

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify), the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months)
B This return/report is:
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: TDB COMMUNICATIONS, INC HEALTH AND WELFARE PLAN
1b Three-digit plan number (PN): 510
1c Effective date of plan: 07/01/2016
2a Plan sponsor's name (employer, if for a single-employer plan): TDB COMMUNICATIONS, INC.
2b Employer Identification Number (EIN): 48-1221308
2c Plan Sponsor's telephone number: 913-327-7400
2d Business code (see instructions): 561300

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																		
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																		
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">134</td> </tr> </table>	5	134																
5	134																		
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">134</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;">6c</td> <td style="text-align: right;">134</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;">6e</td> <td style="text-align: right;">134</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;">6g(1)</td> <td style="text-align: right;">134</td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td style="text-align: center;">6h</td> <td style="text-align: right;">134</td> </tr> </table>				6a(1)	6a(2)	134	6b	6c	134	6d	6e	134	6f	6g(1)	134	6g(2)	6h	134
6a(1)	6a(2)	134																	
6b	6c	134																	
6d	6e	134																	
6f	6g(1)	134																	
6g(2)	6h	134																	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																	
7																			

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4D 4E 4F 4Q 4R

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 2 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **01/01/2020** and ending **12/31/2020**

A Name of plan TDB COMMUNICATIONS, INC HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	510

C Plan sponsor's name as shown on line 2a of Form 5500 TDB COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 48-1221308
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Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	27017		01/01/2020	12/31/2020

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 258	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE BOON INSURANCE AGENCY **6300 BRIDGEPOINT PARKWAY**
AUSTEN, TX 78730

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2458			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3)).....		9a(4)
b	Benefit charges (1) Claims paid.....	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2)).....		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies.....	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves.....		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	2583
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **01/01/2020** and ending **12/31/2020**

A Name of plan TDB COMMUNICATIONS, INC HEALTH AND WELFARE PLAN		B Three-digit plan number (PN) ▶ 510
C Plan sponsor's name as shown on line 2a of Form 5500 TDB COMMUNICATIONS, INC.		D Employer Identification Number (EIN) 48-1221308

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

AFLAC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
57-0514130	71730	TRANGIL		01/01/2020	12/31/2020

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 5853	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

THE BOON INSURANCE AGENCY **6300 BRIDGE POINT PARKWAY**
AUSTEN, TX 78730

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5853			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....	9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....	9b(3)	
(4) Claims charged	9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges.....	9c(1)(G)	
(H) Total retention	9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
(2) Claim reserves	9d(2)	
(3) Other reserves.....	9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	18891
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2020** and ending **12/31/2020**

A Name of plan TDB COMMUNICATIONS, INC HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	510
C Plan sponsor's name as shown on line 2a of Form 5500 TDB COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 48-1221308	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... 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

BOON ADMINISTRATIVE SERVICES	6300 BRIDGEPOINT PARKWAY AUSTEN, TX 78730
33-0449333	

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

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

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

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

BOON ADMINISTRATIVE SERVICES

6300 BRIDGEPOINT PARKWAY
AUSTEN, TX 78730

33-0449333

(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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020			
A Name of plan TDB COMMUNICATIONS, INC HEALTH AND WELFARE PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">510</td> </tr> </table>	B Three-digit plan number (PN) ▶	510
B Three-digit plan number (PN) ▶	510		
C Plan sponsor's name as shown on line 2a of Form 5500 TDB COMMUNICATIONS, INC.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 48-1221308</td> </tr> </table>	D Employer Identification Number (EIN) 48-1221308	
D Employer Identification Number (EIN) 48-1221308			

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	429	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1956	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	79131	34980
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		0
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4855	4855

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	86371	39835
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	250	3107
i Acquisition indebtedness	1i		473
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	250	3580
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	86121	36255

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	186	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		186
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		186

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)	49581	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		49581
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	471	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		471
j Total expenses. Add all expense amounts in column (b) and enter total	2j		50052

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-49866
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: KING, SHORES & PRESTON CPAS

(2) EIN: 54-1643141

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?		X	
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	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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 _____.

TDB COMMUNICATIONS, INC.
HEALTH AND WELFARE PLAN
Financial Statements
December 31, 2020 and 2019

**TDB COMMUNICATIONS, INC.
HEALTH AND WELFARE PLAN**

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KING, SHORES & PRESTON

CPAs

Independent Auditor's Report

To the Plan Administrator of
TDB Communications, Inc. Health and Welfare Plan
Lenexa, Kansas

Report on the Financial Statements

We have audited the accompanying financial statements of TDB Communications, Inc. Health and Welfare Plan (the Plan), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2020 (in liquidation) and 2019 (in liquidation), the related statements of changes in benefit obligations and net assets available for benefits for the years then ended (in liquidation), and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the benefit obligations and net assets available for benefits for the TDB Communications, Inc. Health and Welfare Plan as of December 31, 2020 (in liquidation) and 2019 (in liquidation), and the changes in benefit obligations and net assets available for benefits for the years then ended (in liquidation) in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As described in Note 7 to the financial statements, the governing body of TDB Communications, Inc. Health and Welfare Plan approved a plan of liquidation on June 18, 2019, to be effective June 30, 2019, and management determined liquidation is imminent. As a result, the Plan uses the liquidation basis of accounting in presenting the December 31, 2020 and 2019 financial statements. Our opinion is not modified with respect to that matter.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) (liquidation basis) and Schedule H, Line 4(j) - Schedule of Reportable Transactions (liquidation basis), together referred to as "supplemental information," as of and for the year ended December 31, 2020 (in liquidation), are presented for the purpose 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 the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

King, Shores & Preston CPAs

Certified Public Accountants
Roanoke, Virginia
October 1, 2021

TDB COMMUNICATIONS, INC.
HEALTH AND WELFARE PLAN
Statements of Benefit Obligations and Net Assets Available for Benefits
December 31, 2020 and 2019

	<u>(In Liquidation)</u> 2020	<u>(In Liquidation)</u> 2019
BENEFIT OBLIGATIONS		
Amounts currently payable to or for participants and beneficiaries:		
Health insurance premiums payable	\$ -	\$ -
Sick leave reimbursement payable	<u>-</u>	<u>-</u>
TOTAL BENEFIT OBLIGATIONS	<u>-</u>	<u>-</u>
ASSETS		
Investments, at fair value	<u>34,980</u>	<u>79,131</u>
Deposits	<u>4,855</u>	<u>4,855</u>
Receivables:		
Sponsor contributions receivable	-	429
Accounts receivable	<u>-</u>	<u>1,956</u>
	<u>-</u>	<u>2,385</u>
Total assets	<u>39,835</u>	<u>86,371</u>
LIABILITIES		
Other payables	473	-
Administrative expenses payable	<u>3,107</u>	<u>250</u>
Total liabilities	<u>3,580</u>	<u>250</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>36,255</u>	<u>86,121</u>
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	<u>\$ 36,255</u>	<u>\$ 86,121</u>

See accompanying notes to financial statements.

TDB COMMUNICATIONS, INC.
HEALTH AND WELFARE PLAN
Statements of Changes in Benefit Obligations and Net Assets Available for Benefits
For the Years Ended December 31, 2020 and 2019

	<u>(In Liquidation)</u> <u>2020</u>	<u>(In Liquidation)</u> <u>2019</u>
DECREASE IN BENEFIT OBLIGATIONS		
Amounts currently payable to or for participants and beneficiaries:		
Insurance premiums reported and approved for payment	\$ -	\$ 138,060
Insurance premiums paid	-	(138,060)
Health reimbursement claims reported and approved for payment	-	160
Health reimbursement claims paid	-	(160)
	<u>-</u>	<u>(160)</u>
Decrease in benefit obligations	<u>-</u>	<u>-</u>
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS		
ADDITIONS		
Investment income:		
Interest income	186	1,323
	<u>186</u>	<u>1,323</u>
Contributions:		
Sponsor contributions	-	145,056
COBRA contributions	-	3,315
	<u>-</u>	<u>148,371</u>
Total additions	<u>186</u>	<u>149,694</u>
DEDUCTIONS		
Health reimbursement claims	-	160
Trust fees	471	5,588
COBRA administrative expense	-	63
Health insurance premiums	49,581	138,060
	<u>50,052</u>	<u>143,871</u>
Total deductions	<u>50,052</u>	<u>143,871</u>
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS		
	<u>(49,866)</u>	<u>5,823</u>
CHANGE IN EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS		
	(49,866)	5,823
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS		
Beginning of year	<u>86,121</u>	<u>80,298</u>
End of year	<u>\$ 36,255</u>	<u>\$ 86,121</u>

See accompanying notes to financial statements.

TDB COMMUNICATIONS, INC.
HEALTH AND WELFARE PLAN
Notes to Financial Statements
For the Years Ended December 31, 2020 (In Liquidation) and 2019 (In Liquidation)

NOTE 1: DESCRIPTION OF PLAN

The following description of the TDB Communications, Inc. Health and Welfare Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

General: The Plan and related trust were established July 1, 2016 to provide health and other benefits to eligible participants. Employees working an average of 30 hours or more per week and working on service contracts between the employer and the federal government, who are also receiving health and welfare benefits, are eligible to participate in the Plan. Eligible employees are automatically enrolled into the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. On June 18, 2019, a decision was made to terminate the Plan as of June 30, 2019.

Benefits: The Plan provided medical, dental, vision, and prescription drug benefits, life insurance coverage, short-term disability, supplemental accident benefits and paid sick leave for eligible participants and their dependents. There was a thirty-day waiting period after employment for coverage of benefits. Upon termination of the Plan in 2019, the Plan continued to pay benefits using HRA funds available. In 2020, the Plan purchased various insurance policies for coverage, as discussed in Note 2. The third-party administrator pays insurance premiums to various insurance companies who are responsible for paying benefits under these agreements.

The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA). The Sponsor has the right under the Plan to modify the benefits provided to employees, to discontinue its contributions at any time, and terminate the Plan subject to the provisions set forth in ERISA.

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting: On June 18, 2019, a decision was made to terminate the Plan as of June 30, 2019. The Plan uses the liquidation basis of accounting, in accordance with accounting principles generally accepted in the United States of America, in presenting the December 31, 2020 and 2019 financial statements.

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

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

TDB COMMUNICATIONS, INC.
HEALTH AND WELFARE PLAN
Notes to Financial Statements
For the Years Ended December 31, 2020 (In Liquidation) and 2019 (In Liquidation)

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

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

Accounts Receivable: Amounts due to the Plan but not received at year-end are recorded as accounts receivable. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Accumulated Eligibility Credits (“Hour Bank Reserve”): The Plan Sponsor contributed a required amount for employees based on a predetermined hourly fringe rate. Amounts contributed in excess of the required premiums, less expenses, were retained in the Plan for the benefit of these participants. This excess is known as the “hour bank reserve.” The hour bank reserve balances were used to fund employee premium shortfalls during months where the employee did not work sufficient hours to maintain full-time coverage. In July 2020, life insurance policies were purchased for the benefit of participants with remaining funds existing in their hour bank reserve account. See Note 4.

Sick Paid Leave: The Plan Sponsor contributed a required amount for employees based on a predetermined hourly fringe rate for certain sick paid leave benefits. Certain amounts contributed in excess of the required premiums, less expenses, were retained in the Plan for the benefit of these participants. This excess is known as the “sick paid leave.” In July 2020, life insurance policies were purchased for the benefit of participants with remaining funds existing in their sick paid leave account. See Note 4.

Health Reimbursement Arrangement Reserve (HRA): The HRA component of the Plan reimbursed covered persons for qualified health expenses through December 31, 2019, provided the covered employee was enrolled at the time the expense was incurred. Qualified health expenses consisted of amounts paid for the diagnosis, cure, mitigation, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body. HRA benefits were funded for eligible participants only.

On September 1, 2020, the Plan entered a spend-down due to termination of the Plan. As part of the spend-down, health coverage policies were selected by the Sponsor, which included coverage for accident, critical illness, HealthiestYou, and a hospital indemnity plan. These premiums are paid monthly using each employee's HRA funds remaining in the plan for coverage until such time as each participant's HRA is depleted. See Note 4.

Deposits: Deposits consist of funds with third parties for payment of Plan benefits.

Sponsor Contributions Receivable: Sponsor contributions due but not paid at year-end are recorded as contributions receivable. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Benefits: Benefits expense is recorded when paid. Hours worked through December provide participants with benefits eligibility through December.

TDB COMMUNICATIONS, INC.
HEALTH AND WELFARE PLAN
Notes to Financial Statements
For the Years Ended December 31, 2020 (In Liquidation) and 2019 (In Liquidation)

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES (Continued)

Benefit Claims Payable: The obligation for benefit claims payable is an estimate for self-funded benefits incurred on or prior to December 31 but paid after December 31. The estimate was calculated based on a review of actual claims paid subsequent to year-end, with incurred and received dates of December 31 and prior.

Sponsor Contributions: Sponsor contributions are recognized as income in the month the employees worked.

Administrative Expenses: The Plan's administrative fees are paid by the Plan.

Trust Fees: The Plan's trust fees, for processing and payment of insurance premiums and other third-party service providers, were paid by the Plan.

Accounts Payable: This amount represents certain administrative and other miscellaneous fees pertaining to the current year, but not yet paid at year end.

NOTE 3: CONTRIBUTIONS

The Plan was funded primarily by contributions from the Plan Sponsor. Benefit or insurance premium payments are made from these contributions. Contributions were allocated to Plan benefits and expenses in accordance with an administrative services agreement between the Plan Sponsor and the third-party administrator. The Plan Sponsor is ultimately responsible for the allocation and administration of funds. The third-party administrator is responsible for paying benefits to various insurance companies. The third-party administrator was also paying benefits in the form of reimbursements for claims submitted for eligible participants through the HRA benefit through December 31, 2019. Effective January 1, 2020, the third-party administrator, at the direction of the Plan Sponsor, purchased health policies for participants with remaining HRA balances until depletion. In July 2020, at the direction of the Plan Sponsor, the third-party administrator purchased life insurance policies for the benefit of participants with remaining funds existing in their hour bank reserve and sick paid leave accounts.

NOTE 4: RESERVES AND BENEFIT OBLIGATIONS

The Plan's benefit obligations and the related changes in benefit obligations for the years ended December 31, 2020 (in liquidation) and 2019 (in liquidation) are as follows:

Benefit Obligations:

	<u>2020</u>	<u>2019</u>
Health reimbursement arrangement reserve (HRA)	\$ 34,598	\$ 60,065
Accumulated eligibility credits (Hour Bank Reserve)	--	22,442
Sick Paid Leave	--	1,762
Total benefit obligations	<u>\$ 34,598</u>	<u>\$ 84,269</u>

TDB COMMUNICATIONS, INC.
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Notes to Financial Statements
For the Years Ended December 31, 2020 (In Liquidation) and 2019 (In Liquidation)

NOTE 4: RESERVES AND BENEFIT OBLIGATIONS *(continued)*

Changes in Benefit Obligations:

	<u>2020</u>	<u>2019</u>
Benefit obligations, beginning of year	\$ 84,269	\$ 80,018
Change in benefit obligations attributable to:		
Benefits earned	--	4,458
Benefits paid	<u>(49,671)</u>	<u>(207)</u>
Benefit obligations, end of year	<u>\$ 34,598</u>	<u>\$ 84,269</u>

NOTE 5: FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of benefit obligations and net assets available for benefits. The methods used to measure fair value may produce an amount 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 those of other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3 inputs consist of unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs were not available.

TDB COMMUNICATIONS, INC.
HEALTH AND WELFARE PLAN
Notes to Financial Statements
For the Years Ended December 31, 2020 (In Liquidation) and 2019 (In Liquidation)

NOTE 5: FAIR VALUE MEASUREMENTS *(continued)*

	Fair Value Measurements at Reporting Date Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)
<u>December 31, 2020</u>		
Money Market Mutual Funds	\$ 34,980	\$ 34,980
Total	\$ 34,980	\$ 34,980
<u>December 31, 2019</u>		
Money Market Mutual Funds	\$ 79,131	\$ 79,131
Total	\$ 79,131	\$ 79,131

Level 1 Fair Value Measurements

The fair values of the money market mutual funds are based on quoted net asset values of the shares held by the Plan at year end.

NOTE 6: INCOME TAX STATUS

Plan management believes that the Plan qualifies for exemption from income tax under the Internal Revenue Code and, therefore, no provision for income taxes is reflected in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that, as of 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

TDB COMMUNICATIONS, INC.
HEALTH AND WELFARE PLAN
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For the Years Ended December 31, 2020 (In Liquidation) and 2019 (In Liquidation)

NOTE 7: PLAN TERMINATION

On September 1, 2017, the Plan Sponsor made a decision to terminate the Plan effective October 31, 2017. Liquidation was expected in 2018. During the period in liquidation, employee health reimbursement claims continued to be paid for qualified medical expenses. However, participants' health coverage was provided under a different plan. In late 2018, the Plan Sponsor elected to reinstate the Plan effective February 1, 2019 and start contributing to the Plan. The Plan thereby returned from liquidation. Plan contributions for healthcare coverage, excluding sick paid leave component, resumed on February 1, 2019. The remainder of the sick pay fund was to be used for eligible participants with approved missed workdays until eligible participant balances were exhausted.

On June 18, 2019, the Plan Sponsor made a decision to terminate the Plan effective June 30, 2019. The Plan Sponsor has directed the trustee to pay all liabilities and expenses of the trust fund. Remaining assets are being applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on behalf of the participants. See Note 2. No participant designated assets of the Plan may revert to the Plan Sponsor or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE 8: TRANSACTIONS WITH PARTIES-IN-INTEREST

Trust fees paid to the Plan's third-party administrator were \$471 and \$5,588 for the years ended December 31, 2020 (in liquidation) and 2019 (in liquidation).

Certain employees of the Plan's sponsor provide administrative and accounting services to the Plan at no additional cost to the Plan. These employees are also participants of the Plan.

NOTE 9: SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 1, 2021, which is the date the financial statements were available to be issued, and determined that there were no subsequent events requiring disclosure.

In December 2019, a novel strain of coronavirus (COVID-19) was reported and the outbreak continues to evolve as of the date of this report. The World Health Organization declared the outbreak a "Public Health Emergency of International Concern" in 2020. As a result of the spread of the COVID-19 coronavirus, the Plan Sponsor's operations have been affected by certain orders issued in March and April 2020 by government officials in response to the COVID-19 outbreak. The extent of the impact of COVID-19 on the Plan Sponsor's operations will depend on the duration and spread of the outbreak, which is uncertain and cannot be predicted. As such, the impact on plan activity cannot be reasonably estimated at this time.

SUPPLEMENTAL SCHEDULES

TDB COMMUNICATIONS, INC.
HEALTH AND WELFARE PLAN
Plan Number 503 32-0248160
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) (In Liquidation)
December 31, 2020

(a)	(b)	(c)	(d)	(e)
Identity of issue		Description of investment	Cost	Current value
MONEY MARKET ACCOUNT				
	Goldman Sachs FS Government Fund	34,980 shares	<u>\$ 34,980</u>	<u>\$ 34,980</u>

See accompanying notes to financial statements.

**TDB COMMUNICATIONS, INC.
HEALTH AND WELFARE PLAN
Plan Number 503 32-0248160**

**Schedule H, Line 4(j) - Schedule of Reportable Transactions (In Liquidation)
December 31, 2020**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value on transaction date	Net gain or (loss)
Goldman Sachs FS Government Fund	Premier Portfolio 15 Purchases	\$ 2,863	\$ -	\$ 2,863	\$ 2,863	\$ -
Goldman Sachs FS Government Fund	Premier Portfolio 20 Sales	\$ -	\$ 46,945	\$ 46,945	\$ 46,945	\$ -

See accompanying notes to financial statements.

TDB COMMUNICATIONS, INC.
HEALTH AND WELFARE PLAN
Plan Number 503 32-0248160
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) (In Liquidation)
December 31, 2020

(a)	(b)	(c)	(d)	(e)
Identity of issue		Description of investment	Cost	Current value
MONEY MARKET ACCOUNT				
	Goldman Sachs FS Government Fund	34,980 shares	<u>\$ 34,980</u>	<u>\$ 34,980</u>

See accompanying notes to financial statements.

**TDB COMMUNICATIONS, INC.
HEALTH AND WELFARE PLAN
Plan Number 503 32-0248160**

**Schedule H, Line 4(j) - Schedule of Reportable Transactions (In Liquidation)
December 31, 2020**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value on transaction date	Net gain or (loss)
Goldman Sachs FS Government Fund	Premier Portfolio 15 Purchases	\$ 2,863	\$ -	\$ 2,863	\$ 2,863	\$ -
Goldman Sachs FS Government Fund	Premier Portfolio 20 Sales	\$ -	\$ 46,945	\$ 46,945	\$ 46,945	\$ -

See accompanying notes to financial statements.