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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2017</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                     |
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 |                                                                                                                                                                                                                                                                                                                                                                                                              |
| A                                                                                          | This return/report is for: <div><input type="checkbox"/> a multiemployer plan<div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div></div> <div><input checked="" type="checkbox"/> a single-employer plan<div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><input type="checkbox"/> the first return/report<div><input type="checkbox"/> the final return/report</div></div> <div><input type="checkbox"/> an amended return/report<div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                          |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                 |
| D                                                                                          | Check box if filing under: <div><input checked="" type="checkbox"/> Form 5558<div><input type="checkbox"/> automatic extension</div></div> <div><input type="checkbox"/> special extension (enter description) <input type="checkbox"/> the DFVC program</div>                                                                                                                                               |

|         |                                                                                                                                                                                                                                                                                                                              |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                       |
| 1a      | Name of plan<br>GATR 401K PLAN                                                                                                                                                                                                                                                                                               |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                           |
| 1c      | Effective date of plan<br>01/01/2006                                                                                                                                                                                                                                                                                         |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>GATR TECHNOLOGIES<br><br>11506 GILLELAND ROAD<br>HUNTSVILLE, AL 35803 |
| 2b      | Employer Identification Number (EIN)<br>20-1316185                                                                                                                                                                                                                                                                           |
| 2c      | Plan Sponsor's telephone number<br>256-382-1334                                                                                                                                                                                                                                                                              |
| 2d      | Business code (see instructions)<br>541990                                                                                                                                                                                                                                                                                   |

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. | 09/04/2018 | CHRISTY CARVER                                               |
|           | 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 (2017)  
v. 170203

|                                                                                                                                                                                                                                                                                        |                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br><b>GATR TECHNOLOGIES</b><br><br><b>11506 GILLELAND ROAD</b><br><b>HUNTSVILLE, AL 35803</b>                                                                                        | <b>3b</b> Administrator's EIN<br><div style="text-align: right;">20-1316185</div>                |
|                                                                                                                                                                                                                                                                                        | <b>3c</b> Administrator's telephone number<br><div style="text-align: right;">256-382-1334</div> |
|                                                                                                                                                                                                                                                                                        |                                                                                                  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                | <b>5</b> 143                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                       |                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                | <b>6a(1)</b> 128                                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      | <b>6a(2)</b> 117                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                    | <b>6b</b> 0                                                                                      |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                     | <b>6c</b> 19                                                                                     |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                            | <b>6d</b> 136                                                                                    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             | <b>6e</b> 0                                                                                      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ....                                                                                                                                                                                                                               | <b>6f</b> 136                                                                                    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                        | <b>6g</b> 131                                                                                    |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                             | <b>6h</b> 17                                                                                     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                    | <b>7</b>                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><div style="text-align: right;">2E 2J 2K 2F 2G</div>                                                                   |                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                            |                                                                                                  |

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> 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)** ☐ 0 **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
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| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2017 or fiscal plan year beginning <b>01/01/2017</b> and ending <b>12/31/2017</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>GATR 401K PLAN</b>                                                                                                                                                                                                                           | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>GATR TECHNOLOGIES</b>                                                                                                                                                                                | <b>D</b> Employer Identification Number (EIN)<br><b>20-1316185</b>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | 659423                | 0               |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    | 685472                | 771700          |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    | 34312                 | 96187           |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 4746502               | 7371842         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                 |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                 |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                 |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 6125709 8239729 |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                 |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                 |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                 |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                 |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0             |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 6125709 8239729 |

**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 |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 443223    |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 843006    |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> | 109374    |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 1395603   |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> | 1679      |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 1679      |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> | 1142424   |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 1142424   |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            |           |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 2539706   |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 424411 |        |
| (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) |        | 424411 |
| f Corrective distributions (see instructions) .....                                 | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |        |        |
| h Interest expense.....                                                             | 2h    |        |        |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) |        |        |
| (2) Contract administrator fees .....                                               | 2i(2) |        |        |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 1275   |        |
| (4) Other .....                                                                     | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 1275   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 425686 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 2114020 |
| 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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: MAYER HOFFMAN MCCANN P.C.

(2) EIN: 43-1947695

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |        |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |        |
| <b>g</b> 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? .....                                                    | <b>4g</b> |     | X  |        |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |        |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |        |
| <b>n</b> 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. ....                                      | <b>4n</b> |     | X  |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... ☐ Yes ☒ No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_. (See instructions.)

|                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>GATR 401K PLAN                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GATR TECHNOLOGIES                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>20-1316185                                            |
| 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):<br>EIN(s):                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| 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<br>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<br>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) 2017 v. 170203                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

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

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

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

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

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

Stock: 0.0% Investment-Grade Debt: \_\_\_\_\_% 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): \_\_\_\_\_



# **GATR Technologies 401K Plan**

Financial Statements and Supplemental Schedule  
December 31, 2017 and 2016



# GATR Technologies 401K Plan

## Contents

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|                                     |     |
|-------------------------------------|-----|
| <b>Independent Auditors' Report</b> | 3-4 |
|-------------------------------------|-----|

### **Financial Statements**

|                                                           |      |
|-----------------------------------------------------------|------|
| Statements of Net Assets Available for Benefits           | 5    |
| Statement of Changes in Net Assets Available for Benefits | 6    |
| Notes to Financial Statements                             | 7-14 |

### **Supplemental Schedule \***

|                                                                         |       |
|-------------------------------------------------------------------------|-------|
| Schedule H, Part IV, line 4i – Schedule of Assets (Held at End of Year) | 16-17 |
|-------------------------------------------------------------------------|-------|

\* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



**Mayer Hoffman McCann P.C.**  
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Main: 858.795.2000 ■ Fax: 858.795.2001 ■ [www.mhmcpa.com](http://www.mhmcpa.com)

## **INDEPENDENT AUDITORS' REPORT**

Plan Administrator and Plan Participants of the  
**GATR Technologies 401K Plan**

### **Report on the 2017 Financial Statements**

We were engaged to audit the accompanying financial statements of the GATR Technologies 401K Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

### **Management's Responsibility for the 2017 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.

### **Auditors' Responsibility for the 2017 Financial Statements**

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

### **Basis for Disclaimer of Opinion on the 2017 Financial Statements**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 2, which was certified by Mid Atlantic Trust Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Custodian as of December 31, 2017 and for the year then ended, that the information provided to the plan administrator by the Custodian is complete and accurate.



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### **Disclaimer of Opinion on the 2017 Financial Statements**

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

### **Other Matter**

The supplemental schedule of assets (held at end of year) is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

### **Report on Compiled 2016 Financial Statement**

Plan management is responsible for the accompanying financial statement of the Plan, which comprise the statement of net assets available for benefits as of December 31, 2016 and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by plan management. Accordingly, we do not express an opinion, a conclusion, or provide any form of assurance on the financial statement.

*Mayer Hoffman McCann P.C.*

San Diego, California  
August 30, 2018

# GATR Technologies 401K Plan

## Statements of Net Assets Available for Benefits

| <i>December 31,</i>                      | <b>2017</b>         | 2016<br>(Unaudited) |
|------------------------------------------|---------------------|---------------------|
| <b>Assets</b>                            |                     |                     |
| Investments, at fair value:              |                     |                     |
| Mutual funds                             | <b>\$ 8,143,542</b> | \$ 5,431,974        |
| Total investments                        | <b>8,143,542</b>    | 5,431,974           |
| Receivables:                             |                     |                     |
| Employer contribution receivable         | <b>359,816</b>      | 671,530             |
| Participant contributions receivable     | -                   | 26,592              |
| Notes receivable from participants       | <b>96,187</b>       | 34,312              |
| Total receivables                        | <b>456,003</b>      | 732,434             |
| Total assets                             | <b>8,599,545</b>    | 6,164,408           |
| <b>Net Assets Available for Benefits</b> | <b>\$ 8,599,545</b> | \$ 6,164,408        |

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

# GATR Technologies 401K Plan

## Statement of Changes in Net Assets Available for Benefits

*Year Ended December 31, 2017*

---

### Additions to Net Assets

#### Investment income:

|                                               |              |
|-----------------------------------------------|--------------|
| Net appreciation in fair value of investments | \$ 1,142,424 |
| Total investment income                       | 1,142,424    |

|                                                       |       |
|-------------------------------------------------------|-------|
| Interest income on notes receivable from participants | 1,679 |
|-------------------------------------------------------|-------|

#### Contributions:

|                     |           |
|---------------------|-----------|
| Participants        | 816,414   |
| Rollovers           | 109,374   |
| Employer            | 790,932   |
| Total contributions | 1,716,720 |
| Total additions     | 2,860,823 |

### Deductions from Net Assets

|                               |         |
|-------------------------------|---------|
| Benefits paid to participants | 424,411 |
| Administrative expenses       | 1,275   |
| Total deductions              | 425,686 |

|                                                          |                  |
|----------------------------------------------------------|------------------|
| <b>Net Increase in Net Assets Available for Benefits</b> | <b>2,435,137</b> |
|----------------------------------------------------------|------------------|

|                                                             |                  |
|-------------------------------------------------------------|------------------|
| <b>Net Assets Available for Benefits, Beginning of Year</b> | <b>6,164,408</b> |
|-------------------------------------------------------------|------------------|

|                                                       |                     |
|-------------------------------------------------------|---------------------|
| <b>Net Assets Available for Benefits, End of Year</b> | <b>\$ 8,599,545</b> |
|-------------------------------------------------------|---------------------|

---

*The accompanying notes are an integral part of this financial statement.*

# GATR Technologies 401K Plan

## Notes to Financial Statements

---

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Description of the Plan</b> | <p>The following description of the <b>GATR Technologies 401K Plan</b> (the “Plan”) provides only general information. Participants should refer to the Plan agreement or Summary Plan Document for a more complete description of the Plan’s provisions.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <i>General</i>                    | <p>The Plan is a defined contribution plan sponsored by Cubic Corporation (the “Company”) for the benefit of GATR Technologies’ full-time employees who have three months of service and are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).</p> <p>The Plan is administered by the Company’s Benefits Committee (“Committee”). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to the board of directors.</p>                                                                                                                                                |
| <i>Plan merger</i>                | <p>Cubic Corporation acquired GATR Technologies, Inc. in February 2016 and, as the result of the acquisition, the Plan’s assets were transferred into the Cubic Corporation 401(k) Retirement Plan effective January 16, 2018. The trustee to trustee asset merger resulted in approximately \$8,800,482 in assets being transferred out of the Plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <i>Eligibility</i>                | <p>Employees shall become a participant in the Plan on the first day of each Plan quarter coincident with or next following the date he attains age 18 and he completes three months of Eligibility Service. This excludes part-time employees, leased employees, independent contractors, self-employed individuals, non-resident aliens, &amp; employees covered by collective bargaining.</p>                                                                                                                                                                                                                                                                                                                                                                                                               |
| <i>Contributions</i>              | <p>Each participant may contribute up to 100% of their annual pre-tax W-2 wages, subject to an annual limitation imposed by the Plan Committee and the Internal Revenue Service (“IRS”) regulations. Participants who elect to have the Company contribute a portion of their compensation to the Plan agree to accept an equivalent reduction in taxable compensation. Contributions withheld are invested in accordance with the participants’ direction.</p> <p>The Company contributes a Safe Harbor matching contribution of 100% of the first 3% of base compensation and 50% of the next 2% of base compensation that a participant contributes to the Plan (“Matching Contributions”). The Company also, in its sole discretion, may make a discretionary Profit Sharing Contribution to the Plan.</p> |

# GATR Technologies 401K Plan

## Notes to Financial Statements

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### *Contributions, cont'd*

In order to receive Matching Contributions and any employer Profit Sharing Contributions, participants must meet the Plan's eligibility requirements and must be employed on the last day of the Plan year. The Company made Matching Contributions of \$431,116 to the Plan for the year ended December 31, 2017. Additionally, the Company made a Profit Sharing contribution of \$359,816 for the year ended December 31, 2017.

Participants are also allowed to make rollover contributions of amounts received from other tax-qualified employer-sponsored retirement plans. Such contributions are deposited in the appropriate investment funds in accordance with the participants' direction and the Plan's provisions.

### *Participant investment account options*

The Plan offers 33 mutual funds as investment options for the participants to choose from.

### *Participant accounts*

Each participant's account is credited with the participant's contributions, the Company Matching Contributions, the Company's Profit Sharing Contributions (if any), rollovers and transfers from other plans and allocations of Plan earnings or losses including market value adjustments on Plan investments. Allocations are based on participant earnings or account balances, as defined in 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.

### *Notes receivable from participants*

Notes shall be made available to all qualifying participants on a reasonably equivalent basis. The Plan allows participants to borrow against their vested balances. Notes are not to be made for less than \$1,000 and are not to exceed the lesser of \$50,000 or 50% of a participant's vested balance, unless the participant was affected by specified events. A participant may not have more than one note outstanding at any time. Notes are secured by the balance in the participant's account. Notes terms range from one to five years unless the participant is affected by specified events, in which case the note repayment may be delayed by one year, or unless the note is for the purchase of principal residence. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan agreement. Interest on notes receivable from participants is accrued and paid every pay period. Outstanding notes at December 31, 2017 have maturity dates ranging from January 2018 through January 2023. Interest rates on notes outstanding at December 31, 2017 range from 3.25% to 6.25%.

# GATR Technologies 401K Plan

## Notes to Financial Statements

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|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Benefit payments</i>                              | Upon termination of service due to death, disability, or retirement, participants (or beneficiaries) may elect to receive a lump-sum amount equal to the value of the participant's vested interest in their account. For termination of service for other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution.                                                                                                                                                |
| <i>Vesting</i>                                       | Participants are immediately vested in their employee contributions, rollover contributions, and employer Matching Contributions. Profit Sharing Contributions vest 20% after two complete years of service, as defined in the Plan agreement, and an additional 20% for each complete year of service thereafter until fully vested.                                                                                                                                                                                      |
| <i>Forfeited accounts</i>                            | According to the Plan agreement, forfeitures may be used to reduce plan expenses and future employer contributions. For the year ending December 31, 2017, forfeited nonvested accounts totaling \$12,730 were used to reduce employer contributions. There were \$62,105 forfeited nonvested accounts at December 31, 2017.                                                                                                                                                                                               |
| <i>Administrative expenses</i>                       | The Plan's administrative costs and expenses are paid by the Plan and the Company. In 2017, expenses of \$1,275 were paid by the Plan.                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>2. Summary of Significant Accounting Policies</b> | A summary of the Plan's significant accounting policies applied in the preparation of the accompanying financial statements are as follows:                                                                                                                                                                                                                                                                                                                                                                                |
| <i>Basis of accounting</i>                           | The Plan uses the accrual basis of accounting in conformity with U.S. generally accepted accounting principles ("GAAP").                                                                                                                                                                                                                                                                                                                                                                                                   |
| <i>Use of estimates</i>                              | The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of income and expenses during the reporting period. Actual results could differ from estimates.                                                                                                                |
| <i>New accounting pronouncements</i>                 | In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-07, " <i>Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)</i> ." The ASU removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value per share as a practical expedient provided by FASB Accounting Standards Codification ("ASC") 820, " <i>Fair Value</i> |

# GATR Technologies 401K Plan

## Notes to Financial Statements

*New accounting pronouncements, cont'd*

*Measurement.*” Disclosures about investments in certain entities that calculate net asset value per share are limited under this ASU to investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. The guidance requires retrospective application and is effective for public business entities for fiscal years, and interim periods within those years, beginning after December 15, 2015.

For all other entities, the guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2016. Plan Management evaluated the impact of this guidance and concluded that there is no impact on the Plan’s financial statements.

In July 2015, the FASB issued ASU No. 2015-12, “*Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient.*” Part I of this ASU eliminates the requirements to measure fully benefit-responsive investment contracts at fair value. Contract value will be the only required measure for fully benefit-responsive investment contracts. Part II of this ASU eliminates the requirements to disclose (i) individual investments that represent 5% or more of net assets available for benefits and (ii) the net appreciation or depreciation in fair value of investments by general type. In addition, the disclosure of information about fair value measurements shall be provided by general type of investment. Part I and Part III of this ASU are not applicable to the Plan. Effective January 1, 2016, the Plan adopted this guidance and applied it retrospectively to all periods presented in the accompanying financial statements.

In February 2017, the FASB issued ASU 2017-06, “*Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Employee Benefit Plan Master Trust Reporting.*” Among other things, the amendments require a plan’s interest in that master trust and any change in that interest to be presented in separate line items in the statement of net assets available for benefits and in the statement of changes in net assets available for benefits, respectively. The amendments also remove the requirement to disclose the percentage interest in the master trust for plans with divided interests and require that all plans disclose the dollar amount of their interest in each of those general types of investments. The amendments require all plans to disclose: (a) their master trust’s other asset and liability balances; and (b) the dollar amount of the plan’s interest in each of those balances. The

# GATR Technologies 401K Plan

## Notes to Financial Statements

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*New accounting pronouncements, cont'd* guidance is effective for fiscal years beginning after December 15, 2018 and early adoption is permitted. The amendments should be applied retrospectively to each period for which financial statements are presented. Plan Management evaluated the impact of this guidance and concluded that there is no impact on the Plan's financial statements.

*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. The Committee determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 3 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. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

*Payment of benefits* Benefits are recorded when paid.

*Administrative expenses* Certain expenses of the Plan are paid by the Company and are not included in the statements of changes in net assets available for benefits. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

*Information prepared and certified by the custodian (Unaudited)* The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mid Atlantic Trust Company, the custodian of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate with respect to investments:

- Investments at fair value
- Net appreciation (depreciation) in fair value of investments
- Dividends
- Interest income on notes receivable from participants
- Schedule of assets held at end of year

# GATR Technologies 401K Plan

## Notes to Financial Statements

*Information prepared and certified by the custodian (Unaudited), cont'd*

The Plan's independent public 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.

### 3. Fair Value of Investments

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820, "Fair Value Measurement", are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

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

# GATR Technologies 401K Plan

## Notes to Financial Statements

### 3. Fair Value of Investments, Cont'd

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017 and 2016.

#### Investments as of December 31, 2017

|                                           | Level 1      | Level 2 | Level 3 | Total               |
|-------------------------------------------|--------------|---------|---------|---------------------|
| Mutual funds                              | \$ 8,143,542 | \$ -    | \$ -    | \$ 8,143,542        |
| Total investments in fair value hierarchy | \$ 8,143,542 | \$ -    | \$ -    | \$ 8,143,542        |
| Total investments                         |              |         |         | <u>\$ 8,143,542</u> |

#### Investments as of December 31, 2016

|                                           | Level 1      | Level 2 | Level 3 | Total               |
|-------------------------------------------|--------------|---------|---------|---------------------|
| Mutual funds                              | \$ 5,431,974 | \$ -    | \$ -    | \$ 5,431,974        |
| Total investments in fair value hierarchy | \$ 5,431,974 | \$ -    | \$ -    | \$ 5,431,974        |
| Total investments                         |              |         |         | <u>\$ 5,431,974</u> |

### 4. Tax Status

The IRS has determined and informed the Company by letter dated March 31, 2014, that the Plan and the related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Benefits Committee believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the IRC.

### 5. Party-In-Interest Transactions

Certain Plan investments are invested in the Custodian's target date funds. These transactions qualify as party-in-interest transactions. Notes receivable from participants also qualify as party-in-interest transactions.

### 6. Pending Distributions

There were no pending distributions at December 31, 2017.

### 7. Risk and Uncertainties

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

# GATR Technologies 401K Plan

## Notes to Financial Statements

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- |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8. Excess Contributions Payable</b>                                | During 2017, the Plan passed all required non-discrimination tests; therefore, no accrual was made as of December 31, 2017.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>9. Reconciliation of the Form 5500 to the Financial Statements</b> | <p>The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2017 and 2016 to Form 5500:</p> <p>For the year ended December 31, 2017, net assets available for benefits per the financial statements was \$359,816 higher than Schedule H of the Form 5500 due to employer contributions receivable recorded in the financial statements but not on Schedule H of the Form 5500.</p> <p>For the year ended December 31, 2016, net assets available for benefits per the financial statements was \$38,699 higher than Schedule H of the Form 5500 due to employee and employer contributions receivable recorded in the financial statements but not on Schedule H of the Form 5500.</p> |
| <b>10. Subsequent Events</b>                                          | <p>In January 2018, the Plan was merged into the Cubic Corporation 401(k) Retirement Plan. The trustee to trustee asset merger resulted in approximately \$8,800,482 being transferred out of the Plan.</p> <p>The date through which subsequent events have been considered for these financial statements is the financial statement issuance date, August 30, 2018.</p>                                                                                                                                                                                                                                                                                                                                                                         |

# **GATR Technologies 401K Plan**

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**Supplemental Schedule**

# GATR Technologies 401K Plan

## Schedule H, Part IV, line 4i – Schedule of Assets (Held at End of Year)

EIN: 20-1316185 Plan #001

December 31, 2017

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description of investment, including maturity date, rate of<br>interest, collateral, par or maturity value | (d)<br>Cost<br>** | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------|
|     | American Funds                                                 | Mutual Fund<br>American Funds U.S. Government Money Market Fund<br>Class R-3                                      | \$ -              | \$ 771,700              |
|     | American Funds                                                 | Mutual Fund<br>American Funds 2050 Target Date Retirement Fund Class<br>R-3                                       | -                 | 720,665                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds 2030 Target Date Retirement Fund Class<br>R-3                                       | -                 | 508,070                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds 2040 Target Date Retirement Fund Class<br>R-3                                       | -                 | 499,452                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds 2055 Target Date Retirement Fund Class<br>R-3                                       | -                 | 481,881                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds SMALLCAP World Fund Class R-3                                                       | -                 | 430,595                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds 2035 Target Date Retirement Fund Class<br>R-3                                       | -                 | 399,483                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds EuroPacific Growth Fund Class R-3                                                   | -                 | 377,557                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds The Growth Fund of America Class R-3                                                | -                 | 376,018                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds American Balanced Fund Class R-3                                                    | -                 | 368,630                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds AMCAP Fund Class R-3                                                                | -                 | 356,926                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds Fundamental Investors Class R-3                                                     | -                 | 301,469                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds 2025 Target Date Retirement Fund Class<br>R-3                                       | -                 | 287,021                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds Capital World Growth and Income Fund<br>Class R-3                                   | -                 | 276,352                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds New Perspective Fund Class R-3                                                      | -                 | 273,827                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds New World Fund Class R-3                                                            | -                 | 220,320                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds American High-Income Trust Class R-3                                                | -                 | 219,181                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds The Bond Fund of America Class R-3                                                  | -                 | 193,829                 |

# GATR Technologies 401K Plan

## Schedule H, Part IV, line 4j – Schedule of Reportable Transactions

EIN: 20-1316185 Plan #001

December 31, 2017

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description of investment, including maturity date, rate of<br>interest, collateral, par or maturity value            | (d)<br>Cost<br>** | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------|
|     | American Funds                                                 | Mutual Fund<br>American Funds Investment Company of America Class R-3                                                        | -                 | 176,437                 |
|     | Principal Financial Group                                      | Mutual Fund<br>Principal MidCap Fund R-3 Class                                                                               | -                 | 154,294                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds 2045 Target Date Retirement Fund Class R-3                                                     | -                 | 140,259                 |
|     | Principal Financial Group                                      | Mutual Fund<br>Principal MidCap Value Fund III R-3 Class                                                                     | -                 | 125,900                 |
|     | American Funds                                                 | Mutual Fund<br>American Funds Capital World Bond Fund Class R-3                                                              | -                 | 99,619                  |
|     | American Funds                                                 | Mutual Fund<br>American Funds American Mutual Fund Class R-3                                                                 | -                 | 94,047                  |
|     | American Funds                                                 | Mutual Fund<br>American Funds 2020 Target Date Retirement Fund Class R-3                                                     | -                 | 81,026                  |
|     | American Funds                                                 | Mutual Fund<br>American Funds Washington Mutual Investors Fund Class R-3                                                     | -                 | 70,715                  |
|     | American Funds                                                 | Mutual Fund<br>American Funds The Income Fund of America Class R-3                                                           | -                 | 50,973                  |
|     | American Funds<br>Thornburg Investment<br>Management           | Mutual Fund<br>American Funds Capital Income Builder Class R-3<br>Mutual Fund<br>Thornburg Limited Term Income Fund Class R3 | -                 | 41,771<br>40,794        |
|     | Lord, Abbett & Co.                                             | Mutual Fund<br>Lord Abbett Short Duration Income Fund Class R3                                                               | -                 | 1,276                   |
|     | American Funds                                                 | Mutual Fund<br>American Funds 2045 Target Date Retirement Fund Class R-2                                                     | -                 | 1,210                   |
|     | American Funds                                                 | Mutual Fund<br>American Funds 2015 Target Date Retirement Fund Class R-3                                                     | -                 | 1,128                   |
|     | American Funds                                                 | Mutual Fund<br>American Funds 2010 Target Date Retirement Fund Class R-2                                                     | -                 | 1,117                   |
| *   | Notes receivable from<br>participants                          | Various maturities (Interest rates from 3.25% - 6.25%)                                                                       | -                 | 96,187                  |

\* Represents a party-in-interest.

\*\* Cost omitted as allowed for participant-directed transactions under an individual account plan.

|                                    |                         |
|------------------------------------|-------------------------|
| Name of Plan:                      |                         |
| ▶ GATR Tech 401(k) Plan            |                         |
| Employer Identification Number:▶   | 20-1316185              |
| For plan year (beginning/ending):▶ | 01/01/2017 - 12/31/2017 |
| 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 |
|-----|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | American Funds AMCAP Fund Class R-3                           |                                                                                                            |          | 356925.81         |
|     | American Funds American Balanced Fund Class R-3               |                                                                                                            |          | 368629.51         |
|     | American Funds 2055 Target Date Retirement Fund Class R-3     |                                                                                                            |          | 481880.69         |
|     | American Funds 2010 Target Date Retirement Fund Class R-2     |                                                                                                            |          | 1116.84           |
|     | American Funds 2050 Target Date Retirement Fund Class R-3     |                                                                                                            |          | 720664.5          |
|     | American Funds 2045 Target Date Retirement Fund Class R-3     |                                                                                                            |          | 140259.19         |
|     | American Funds 2045 Target Date Retirement Fund Class R-2     |                                                                                                            |          | 1209.98           |
|     | American Funds 2040 Target Date Retirement Fund Class R-3     |                                                                                                            |          | 499452.28         |
|     | American Funds 2035 Target Date Retirement Fund Class R-3     |                                                                                                            |          | 399482.64         |
|     | American Funds 2030 Target Date Retirement Fund Class R-3     |                                                                                                            |          | 508070.4          |
|     | American Funds 2025 Target Date Retirement Fund Class R-3     |                                                                                                            |          | 287021.29         |
|     | American Funds 2020 Target Date Retirement Fund Class R-3     |                                                                                                            |          | 81026.46          |
|     | American Funds 2015 Target Date Retirement Fund Class R-3     |                                                                                                            |          | 1128.31           |
|     | American Funds U.S. Government Money Market Fund Class R-3    |                                                                                                            |          | 771700            |
|     | American Funds American High-Income Trust Class R-3           |                                                                                                            |          | 219181.36         |
|     | American Funds American Mutual Fund Class R-3                 |                                                                                                            |          | 94046.77          |
|     | American Funds The Bond Fund of America Class R-3             |                                                                                                            |          | 193829.29         |
|     | American Funds Capital Income Builder Class R-3               |                                                                                                            |          | 41771.34          |
|     | American Funds Capital World Bond Fund Class R-3              |                                                                                                            |          | 99618.86          |
|     | American Funds Capital World Growth and Income Fund Class R-3 |                                                                                                            |          | 276352.03         |
|     | American Funds EuroPacific Growth Fund Class R-3              |                                                                                                            |          | 377556.56         |
|     | American Funds Fundamental Investors Class R-3                |                                                                                                            |          | 301469.18         |
|     | American Funds The Growth Fund of America Class R-3           |                                                                                                            |          | 376018.44         |
|     | American Funds The Income Fund of America Class R-3           |                                                                                                            |          | 50972.93          |
|     | American Funds Investment Company of America Class R-3        |                                                                                                            |          | 176436.75         |
|     | Lord Abbett Short Duration Income Fund Class R3               |                                                                                                            |          | 1275.79           |
|     | American Funds New Perspective Fund Class R-3                 |                                                                                                            |          | 273827.19         |
|     | American Funds New World Fund Class R-3                       |                                                                                                            |          | 220319.88         |
|     | Principal MidCap Fund R-3 Class                               |                                                                                                            |          | 154294.13         |
|     | Principal MidCap Value Fund III R-3 Class                     |                                                                                                            |          | 125899.89         |
|     | American Funds SMALLCAP World Fund Class R-3                  |                                                                                                            |          | 430594.84         |
|     | Thornburg Limited Term Income Fund Class R3                   |                                                                                                            |          | 40793.67          |
|     | American Funds Washington Mutual Investors Fund Class R-3     |                                                                                                            |          | 70715.41          |
|     | Loan Fund                                                     |                                                                                                            |          | 96186.53          |
|     |                                                               |                                                                                                            |          |                   |
|     |                                                               |                                                                                                            |          |                   |
|     |                                                               |                                                                                                            |          |                   |
|     |                                                               |                                                                                                            |          |                   |
|     |                                                               |                                                                                                            |          |                   |