<u>Year(s) of Service</u>	<u>Vested Percentage</u>
1	50%
2	100%

For Plan participants that terminated employment on or before December 31, 2018, Non-Safe Harbor Matching Contribution accounts shall be vested based on the following vesting schedule:

<u>Year(s) of Service</u>	<u>Vested Percentage</u>
1	20%
2	40%
3	60%
4	80%
5	100%

For Ascent Capital Group 401(k) Savings Plan employees that were participants prior to February 1, 2012, they shall vest based on the following vesting schedule:

<u>Year(s) of Service</u>	<u>Vested Percentage</u>
1	33%
2	67%
3	100%

A participant is 100% vested upon termination by reason of retirement, death, or disability. Upon termination, any amount in which the participant is not vested shall be forfeited.

G. Notes Receivable from Participants - Participants may borrow from their accounts a minimum of \$1,000, and up to a maximum of the lesser of 50% of their vested account balance or \$50,000. The loans bear interest at variable rates and are secured by the balances in the participants' accounts. Principal and interest are paid ratably through payroll deductions, and loan terms are generally for a period not exceeding five years. Participants may have no more than one loan outstanding at one time.

Pursuant to the CARES Act, loan limits were temporarily increased. Between March 27, 2020 and September 22, 2020, participants meeting certain eligibility criteria were able to borrow from their account balance up to the lesser of 100% of the vested balance or \$100,000. Any loan payments due between March 27, 2020 and December 31, 2020 for eligible participants could be suspended with the unpaid interest being re-amortized across the remainder of the loan and payment re-commencing in January 2021.

MONITRONICS INTERNATIONAL, INC. 401(k) SAVINGS PLAN
Notes to Financial Statements

1 - Description of Plan (continued)

H. Excess Contributions Payable - Amounts payable to participants totaling \$62 and \$51,185 for contributions in excess of amounts allowed by the IRS are recorded as a liability for the years ending December 31, 2021 and 2020, respectively. The refund of excess is included in corrective distributions paid to participants for the year ending December 31, 2021. The Plan distributed the 2021 excess contributions to the applicable participants prior to March 31, 2022.

I. Payment of Benefits - Upon termination of service or retirement, participants entitled to payment under the Plan will have the option of receiving a lump sum distribution equal to their vested account balance or rolling their distribution over to an IRA or another qualified retirement plan.

Participants may make withdrawals from their individual accounts upon termination, death, disability, financial hardship (as defined by the Internal Revenue Service Safe Harbor Distribution Rules), or attainment of the normal plan retirement age of 65 or on or after age 59.5 while still employed. Distribution of funds shall occur once a valuation of the participant's account is received after separation from employment or request for withdrawal.

The Sponsor has adopted the SECURE Act provision raising the required age from 70½ to 72 for participants that had not attained age 70½ before January 1, 2020.

J. Forfeited Accounts - Forfeitures may be used to pay administrative expenses or to reduce future Sponsor matching contributions. As of December 31, 2021, forfeited non-vested accounts totaled \$20,450. During the year ended December 31, 2021, there were \$69 of forfeitures used to pay administrative expenses or to fund Sponsor matching contributions.

2 - Summary of Significant Accounting Policies

A. Basis of Presentation - The accompanying financial statements were prepared on the accrual basis of accounting. Therefore, revenues are recognized when earned, and expenses are recorded when the obligation is incurred.

B. Valuation of Investments - The Plan's investments are reported at their fair value at the measurement date. Interests in registered investment companies are stated at fair value as determined and certified by Charles Schwab Trust Bank or Charles Schwab Bank (the "Trustee"). Interests in common collective trust funds are valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. See Note 7 for information on fair value measurements.

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. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments includes realized and unrealized gains and losses on investments bought and sold as well as held during the year.

C. Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. During the year ended December 31, 2021, there were no deemed distributions of notes receivable from participants.

MONITRONICS INTERNATIONAL, INC. 401(k) SAVINGS PLAN
Notes to Financial Statements

2 - Summary of Significant Accounting Policies (continued)

D. Payment of Benefits - Benefits are recorded when paid. Corrective distributions generally represent the distribution of certain assets to employees in order for the Plan to comply with ERISA nondiscrimination rules. There were \$51,216 of corrective distributions for the year ended December 31, 2021.

E. Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

F. Expenses - Certain expenses of maintaining the Plan are paid by the Plan Sponsor and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments. Fees for the administration of notes receivable from participants are included in administrative expenses and charged directly to the participant's account.

G. Subsequent Events - In preparing the accompanying financial statements, the Plan evaluated events occurring from December 31, 2021 through the date the financial statements were issued.

3 - Information Certified by the Trustee

The Sponsor elected the method of annual reporting compliance in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee of the Plan has certified that all of the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

Investments and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2021 and 2020;

Investment activity, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2021; and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021.

The Plan's independent accountants did not perform auditing procedures with respect to this information except for comparing such information to the related information included in the financial statements and supplemental schedule.

4 - Plan Termination

Although it has not expressed any intent to do so, the Sponsor 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 the Plan's termination, participants will become fully vested in their accounts.

5 - Income Tax Status

The Plan has adopted a basic prototype defined contribution plan that obtained its latest determination letter on June 19, 2014, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan administrator timely adopted the prototype Plan document. Although the Plan has been amended since receiving the opinion 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. Therefore, no provision for income taxes has been included in the Plan's financial statements.

MONITRONICS INTERNATIONAL, INC. 401(k) SAVINGS PLAN
Notes to Financial Statements

6 - 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 held by the Plan, it is at least reasonably possible that changes in fair value may occur and that such changes could materially affect the participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

The novel coronavirus (COVID-19), which was declared a global pandemic by the World Health Organization in March 2020, has led to extreme volatility in financial markets and has affected, and may continue to affect, the fair value of the Plan assets. As the effects of the pandemic continues to have an impact on global economic activity, the extent and duration of the COVID-19 impact is difficult to assess and cannot be predicted.

7 - Fair Value Measurements

As required by the Fair Value Measurements topic of the Financial Accounting Standards Board *Accounting Standards Codification* ("FASB ASC"), all financial assets and liabilities are measured at fair value on a recurring basis. The topic establishes a framework for measuring fair value and enhances disclosure requirements for fair value measurements. The topic defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The topic establishes market or observable inputs as the preferred sources of values, followed by assumptions based on hypothetical transactions in the absence of market inputs. The topic establishes a hierarchy for grouping these assets and liabilities, based on the significance level of the following inputs:

Level I - Quoted prices in active markets for identical assets or liabilities.

Level II - Quoted prices in active markets for similar assets and liabilities, quoted prices for identical or similar instruments in markets that are not active and model-derived valuations whose inputs are observable or whose significant drivers are observable.

Level III - Significant inputs to the valuation model are unobservable.

MONITRONICS INTERNATIONAL, INC. 401(k) SAVINGS PLAN
Notes to Financial Statements

7 - Fair Value Measurements (continued)

The following is a listing of assets and liabilities required to be measured at fair value on a recurring basis and where they are classified within the hierarchy as of December 31, 2021 and 2020:

Assets at Fair Value as of December 31, 2021				
	Level I	Level II	Level III	Total
Cash equivalent	\$ 3,271,134	\$ -	\$ -	\$ 3,271,134
Interest in registered investment companies	31,265,370	-	-	31,265,370
Total assets in the fair value hierarchy	34,536,504	-	-	34,536,504
Investments measured at NAV (a)	-	-	-	14,085,203
Total assets at fair value	<u>\$ 34,536,504</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 48,621,707</u>

Assets at Fair Value as of December 31, 2020				
	Level I	Level II	Level III	Total
Cash equivalent and cash	\$ 4,584,961	\$ -	\$ -	\$ 4,584,961
Interest in registered investment companies	23,435,285	-	-	23,435,285
Total assets in the fair value hierarchy	28,020,246	-	-	28,020,246
Investments measured at NAV (a)	-	-	-	10,591,029
Total assets at fair value	<u>\$ 28,020,246</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 38,611,275</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

MONITRONICS INTERNATIONAL, INC. 401(k) SAVINGS PLAN
Notes to Financial Statements

7 - Fair Value Measurements (continued)

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2021 and 2020, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>December 31, 2021</u>	<u>Fair Value</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Target Date: Managed Retirement Trust Fund (a)	\$ 104,439	Daily	30 business days
Target Date: Managed Retirement Trust Fund (b)	10,576,627	Daily	30 business days
Equity: Institutional Large Cap Value Trust Fund (c)	<u>3,404,137</u>	Daily	30 business days
Total	<u>\$ 14,085,203</u>		
 <u>December 31, 2020</u>			
Target Date: Managed Retirement Trust Fund (a)	\$ 131,222	Daily	30 business days
Target Date: Managed Retirement Trust Fund (b)	7,873,230	Daily	30 business days
Equity: Institutional Large Cap Value Trust Fund (c)	<u>2,586,577</u>	Daily	30 business days
Total	<u>\$ 10,591,029</u>		

(a) The objective of this investment is to provide total return for investors near or in retirement.

(b) The objective of these investments are to provide a total return for investors retiring approximately at or near the target date in the respective fund name.

(c) The objective of this investment is long-term capital appreciation.

Interest in registered investment companies include mutual funds that are valued using quoted prices on nationally recognized securities exchanges. The mutual funds held by the Plan are deemed to be actively traded.

Interest in common collective trusts are valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The preceding method described may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation method is 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.

8 - Concentrations

Funds deposited in the Plan's bank savings deposit account are eligible for FDIC insurance up to \$250,000 per Plan participant when aggregated with all other deposits held by that Plan participant in the same capacity at Schwab Bank.

MONITRONICS INTERNATIONAL, INC. 401(k) SAVINGS PLAN
Notes to Financial Statements

9 - Exempt Party-In-Interest Transactions

The trustee is a subsidiary of The Charles Schwab Corporation. The Charles Schwab Corporation provides services to retirement and other benefit plans and participants through its separate but affiliated companies and subsidiaries, Charles Schwab & Co., Inc. (CS & Co.); Charles Schwab Bank; Charles Schwab Trust Bank; Schwab Retirement Plan Services, Inc.; and Schwab Retirement Plan Services Company (together, SRPS).

Charles Schwab Investment Management, Inc. (CSIM), an investment adviser registered with the Securities and Exchange Commission (SEC) under the Investment Advisers Act of 1940 and CS & Co., a registered broker/dealer, both wholly owned subsidiaries of the Charles Schwab Corporation, provides various investment management, administrative, transfer agent and distribution services. The Schwab Bank Collective Trust Funds select investments based on advice received from or products offered by industry-recognized investment management firms (sub-advisors) including CSIM. Charles Schwab Trust Bank is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

The Plan pays fees for various administrative and custodial services provided during the year. Fees paid using Plan assets during the year ended December 31, 2021 for these services totaled \$87,270. These fees were based on customary and reasonable rates for such services.

The Sponsor provides certain accounting, administrative, and investment management services to the Plan for which no fees are charged. The Plan's independent auditor and most investment consulting fees are paid by the Sponsor for the Plan. The Plan Sponsor, employer, investment consultants and independent Plan auditor transactions qualify as party-in-interest transactions.

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

10 - Fidelity Bond

The Sponsor believes the Plan has complied with the fidelity bonding requirements of ERISA through coverage provided in the Sponsor's crime insurance policy.

11 - Reconciliations of Financial Statements to Form 5500

The following is a reconciliation of the net investment gain from registered investment companies per the financial statements to the Form 5500 for the year ended December 31, 2021:

Net investment gain from registered investment companies per the financial statements	\$ 3,292,130
Interest from registered investment companies	<u>52,678</u>
Net investment gain from registered investment companies per the Form 5500	<u>\$ 3,344,808</u>

The following is a reconciliation of the interest per the financial statements to the Form 5500 for the year ended December 31, 2021:

Interest per the financial statements	\$ 56,187
Less: Interest from registered investment companies	<u>(52,678)</u>
Interest per the Form 5500	<u>\$ 3,509</u>

MONITRONICS INTERNATIONAL, INC. 401(k) SAVINGS PLAN
Notes to Financial Statements

12 - Accounting Pronouncements

In July 2019, the Auditing Standards Board (ASB) issued Statement on Auditing Standards (SAS) 136, Forming an Opinion and Reporting on Financial Statements of Employee Benefit Plans Subject to ERISA. The new standard enhances audit quality and adds transparency to the nature and scope of ERISA benefit plan audits presented in the auditor's report. The provisions of this SAS are effective for years beginning after December 15, 2020. The Plan has adopted this SAS as of January 1, 2021. This SAS did not have a significant impact on the Plan's results, as it only includes changes to disclosure requirements.

MONITRONICS INTERNATIONAL, INC. 401(k) SAVINGS PLAN

E.I. #74-2719343

Plan Number 001

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

December 31, 2021

(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
*	Schwab Bank Savings	Money Market / Cash Equivalent		\$ 3,271,134
*	Schwab Institutional LGCAP TR FD Sel	Common Collective Trust Fund		3,404,137
*	Schwab Managed 2060 Income Cl IV	Common Collective Trust Fund		48,129
*	Schwab Managed 2065 Income Cl IV	Common Collective Trust Fund		9,198
*	Schwab Managed Retirement 2010 Cl IV	Common Collective Trust Fund		152,509
*	Schwab Managed Retirement 2015 Cl IV	Common Collective Trust Fund		202,886
*	Schwab Managed Retirement 2020 Cl IV	Common Collective Trust Fund		1,145,216
*	Schwab Managed Retirement 2025 Cl IV	Common Collective Trust Fund		790,921
*	Schwab Managed Retirement 2030 Cl IV	Common Collective Trust Fund		2,449,165
*	Schwab Managed Retirement 2035 Cl IV	Common Collective Trust Fund		705,741
*	Schwab Managed Retirement 2040 Cl IV	Common Collective Trust Fund		2,755,504
*	Schwab Managed Retirement 2045 Cl IV	Common Collective Trust Fund		1,407,955
*	Schwab Managed Retirement 2050 Cl IV	Common Collective Trust Fund		763,319
*	Schwab Managed Retirement 2055 Cl IV	Common Collective Trust Fund		146,084
*	Schwab Managed Retirement Inc Cl IV	Common Collective Trust Fund		104,439
	American Beacon Scap Val Instl	Registered Investment Company		1,159,765
	Artisan International Fund	Registered Investment Company		1,630,977
	DFA Global Real Estate Sec	Registered Investment Company		304,598
	Fidelity 500 Index	Registered Investment Company		13,590,457
	Fidelity Extended Market Index	Registered Investment Company		573,108
	Fidelity Short Term BD Index	Registered Investment Company		139,858
	Fidelity Total Intern Index	Registered Investment Company		1,541,069
	Fidelity Bond Index	Registered Investment Company		38,629
	Growth Fund of America R6	Registered Investment Company		6,456,061
	Metropolitan West Total Return Bond I	Registered Investment Company		1,345,103
	PIMCO High Yield Fund	Registered Investment Company		836,246
	Vanguard Explorer Admiral Shrs	Registered Investment Company		2,855,934
	Vanguard Inflation Protect Adm	Registered Investment Company		769,603
	Vanguard Institutional Index	Registered Investment Company		23,962
		Interest rates from 4.25% to 6.5% with notes maturing through		
*	Participant Loans	December 12, 2026		383,470

* Represents a party in interest as defined by ERISA.

See accompanying independent auditors' report.

Monitronics International, Inc. 401(k) Savings Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2021

EIN: 74-2719343

Plan Number: 001

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Allianz Global Investors	Not Available	Rate of 0.02% of average daily balance of asset(s)
American Beacon	75-2401150	Rate of 0.05% of average daily balance of asset(s)
Artisan Partners Limited Partnership	Not Available	Rate of 0.40% of average daily balance of asset(s)
Metropolitan West Funds	95-4597302	Rate of 0.10% of average daily balance of asset(s)

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

NAME OF PLAN SPONSOR:	Monitronics International, Inc.
NAME OF PLAN:	Monitronics International, Inc. 401(k) Savings Plan
EIN:	74-2719343
PLAN NUMBER:	001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (4.25% - 6.5%)		383,470
*	SCHWAB BANK SAVINGS	Money Market / Cash Equivalent		3,271,134
*	SCHWAB INSTL LGCAP TR FD SEL	Common Collective Trust Fund		3,404,137
*	SCHWAB MANAGED 2060 INC CL IV	Common Collective Trust Fund		48,129
*	SCHWAB MANAGED 2065 INC CL IV	Common Collective Trust Fund		9,198
*	SCHWAB MANAGED RET 2010 CL IV	Common Collective Trust Fund		152,509
*	SCHWAB MANAGED RET 2015 CL IV	Common Collective Trust Fund		202,886
*	SCHWAB MANAGED RET 2020 CL IV	Common Collective Trust Fund		1,145,216
*	SCHWAB MANAGED RET 2025 CL IV	Common Collective Trust Fund		790,921
*	SCHWAB MANAGED RET 2030 CL IV	Common Collective Trust Fund		2,449,165
*	SCHWAB MANAGED RET 2035 CL IV	Common Collective Trust Fund		705,741
*	SCHWAB MANAGED RET 2040 CL IV	Common Collective Trust Fund		2,755,504
*	SCHWAB MANAGED RET 2045 CL IV	Common Collective Trust Fund		1,407,955
*	SCHWAB MANAGED RET 2050 CL IV	Common Collective Trust Fund		763,319
*	SCHWAB MANAGED RET 2055 CL IV	Common Collective Trust Fund		146,084
*	SCHWAB MANAGED RET INC CL IV	Common Collective Trust Fund		104,439
	AMERICAN BEACON SCAP VALUE R5	Registered Investment Company		1,159,765
	ARTISAN INTERNATIONAL FUND	Registered Investment Company		1,630,977
	DFA GLOBAL REAL ESTATE SEC	Registered Investment Company		304,598
	FIDELITY 500 INDEX	Registered Investment Company		13,590,457
	FIDELITY EXTENDED MARKET INDEX	Registered Investment Company		573,108
	FIDELITY SHORT TERM BD INDEX	Registered Investment Company		139,858
	FIDELITY TOTAL INTERN INDEX	Registered Investment Company		1,541,069
	FIDELITY US BOND INDEX	Registered Investment Company		38,629
	GROWTH FUND OF AMERICA R6	Registered Investment Company		6,456,061
	METROPOLITAN WEST TTL RTN BD I	Registered Investment Company		1,345,103
	PIMCO HIGH YIELD FUND	Registered Investment Company		836,246
	VANGUARD EXPLORER ADMIRAL SHRS	Registered Investment Company		2,855,934
	VANGUARD INFLATION PROTECT ADM	Registered Investment Company		769,603
	VANGUARD TOTAL INTL BD IDX ADM	Registered Investment Company		23,962

* Party-in-interest