_		Short Form Annua		•	oyee	0	MB Nos. 1210-0110 1210-0089
Inte	rnal Revenue Service		d under sections 104 and	4065 of the Employee Re			
Employee E	Benefits Security Administration	-	,	,			
Part I			accordance with the ins	structions to the Form 55	00-SF.		
			018	and ending 12	2/31/2018		
A This re	turn/report is for:	X a single-employer plan	list of participating e			-	
R This ret	urn/report is	a one-participant plan	a foreign plan				
DINISTER	Benefit Plan         Commentation         Commentation<						
0		an amended return/report	a short plan year retu	urn/report (less than 12 mo	onths)		
C Check	box if filing under:			1	DFVC p	rogram	
Dent II	Decis Dise lufe		,				
Part II		rmation—enter all requested info	ormation		1h Three	e-digit	
	•				plan	number	
					( )		
							•
Mailin	g address (include roor	m, apt., suite no. and street, or P.O		structions)	(EIN)	05-04	20453
SES AMERI					2c Spor		
	N STREET				2d Busir		,
WARWICK,						42380	JU
3a Plan a	administrator's name ar	ાd address 🛛 Same as Plan Spon	isor.		<b>3b</b> Admi	nistrator's E	IN
					<b>3c</b> Admi	nistrator's te	elephone number
					4b EIN		
•		nsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN		
C Plan N							
52 Tatal	number of porticipants	at the heginning of the plan war			5a		10
C Numb	per of participants with	account balances as of the end of t	he plan year (only define	ed contribution plans	5c		15
•	,			F	5d(1)		13
<b>d(2)</b> To	tal number of active pa	rticipants at the end of the plan yea	ar		5d(2)		15
than	100% vested		• •				0
Under pen SB or Sch	alties of perjury and otl edule MB completed ar	her penalties set forth in the instruc nd signed by an enrolled actuary, a	tions, I declare that I hav	ve examined this return/rep	oort, includi	ng, if applica	
belief, it is			03/11/2019	PHILIPPE PERUT			
HERE	Signature of plan a	J. J	Date	Enter name of individu	ual signing :	as plan adm	inistrator
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing a	as employe	or plan sponsor
For Paperw		e, see the Instructions for Form 5500					orm 5500-SF (2018) v.171027

	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a	an indepen	dent qualified public accountant (IQPA	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann		,	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance pi	ogram (see ERISA section 4021)?	Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pr	emium filing for this plan year	(See instructions.)
Pa	t III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	456641	419328
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	456641	419328
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	38207	
	(2) Participants	8a(2)	51212	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-30314	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		59105
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	95748	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	670	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		96418
i	Net income (loss) (subtract line 8h from line 8c)	8i		-37313
j	Transfers to (from) the plan (see instructions)	8j		
Pa	t IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension 2A $$ 2E $$ 2F $$ 2G $$ 2J $$	feature coo	des from the List of Plan Characteristic	Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Characteristic	Codes in the instructions:
Par	t V Compliance Questions			

10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	X		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		3110
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-SF	Short Form Annu	al Return/Repor	t of Small Emr	olovee	OMB Nos. 1210-0110
Department of the Treasury Internal Revenue Service		Benefit Plan			1210-0089
Department of Labor Employee Benefits Security Administration	This form is required to be file Income Security Act of 1974	(ERISA), and sections 6(	)57(b) and 6058(a) of H	Retirement ne Internal	2018
Pension Benefit Guaranty Corporation	Complete all entries in	Revenue Code (the Cod	•		This Form is Open to Public Inspection
Part I Annual Report I	→ Complete all entries in a dentification Information	accordance with the ins	tructions to the Form	5500-SF.	
For calendar plan year 2018 or fisc	cal plan year beginning	01/01/2018	and ending	12/2	1/2018
A This return/report is for:	X a single-employer plan	a multiple-employer plist of participating e	olan (not multiemployer)	) (Filers check	ing this box must attach a the form instructions.)
B This return/report is	a one-participant plan	a foreign plan		accordance wi	in the form instructions.)
D mis recontreport is	the first return/report	the final return/report			
[	an amended return/report		rn/report (less than 12 i	months)	
C Check box if filing under:	] Form 5558	automatic extension		DFVC pr	ogram
	special extension (enter descr				ogram
Part II Basic Plan Infor	mation—enter all requested inf	formation			
1a Name of plan				1b Three	-diait
SES AMERICA, INC.	401K PLAN				umber
				(PN)	
22 Disease 1				1C Effecti 01/0	ve date of plan
2a Plan sponsor's name (employe Mailing address (include room,	apt., suite no and street or P.O.	Box)		2b Emplo	yer Identification Number
City or town, state or province,	country, and ZIP or foreign posta	al code (if foreign, see inst	ructions)		)5-0420453
SES AMERICA, INC.					or's telephone number 232-3370
21 QUINTON STREET				2d Busine	ess code (see instructions)
WARWICK	RI 0288	8			
3a Plan administrator's name and	address 🛛 Same as Plan Spon	sor.		4238 3b Admini	
				3C Admini	strator's telephone number
4 If the name and/or EIN of the p	lan sponsor or the plan name has	s changed since the last re	eturn/report filed for	4b EIN	
a Sponsor's name	or's name, EIN, the plan name an	nd the plan number from the	he last return/report.		
C Plan Name				4d PN	
5a Total number of participants at	the beginning of the plan year				
b Total number of participants at	the end of the plan year			5a	18
<ul> <li>Number of participants with acc</li> </ul>	count balances as of the end of th	e nian year (only defined	contribution along	5b 5c	18
d(1) Total number of active partic	inants at the beginning of the play				15
d(2) Total number of active partic	ipants at the end of the plan year			5d(1)	13
e inumber of participants who ter	minated employment during the r	nian year with accrued bo	polita that ware lease	5d(2)	15
ulan 100% vested				5e	0
Under penalties of perjury and other	penalties set forth in the instructi	report will be assessed	unless reasonable cau		
SB or Schedule MB completed and s belief, it is true, correct, and complet			sion of this return/report	t, and to the be	est of my knowledge and
SIGN HERE	P	3-11-2019	PHILIPPE PERU	ľ	
Signature of plan adm	inistrator	Date	Enter name of individ	ual signing as	plan administrator
SIGN HERE	ter	3-11-2019		X	
For Paperwork Reduction Act Notice, s	7plan sponsor see the Instructions for Form 5500-S	Date	Enter name of individu	ual signing as	employer or plan sponsor

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Form 5500-SF (2018) v.171027 Form 5500-SF (2018)

6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520 104-462 (See instructions on universide itelities)								Yes 📋	No
										No
С	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									
	If "Yes" is checked, enter the My PAA confirmation number from the	he PBGC	program (see ERISA premium filing for this	section plan ye	4021) ar	?	Yes N		t determine	
Pa	rt III Financial Information		······							
7	Plan Assets and Liabilities	1	(a) Beginning			<b></b>				
<u>a</u>	Total plan assets	. 7a			,641		(b) Ei	nd of Yea		
<u>b</u>	Total plan liabilities	7b	1	450	,041				419,3	328
C	Net plan assets (subtract line 7b from line 7a)	7c		456	,641				410.0	
8	Income, Expenses, and Transfers for this Plan Year	<u> </u>	(2) Amo		, <u>0 - 1</u>				419,3	28
a 	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amou		,207		(b	) Total		
	(2) Participants	8a(2)		51	212					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-30,	314					
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					·····			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		95,	748				59,1	05
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					· · ·	·····	······································	
	Administrative service providers (salaries, fees, commissions)	8f			670					
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							00 4	10
	Net income (loss) (subtract line 8h from line 8c)	8i							96,4	
j	Transfers to (from) the plan (see instructions)	8j				· · · ·			-37,3	
	t IV Plan Characteristics	<u></u>			I			·		
9a	If the plan provides pension benefits, enter the applicable pension $2A$ 2E 2F 2G 2J	feature co	des from the List of P	lan Cha	racteri	stic Co	odes in the in	structions		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	an Char	acteris	tic Cod	les in the insl	ructions:		
Par								·····		
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)	oluntary Fi	ducian Correction			x		Amount		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	2 (Do not in	aclude transpotions	10a 10b		x				
C				100	x				50,00	0
· ·····	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	idelity bon	d, that was caused	10d		x				
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons	by an insurance	10e		x	·····			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		x				

х

х

10g

10h

10i

3,110

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

 $h_{\rm c}$  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

i

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....

Form 5500-SF (2018)

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Part VI Pension Fur	nding Compliance					
11 Is this a defined bene (Form 5500) and line	fit plan subject to minimum funding requirements? (If "Yes," see instructions and 11a below)			SB		Yes 🗍
the criter are unpaid minin	infull required contributions for all years from Schedule SP (Form FEOD) inc. to					ليسما 
ERISA?	ne 12a or lines 12b, 12c, 12d, and 12e below, as applicable )	Code or section	on 302 c			Yes X
granting the waiver.	mum funding standard for a prior year is being amortized in this plan year, see in	nstructions, an Month	d enter Da	the date	of the let	ter ruling
	za, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.	Da	у	Year	
b Enter the minimum req	uired contribution for this plan year		125	1		
C Enter the amount contr	ibuted by the employer to the plan for this plan year		12c	1		
negative amount)	The first first amount in line 12b. Enter the result (enter a minus sign to the	e left of a	12d	1		
	ing amount reported on line 12d be met by the funding deadline?		l n	Yes	Νο	П N/А
Part VII Plan Termin	ations and Transfers of Assets		<u> </u>			
	ninate the plan been adopted in any plan year?			∏ Yes	57	
If "Yes," enter the amo	ount of any plan assets that reverted to the employer this year		13a		<u>x</u> 1	No
vvere all the plan asse	ats distributed to participants or bopoficiorias, terraformative, it					
				] [	] Yes	No
which assets or liabilit	any descis of lightlines were transferred from this plan to enable a transferred to the	tify the plan(s)	to			
13c(1) Name of plan(s):	[	13c(2)	EIN(s)		13c(3	3) PN(s)
						·····