| Form 5500-SF Short Form Annual Return/Report of Small Er | | | | | | OMB Nos. 1210-0110 1210-0089 | | | | |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------|----------------------------|--------------------------------------|-------------------------------------------------------------|--|--|--|--|
| | f the Treasury enue Service | This form is required to be filed | Benefit Plan under sections 104 and 4 | 1065 of the Employee Re | etirement | 2018 | | | | |
| | nt of Labor ecurity Administration | Income Security Act of 1974 (| | 57(b) and 6058(a) of the | | This Form is Open to | | | | |
| Pension Benefit Gu | uaranty Corporation | Complete all entries in ac | ccordance with the instr | uctions to the Form 55 | 500-SF. | Public Inspection | | | | |
| | | lentification Information | | | | | | | | |
| For calendar plar | n year 2018 or fisca | al plan year beginning 01/01/20 | | | 2/31/2018 | | | | | |
| A This return/re | port is for: | a single-employer plan | list of participating em | | | king this box must attach a vith the form instructions.) | | | | |
| | L | a one-participant plan | a foreign plan | | | | | | | |
| B This return/rep | port is | the first return/report | the final return/report | | | | | | | |
| | | an amended return/report | a short plan year return | n/report (less than 12 m | onths) | | | | | |
| C Check box if | filing under: | K Form 5558 | automatic extension | | DFVC p | rogram | | | | |
| | | special extension (enter descrip | otion) | | | | | | | |
| Part II Ba | sic Plan Inforr | mation—enter all requested info | rmation | | | | | | | |
| 1a Name of plan | | | | | 1b Thre | | | | | |
| ITEL LABORATOR | RIES, INC. 401(K) | PROFIT SHARING PLAN & TRU | ST | | plan (PN) | number 001 | | | | |
| | | | | · | () | tive date of plan | | | | |
| | | | | | 07/01/1996 | | | | | |
| | | r, if for a single-employer plan) apt., suite no. and street, or P.O. | Box) | | 2b Empl (EIN) | oyer Identification Number | | | | |
| City or town, | City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ABORATORIES, INC. | | | ructions) | 2C Sponsor's telephone number | | | | | |
| | | | | | | 904-393-0196 | | | | |
| 6676 CORPORAT | E CENTER PARK | NAY | | | 20 Busir | ness code (see instructions) | | | | |
| SUITE 107 | | | | | | 541990 | | | | |
| JACKSONVILLE, F | | | | | - | | | | | |
| 3a Plan adminis | strator's name and | address X Same as Plan Spons | sor. | | 3b Admi | nistrator's EIN | | | | |
| | | | | | 3c Admi | nistrator's telephone number | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1 If the name | and/or EIN of the n | lan sponsor or the plan name has | changed since the last r | aturn/roport filed for | 4b EIN | | | | | |
| | | or's name, EIN, the plan name an | | | | | | | | |
| a Sponsor's na | ame | | | | 4d PN | | | | | |
| C Plan Name | | | | | | | | | | |
| 5a Total numbe | er of participants at | the beginning of the plan year | | | 5a | 120 | | | | |
| - | | the end of the plan year | | | 5b | 116 | | | | |
| C Number of p | participants with ac | count balances as of the end of th | ne plan year (only defined | contribution plans | 5c | 91 | | | | |
| • | , | cipants at the beginning of the pla | | | 5d(1) | 93 | | | | |
| | | cipants at the end of the plan year | | | 5d(2) | 91 | | | | |
| e Number of | participants who te | erminated employment during the | enefits that were less | 5e | 0 | | | | | |
| than 100% | vested | incomplete filing of this return/ | report will be assessed | unless reasonable cau | | olished. | | | | |
| Under penalties | of perjury and othe | r penalties set forth in the instruct | ions, I declare that I have | examined this return/rep | port, includi | ng, if applicable, a Schedule | | | | |
| | VB completed and orrect, and comple | signed by an enrolled actuary, as ete. | well as the electronic ver | sion of this return/report | t, and to the | e best of my knowledge and | | | | |
| · | l with authorized/va | alid electronic signature. | 08/27/2019 | JOLENE YOUNG | | | | | | |
| HERE Sig | nature of plan adr | ninistrator | Date | Enter name of individe | ual signing | as plan administrator | | | | |
| SIGN | | | | | | | | | | |
| HERE Sign | nature of employe | er/plan sponsor | Date | Enter name of individe | ual 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 | Were all of the plan's assets during the plan year invested in eligib | | 1 | | 🗙 Yes 🗌 No | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------|-----------------------------------|----------|----------------|--|--|--|
| 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.) | | | | | | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | | | | | | | |
| C | If the plan is a defined benefit plan, is it covered under the PBGC in | isurance p | program (see ERISA section 4021)? | ? Yes No | Not determined | | | |
| C 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.) | | | | | | | | |
| Pa | rt III Financial Information | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End | of Year | | | |
| a | Total plan assets | 7a | 4557778 | (17) = | 4587737 | | | |
| | | ,α | | | | | | |

| b Total plan liabilities | | | 0 | | 0 | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------|---------|----------|---------|---------------------------|--|--|
| C Net plan assets (subtract line 7b from line 7a) | | 45 | 57778 | | | 4587737 | | |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | nt | | | (b) Total | | |
| a Contributions received or receivable from: (1) Employers | 8a(1) | | 89478 | | | | | |
| (2) Participants | | 4 | 01493 | | | | | |
| (3) Others (including rollovers) | | | 0 | | | | | |
| b Other income (loss) | | -3 | 15107 | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 175864 | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 1 | 44455 | | | | | |
| ${\bf e}$ Certain deemed and/or corrective distributions (see instructions) . | | | 0 | | | | | |
| f Administrative service providers (salaries, fees, commissions) | | | 1450 | | | | | |
| g Other expenses | | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | | 145905 | | | 145905 | | | |
| i Net income (loss) (subtract line 8h from line 8c) | | | | | | 29959 | | |
| j Transfers to (from) the plan (see instructions) | | | | | | | | |
| Part IV Plan Characteristics | | | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D | n feature co | odes from the List of PI | an Cha | racteri | stic Co | odes in the instructions: | | |
| b If the plan provides welfare benefits, enter the applicable welfare | feature coo | des from the List of Pla | n Chara | acterist | tic Coo | les in the instructions: | | |
| Part V Compliance Questions | | | | | | | | |
| 0 During the plan year: | | | - | Yes | No | Amount | | |
| a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program) | Voluntary F | -iduciary Correction | 10a | | Х | | | |
| b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | х | | | |
| C Was the plan covered by a fidelity bond? | | | 10c | Х | | 400000 | | |
| d Did the plan have a loss, whether or not reimbursed by the plan' | s fidelitv bo | ond. that was caused | | | | | | |

| 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 | |
| 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 | | 63478 |
| 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 | | | |

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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 | | | | |
| 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 Annual R | eturn/Report Benefit Plan | of Small Empl | oyee | OMB Nos. 1210-0110 1210-0089 |
|--------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------|
| | nt of the Treasury Revenue Service | This form is required to be filed unde | etirement | 2018 | | |
| | ment of Labor ts Security Administration | Income Security Act of 1974 (ERIS | A), and sections 605 nue Code (the Code | | Internal | This Form is Open to |
| | t Guaranty Corporation | - | | , | | Public Inspection |
| Part I | Annual Report | Identification Information | ance with the instr | uctions to the Form 5 | 500-55. | |
| | | | 01/2018 | and ending | 12/3 | 31/2018 |
| | | | | | | king this box must attach a |
| A This return | /report is for: | | st of participating em foreign plan | ployer information in ac | ccordance w | ith the form instructions.) |
| B This return/ | report is | the first return/report | e final return/report | | | |
| | | | | n/report (less than 12 m | ionths) | |
| C Check box | if filing under: | X Form 5558 | utomatic extension | | | rogram |
| | | special extension (enter description) | | | <u>.</u> . | • |
| Part II E | Basic Plan Info | rmation—enter all requested informati | | | | |
| 1a Name of | | | | | 1b Thre | e-diait |
| | | , INC. 401(K) PROFIT SHA | RING PLAN & | TRUST | plan | number |
| | | | | | (PN) | |
| | | | | | | tive date of plan 01/1996 |
| 2a Plan spor | isor's name (emplo | yer, if for a single-employer plan) | | | | oyer Identification Number |
| | | m, apt., suite no. and street, or P.O. Box) | | | · · | 26-2574564 |
| - | aboratories | e, country, and ZIP or foreign postal code | e (il loreign, see instr | uctions) | 2c Spor | nsor's telephone number |
| ILCI I | | , inc. | | | L | -393-0196 |
| 6676 (Suite | | enter Parkway | | | 2d Busir | ness code (see instructions) |
| Jackso | onville | FL 32216 | | | 541 | 990 |
| 3a Plan adm | inistrator's name ar | nd address 🛛 Same as Pian Sponsor. | | | | nistrator's EIN |
| | | | | | 3c Admi | nistrator's telephone number |
| A lifetha acco | | | | turn lange til blad for | 4b EIN | |
| | | e plan sponsor or the plan name has cha nsor's name, EIN, the plan name and the | | | | |
| a Sponsor's | | | | | 4d PN | |
| C Plan Nam | e | | | | | |
| 5a Total nun | nber of participants | at the beginning of the plan year | | | 5a | 120 |
| b Total nun | nber of participants | at the end of the plan year | | ••••••••••••••••••••••••••••••••••••••• | 5b | 116 |
| | | account balances as of the end of the pla | | | 5c | 91 |
| d(1) Total n | umber of active pa | rticipants at the beginning of the plan yea | ır | | 5d(1) | 93 |
| d(2) Total r | number of active pa | rticipants at the end of the plan year | | | 5d(2) | 91 |
| e Number | of participants who | terminated employment during the plan | year with accrued be | nefits that were less | 5e | |
| than 100 |)% vested | | -4 | | | 0 |
| Under penaltie SB or Schedu | es of perjury and ot | or incomplete filing of this return/repo her penalties set forth in the instructions, nd signed by an enrolled actuary, as well plete | I declare that I have | examined this return/re | port, includi | ng, if applicable, a Schedule |
| SIGN | | P116(3)01 | 8/27/19 | JOLENE YOUNG | | |
| HERE | | der in internet | | | | |
| S | ignature of plan a | aministrator | Date | Enter name of individ | ual signing | as plan administrator |
| SIGN HERE | | | | | | and the second |
| S S | ignature of emplo | yer/plan sponsor | Date | Enter name of individ | ual signing | as employer or plan sponsor |

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| 6a | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | X Yes No |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | X Yes 🗌 No |
| С | 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.) |
| Pa | rt III Financial Information | |

| 7 Plan Assets and Liabilities | | (a) Beginning o | of Year | Τ | | (b) End of Year |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------|---------|-----|---------|----------------------------------|
| a Total plan assets | 7a | | 557, | 778 | | 4,587,737 |
| b Total plan liabilities | | | | 0 | | (|
| C Net plan assets (subtract line 7b from line 7a) | 1 1 | 4, | 557, | 778 | | 4,587,73 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | t | | | (b) Total |
| a Contributions received or receivable from: (1) Employers | 8a(1) | | 89,4 | 178 | | |
| (2) Participants | 8a(2) | | 401,4 | 193 | Card In | |
| (3) Others (including rollovers) | 8a(3) | | | 0 | | |
| b Other income (loss) | | - | 315, | 107 | 12 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 175,864 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 144,4 | 155 | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | e anti | in Philosophylio a thair airdeau |
| f Administrative service providers (salaries, fees, commissions) | | | 1,4 | 150 | 6.64 | |
| g Other expenses | 8g | | | 0 | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | 100 | | 145,90 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | A DAY PASSAGE | 2128 | | | 29,95 |
| j Transfers to (from) the plan (see instructions) | ··· 8j | | | 1 | | |
| Part IV Plan Characteristics | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare | | | | | | |
| Part V Compliance Questions | | | | | | |
| During the plan year: | | | | Yes | No | Amount |
| a Was there a failure to transmit to the plan any participant contri described in 29 CFR 2510.3-102? (See instructions and DOL' Program) | s Voluntary Fig | luciary Correction | 10a | | x | |
| b Were there any nonexempt transactions with any party-in-interreported on line 10a.). | est? (Do not in | clude transactions | 10b | | х | : |
| C Was the plan covered by a fidelity bond? | | | 10c | х | | 400,00 |
| 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 | |
| | ····· | | TUU | | | |
| a pie ne pier nere e leee, mienter e ner entre allee by the pier | other persons ome or all of th | by an insurance ne benefits under | 10a | | x | |
| by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s | other persons ome or all of th | by an insurance ne benefits under | | | x x | |
| by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s the plan? (See instructions.). | other persons ome or all of th plan? | by an insurance ne benefits under | 10e | X | | 63,47 |

 bit the plantace any participant loans (in res, enter allound as of year end.)
 10g
 X
 03,476

 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
 10i

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| Part \ | /I Pension Funding Compliance | <u> </u> | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------|--------------|------------------|-------------|------|
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below) | | | | B | | Yes |] No |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | | | • | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA? | n 302 o | f | | Yes X | No | |
| _ | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | |
| | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i granting the waiver. | . Month | d enter i Day | | of the le Yea | | 9 |
| lf y | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin | e 13. | | | | | |
| b | nter the minimum required contribution for this plan year | | 12b | | 37/ | | |
| | nter the amount contributed by the employer to the plan for this plan year | | 12c | | 2) <u></u> | | |
| d | | | | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | N/. | A |
| Part V | II Plan Terminations and Transfers of Assets | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | Ye: | 5 X | No | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | 13a | | 77-5 | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro control of the PBGC? | ught under the | e 🗌 Yes 🛛 No | | | | |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. | |) to | | | | |
| 13c(1) Name of plan(s): 13c(2) | | EIN(s) | | 13c(3) PN(s) | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| _ | | | | | | | |
| | | | | | | | |