_	m 5500-SF	Short Form Annu	OMB Nos. 1210-0110 1210-0089						
Intern	al Revenue Service	4065 of the Employee Re		2018					
	partment of Labor nefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		This Form is Open to Public Inspection				
Pension Ber	nefit Guaranty Corporation	Complete all entries in a		ructions to the Form 55	00-SF.	Fublic inspection			
Part I		dentification Information		and and's s. (0	10.4.10.0.4.0				
For calenda	ar plan year 2018 or fisc	al plan year beginning 01/01/2	-		/31/2018	de a dela le construction de la c			
A This retu	urn/report is for:	X a single-employer plan		an (not multiemployer) (F mployer information in acc		king this box must attach a with the form instructions.)			
<b>B</b> This retu	rn/report is	a one-participant plan							
	[	X the first return/report	the final return/report	m/report (less then 10 mg	antha)				
		an amended return/report		rn/report (less than 12 mc	ntns)				
C Check b	oox if filing under:	Form 5558	automatic extension	L	DFVC p	rogram			
		special extension (enter descr							
Part II		mation—enter all requested int	formation						
1a Name of ICLICK 401(F	•				1b Three plan	e-digit number			
					(PN)				
					1c Effect	tive date of plan 01/01/2018			
	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					oyer Identification Number			
City or ICLICK, INC.	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				(EIN) 31-1815448 <b>2c</b> Sponsor's telephone number 206-999-2040				
				-	2d Busir	ness code (see instructions)			
3931 1ST AV SEATTLE, W	ENUE SOUTH A 98134					453990			
<b>3a</b> Plan ac	Iministrator's name and	l address 🛛 Same as Plan Spor	nsor.		<b>3b</b> Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
4 If the n	ame and/or EIN of the	plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN				
this pla	an, enter the plan spons	sor's name, EIN, the plan name a							
<b>a</b> Sponso <b>C</b> Plan Na					<b>4d</b> PN				
5a Total n	umber of participants a	It the beginning of the plan year			5a	77			
_		it the end of the plan year		F	5b	112			
	· ·	ccount balances as of the end of			5c	75			
<b>d(1)</b> Tota	I number of active parti	icipants at the beginning of the pl	an year		5d(1)	77			
<b>d(2)</b> Tota	al number of active part	icipants at the end of the plan yea	ar		5d(2)	102			
		erminated employment during the			5e	0			
Caution: A	penalty for the late or	r incomplete filing of this return	n/report will be assessed	l unless reasonable cau	se is estat	olished.			
Under pena SB or Sche	lties of perjury and othe	er penalties set forth in the instruct d signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/rep	ort, includi	ng, if applicable, a Schedule			
		alid electronic signature.	06/13/2019	JEFF ROBERTS					
HERE	Signature of plan ad		Date	Enter name of individu	al signing :	as plan administrator			
SIGN		alid electronic signature.	06/13/2019	JEFF ROBERTS	<u> </u>				
HERE	Signature of employ		Date	Enter name of individu	al signing a	as employer or plan sponsor			
For Paperwo	erwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2018)								

v.171027

b c	Were all of the plan's assets during the plan year invested in eligib 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 <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> 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 <b>TIII</b> Financial Information	an indepen and conditi <b>ot use For</b> nsurance pr	dent qualified public accountant (IQI ons.) m 5500-SF and must instead use rogram (see ERISA section 4021)? .	PA) [ Yes [ No Form 5500. Yes [ No [ Not determined]
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	0	1278483
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	0	1278483
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	163381	
	(2) Participants	8a(2)	341734	
	(3) Others (including rollovers)	8a(3)	887689	
b	Other income (loss)	8b	-95510	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1297294
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5683	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	13128	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		18811
i	Net income (loss) (subtract line 8h from line 8c)	8i		1278483
j	Transfers to (from) the plan (see instructions)	8j		
	rt IV Plan Characteristics	facture	dee from the List of Dien Characteria	tic Codes in the instructions.

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions				
10	rring 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		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		1000000
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	
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		12220
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		29239
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i			

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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	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		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 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	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th control of the PBGC?						Yes	X 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	13c(1) Name of plan(s): 13c(2)					13	<b>:(3)</b> PN	۱(s)

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Form 5500-SF	Short Form Annual	rt Form Annual Return/Report of Small Employee Benefit Plan							
Internal Revenue Service	This form is required to be	filed under sections 104	and 4065 of the Employ	ree –	2018				
Department of Labor Employee Benefits Security Administration	Retirement Income Security A the In	ternal Revenue Code (the		58(a) of -	This Form is Open to Public Inspection				
Pension Benefit Guaranty Corporation	Complete all entries in ac	cordance with the instru	ctions to the Form 55	00-SF.	inspection				
	Identification Information								
For calendar plan year 2018 or fisc	cal plan year beginning	01/01/2018	and ending	12/3	31/2018				
A This return/report is for:	x a single-employer plan	a list of participating e		er) (Filers checking this box must attach in accordance with the form instructions.)					
<b>B</b> This return/report is:	a one-participant plan x the first return/report	a foreign plan the final return/report							
	an amended return/report	a short plan year retu	rn/report (less than 12 ا	months)					
C Check box if filing under:	Form 5558	automatic extension		[] [	DFVC program				
	special extension (enter descri	ption)							
Part II Basic Plan Info	rmation enter all requested in	nformation							
1a Name of plan iClick 401(k) Plan									
TOTICK FOT(K) FIAM									
2a Plan sponsor's name (employ Mailing Address (include room City or fown, state or province	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta	. Box)	ructions)	2b Employer Identification Number (EIN) 31-1815448					
iClick, Inc.	, ooundy, and zhr of foldign poole			2c Sponsor's telephone number (206) 999-2040					
3931 1st Avenue Sou	th			2d Business code (see instructions) 453990					
US Seattle WA 98134									
	d address 🗴 Same as Plan Spor	nsor		3b Adr	ninistrator's EIN				
				3c Adr	ninistrator's telephone number				
	plan sponsor or the plan name has			4b EIN					
this plan, enter the plan spons <b>a</b> Sponsor's name	sor's name, EIN, the plan name an	d the plan number from th	e last return/report.	4d PN					
C Plan Name									
<b>5a</b> Total number of participants a	at the beginning of the plan year			5a	78				
	at the end of the plan year				103				
c Number of participants with a	ccount balances as of the end of th	ne plan year (only defined	contribution plans	50	70				
1	cipants at the beginning of the plar			5d(1)	78				
	cipants at the end of the plan year	-			95				
e Number of participants who te	erminated employment during the p	lan year with accrued ber		5e	0				
	or incomplete filing of this return			use is esta	blished.				
Under penalties of perjury and oth	ner penalties set forth in the instruc nd signed by an enrolled actuary, as	tions, I declare that I have	examined this return/re	eport, includ	ling, if applicable, a Schedule				
		(13/2019	JOCE Roh	erts					
SIGN HERE Signature of plan admi	nietrator	Date	Enter name of individu		e nlan administrator				
SIGN EKA	Yee	7/12/19	Jeff Ha						

SIGN		~	1th	x Aced		2	112
	Sign	ature	ofe	mployer/plan sponsor		Date	
For Pap	erwo	rk Red	lucti	on Act Notice, see the instructions	for Form 5	500-S	F.

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Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)

827.5 T.T.

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XYes No

XYes No

	If you answered "No" to either line 6a or line 6b, the plan canno										
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA sectior	402 ו	1)?		Yes	No Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from the	BBGC pre	mium filing for this year					(See instructions.)			
Pa	Int III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of	Year	R	T		(b) End of Year			
а	Total plan assets	. 7a			0			1,272,851			
Ь	Total plan liabilities	1 1	5.1 - M M- 10. 7.1.7.1.7.1.7.1.7.1.1.1.1.1.1.1.1.1.1.								
C	Net plan assets (subtract line 7b from line 7a)				0			1,272,851			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			-	(b) Total				
а	Contributions received or receivable from:					20.00		(4)			
	(1) Employers	. 8a(1)		7,8							
	(2) Participants			1,7							
	(3) Others (including rollovers)		88	7,6	89						
b	Other income (loss)	. 8b	(95	,64	1)						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						1,291,662			
d	Benefits paid (including direct rollovers and insurance premiums	0-1		5,6	83						
<u> </u>	to provide benefits)	11		3,0							
<u>_</u>	Certain deemed and/or corrective distributions (see instructions)	1	4	3 1	20	1998					
	Administrative service providers (salaries, fees, commissions)		±	.3,1:	20						
<u>_q_</u>	Other expenses						1/2 (A - 2)/2/	18,811			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	1									
	Net income (loss) (subtract line 8h from line 8c)	1 1						1,272,851			
Ļ	Transfers to (from) the plan (see instructions)	. 8j									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Cha	racte	ristic	Codes	s in the	instructions:			
Pa	Irt V Compliance Questions					1022					
10	During the plan year:				Yes	No	N/A	Amount			
a	Was there a failure to transmit to the plan any participant contribu	tions within	the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fid	uclary Correction								
	Program)			10a		X		angeneration and a second s			
b				10b		x					
	reported on line 10a.)			10c	χ.			1,000,000			
					<u> </u>			1,000,000			
	by fraud or dishonesty?	ABDOD <b>000000000</b> 00400	***************************************	10d		x					
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of th	he benefits under	10e	х			12,220			
f				10f		х					
	Did the plan have any participant loans? (If "Yes," enter amount a	is of year er	rd.)	10g	х			29,239			
ł		(See instruc	tions and 29 CFR	10h		x					
į	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i		<u> </u>					
	and a series of the series of			d			<u>Essential de la companya de la compa</u>				

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Par	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500 and line 11a below)				🗌 Yes	x	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	******	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the 0 ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				🗌 Yes	X	No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver	/lonth	d enter Da		of the letter r Year	uling	
lf	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Enter the minimum required contribution for this plan year	***************	12b				
С	Enter the amount contributed by the employer to the plan for the plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	12d		*****		01010000000000000000000000000000000000	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	*******		Yes 🗌	No 🗌	N/A	
Par	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			] Yes	X No		
	If "Yes," 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 brou control of the PBGC?			ים	/es 🗶 M	10	
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	tify the plan(s	) to				
1	13c(1) Name of plan(s): 13c(2) EIN				13c(3) P	N(s)	
**********							