| Department of the Treasury memory Revenues Service 2018 Department of the Treasury income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This form is required to be filed under sections 104 and 6056 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This form is Open to Public Inspection Part I Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning of calendar plan year 2018 or fiscal plan year beginning a single-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) A This return/report is This return/report is a one-participant plan a mended return/report a namended return/report a namended return/report a namended return/report a special extension (enter description) DFVC program Part III Basic Plan Information (error data section) DFVC program 001 12 Form 5558 automatic extension DFVC program 13 Name of plan 100 Three-digit plan number (PN) 001 14 The employer, if for a single-employer plan) Maling address (include room, apt, suite no. and street, or P.O. Box) Crt or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 26 Employer Identification Number (EIN) 24/15/244-6031 | | | | | | | |
|--|--|--|--|--|--|--|--|
| Employee Bondits Sourtly Additivitation Revenue Code (the Code). This Form is Open to Public Inspection Persion Bendit Sucrity Additivitation • Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part I Annual Report Identification Information and ending 12/31/2018 and ending 12/31/2018 A This return/report is for: a single-employer plan an utiple-employer information in accordance with the form instructions.) B This return/report is for: a one-participant plan a foreign plan B the first return/report an amended return/report a short plan year return/report DFVC program C Check box if filing under: Form 5558 automatic extension DFVC program DFVC program 12 Name of plan 1b Tree-digit plan number (PN) 001 010/1/2011 2b Employer identification Number (EIN) 14-3093379 2 | | | | | | | |
| • Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Part I Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning A This return/report is for: a one-participant plan B This return/report is B This return/report is B This return/report is B This return/report is B This return/report is B This return/report is C Check box if filing under: B asic Plan Information—enter all requested information 1a Name of plan HITACHI RAIL USA INC 401 K PROFIT SHARING PLAN TRUST Mailing address (include room, apt., suite no. and street, or P.O. Box) CITy or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HITACHI RAIL USA INC | | | | | | | |
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 A This return/report is for: a single-employer plan a multiple-employer plan (not multimemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) B This return/report is a one-participant plan a foreign plan B This return/report is the first return/report the first return/report a short plan year return/report a and ending a anneed return/report a foreign plan DFVC program C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) DFVC program 001 1c Effective date of plan Name of plan HITACHI RAIL USA INC 401 K PROFIT SHARING PLAN TRUST 1b Three-digit plan number (PN) ▶ 001 2a Plan sponsor's name (employer, if for a single-employer plan) Maiing address (include room, apt, suite no. and street, or P.O. Box) 2b Employer Identification Number (EIN) 13.3303379 2d Business code (see instructions) Street, province, country, and ZIP or foreign postal code (if foreign, see instructions) 3b Administrator's EIN 11150 NW 122 STREET Medianistrator's name and address Same as Plan Sponsor. 3c Administr | | | | | | | |
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| A This return/report is for: a one-participant plan a foreign plan B This return/report is a one-participant plan a foreign plan B This return/report is the first return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) special extension (enter description) DFVC program Part II Basic Plan Information—enter all requested information 1 This return/report (PN) & 001 1c Effective date of plan 01/01/2011 01 1a Name of plan foreign plan 2 Employer identification Number (EIN) 2a Plan sponsor's name (employer, if for a single-employer plan) 01/01/2011 2 2 Mailing address (include room, apt, suite no. and street. or P.O. Box) (EIN) 1 2 Sponsor's telephone number (EIN) 1150 NW 122 STREET Same as Plan sponsor. 3 Administrator's name and address [Same as Plan Sponsor. 3 3 Administrator's name and address [Same as Plan Sponsor. 3 3 Administrator's telephone number 866-998-5879 3 Administrator's telephone number 866-998-5879 3 Administrator's telephone n | | | | | | | |
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| S #311 LAKE MARY, FL 32746 3C Administrator's telephone number 866-998-5879 | | | | | | | |
| 000-330-2013 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/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. | | | | | | | |
| a Sponsor's name 4d PN C Plan Name | | | | | | | |
| | | | | | | | |
| 5a Total number of participants at the beginning of the plan year 33 | | | | | | | |
| b Total number of participants at the end of the plan year | | | | | | | |
| C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | | | | | | | |
| d(1) Total number of active participants at the beginning of the plan year | | | | | | | |
| d(2) Total number of active participants at the end of the plan year | | | | | | | |
| Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | | | | | | |
| 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, 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 Filed with authorized/valid electronic signature. 06/12/2019 EDWARD ROJAS | | | | | | | |
| HERE 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 | | | | | | | |

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 eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno | an indepen and conditi | dent qualified public accountant (IC ons.) | QPA) | X Yes No |
|---------|---|---------------------------|--|---------|--------------------------------------|
| C | If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the | | | Yes No | Not determined . (See instructions.) |
| Pa | rt III Financial Information | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End | of Year |
| 2 | Total plan assata | 70 | 1/180173 | | 1148741 |

| | | (u) beginning of reu | | | |
|--|------------|-------------------------------|----------|---------|---------------------------|
| a Total plan assets | . 7a | 1489173 | | | 1148741 |
| b Total plan liabilities | . 7b | 0 | | | 0 |
| c Net plan assets (subtract line 7b from line 7a) | . 7c | 1489173 | | | 1148741 |
| Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | (b) Total |
| a Contributions received or receivable from: (1) Employers | 8a(1) | 83578 | | | |
| (2) Participants | 8a(2) | 26549 | | | |
| (3) Others (including rollovers) | 8a(3) | 0 | | | |
| b Other income (loss) | 8b | -17970 | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | 92157 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 416944 | | | |
| e Certain deemed and/or corrective distributions (see instructions) | . 8e | 0 | | | |
| f Administrative service providers (salaries, fees, commissions) | . 8f | 15645 | | | |
| g Other expenses | . 8g | 0 | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | 432589 |
| i Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | -340432 |
| j Transfers to (from) the plan (see instructions) | 8j | 0 | | | |
| Part IV Plan Characteristics | | | | | |
| If the plan provides pension benefits, enter the applicable pension 2E 2G 2F 2T 3D 2J 3H | feature co | des from the List of Plan Cha | aracteri | stic Co | odes in the instructions: |
| b If the plan provides welfare benefits, enter the applicable welfare f | eature cod | es from the List of Plan Char | acteris | tic Coc | les in the instructions: |
| Part V Compliance Questions | | | | | |
| 0 During the plan year: | | | Yes | No | Amount |

| 10 | During the plan year: | | | 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 | | x | |
| b | Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions eported on line 10a.) | | | Х | |
| С | Was the plan covered by a fidelity bond? | 10c | Х | | 250000 |
| 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 | | x | |
| е | 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 | | 66428 |
| 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 | | nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below) | | | B | | Yes | X 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 | a 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 lett granting the waiver | | | | | | | |
| lf | you o | 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 | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | | | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | | | | 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) | | 13 | c(3) PN | ۱(s) |
| | | | | | | | | |