	rm 5500-SF	Short Form Annual Return/Report of Small Employee								
	rtment of the Treasury mal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R			etirement	2018				
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of t Employee Benefits Security Administration Revenue Code (the Code).						This Form is Open to				
Pension Be	enefit Guaranty Corporation	► Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I		Identification Information	-							
For calend	ar plan year 2018 or fis	cal plan year beginning 01/01/201			2/31/2018					
A This re	turn/report is for:	a single-employer plan	list of participating em		r) (Filers checking this box must attach a accordance with the form instructions.)					
B This ret		a one-participant plan	a foreign plan							
	um/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return/report (less than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
	-	special extension (enter descript								
Part II		rmation—enter all requested inform	nation							
1a Name					1b Thre	e-digit number				
WORLDWIL	E TECHNOLOGIES 4	U1(K) PLAN			(PN)					
					1c Effective date of plan 11/01/2007					
		ver, if for a single-employer plan) n, apt., suite no. and street, or P.O. E	ox)			2b Employer Identification Number				
City or		e, country, and ZIP or foreign postal of		ructions)	(EIN) 43-2096069 2c Sponsor's telephone number					
				·	270-598-7100					
145 REASO	NOVER DRIVE				2d Business code (see instructions)					
P O BOX 14 FRANKLIN,	87					332700				
3a Plan a	dministrator's name an	d address 🛛 Same as Plan Sponsc	r.		3b Admi	ministrator's EIN				
					20.01					
					3c Administrator's telephone number					
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for				eturn/report filed for	4b EIN					
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.					4d PN					
C Plan N	or's name Iame				40 PN					
5a Total number of participants at the beginning of the plan year						67				
b Total number of participants at the end of the plan year						69				
comp	C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)				5c					
d(1) Total number of active participants at the beginning of the plan year					5d(1)	60				
d(2) Total number of active participants at the end of the plan yeare Number of participants who terminated employment during the plan year with accrued benefits that were less					5d(2)	61				
than 100% vested					5e	0				
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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		valid electronic signature.	e. 06/03/2019 LINDSEY TYLER							
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signina	as plan administrator				
SIGN					<u> </u>					
HERE	Signature of employ	gnature of employer/plan sponsor Date Enter name of indiv			vidual signing as employer or plan sponsor					

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

Form 5500-SF (2018) v.171027

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 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public accountant (I	QPA)	X Yes No				
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Vot determined								
	If "Yes" is checked, enter the My PAA confirmation number from the				(See instructions.)				
Ра	rt III Financial Information								
-									

a Total plan assets 7a 130390 116069 b Total plan isbilities 7b 7c 130390 116069 c Net plan assets (subtract line 7b from line 7a) 7c 130390 116069 8 income, Expenses, and Transfers for the Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (c) Amount (b) Total (d) Other income (loss) 8a(2) 14639 (c) Total income (loss) 8a(3) 1747 b Other income (loss) 8b -9013 7573 7573 7573 19 benefits paid (notuding direct rollovers and insurance preniums to provide benefits) 8d 21370 7573 c Catal in deemed and/or corrective distributions (see instructions) 8e 334 7573 g Other expenses 8g 200 90 90 90 g Other expenses 8g 9 90 144331 144331 j Transfers to (from) the plan (see instructions) 8j 141331 144331 144331 j Transfers to from the plan ayes participant contributions within the time participant contractinistic Codes in the instructions: 12 2 2 2 30 2 1 2 X 2 1 3 3 30 1	7	Plan Assets and Liabilities		(a) Beginning o			(b) End of Year				
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	h	2520.101-3.)					X				
	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									

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Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	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					
е	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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					🗌 Yes 🔀 No			
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)	