	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan		oyee	OI	MB Nos. 1210-0110 1210-0089	
	Intment of the Treasury Inal Revenue Service	This form is required to be file	d under sections 104 and	4065 of the Employee Re		2	2018	
Employee B	epartment of Labor Senefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		Internal		rm is Open to c Inspection	
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	structions to the Form 55	00-SF.	T UDIN	mapection	
For calend		Identification Information scal plan year beginning 01/01/2	018	and ending 12	/31/2018			
	ar plan year 2010 of he	X a single-employer plan		plan (not multiemployer) (F		king this box	must attach a	
A This re	turn/report is for:		list of participating e	employer information in acc		-		
_		a one-participant plan	a foreign plan					
B This ret	urn/report is	the first return/report	the final return/report	t				
		an amended return/report	a short plan year retu	urn/report (less than 12 mo	onths)			
C Check	box if filing under:	X Form 5558	automatic extension	, Г	DFVC p	rogram		
		special extension (enter descr		L		0		
Part II	Basic Plan Info	rmation—enter all requested inf						
1a Name	of plan				1b Three	•		
INTRACOM	MUNICATION NETWO	ORK SYSTEMS, INC. 401(K) RETI	REMENT SAVINGS PLA	N	plan (PN)	number	001	
					()	tive date of		
						04/01/	(1991	
Mailing	g address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C e, country, and ZIP or foreign posta		structions)	(EIN)	91-13		
,	MUNICATION NETWO				2c Spor	nsor's teleph 253-761-	one number 0418	
					2d Busir	ness code (s	ee instructions)	
4922 N. PEA TACOMA, W	ARE ST. /A 98407-3120					51700	00	
3a Plan a	dministrator's name an	nd address 🛛 Same as Plan Spor	nsor.		3b Admi	inistrator's E	IN	
				-	3c Admi	inistrator's te	elephone number	
		e plan sponsor or the plan name ha	5		4b EIN			
•	lan, enter the plan spor	nsor's name, EIN, the plan name a	ind the plan number from	the last return/report.	4d PN			
C Plan N								
		at the beginning of the plan year			5a		27	
		at the end of the plan year		Here and the second sec	5b		25	
		account balances as of the end of			5c		25	
d(1) Tot	al number of active par	rticipants at the beginning of the pla	an year					
d(2) Tot	al number of active par	rticipants at the end of the plan yea	ar		5d(2)		20	
		terminated employment during the			5e		0	
Caution: A	A penalty for the late of	or incomplete filing of this return	n/report will be assesse	d unless reasonable cau				
SB or Sche		ner penalties set forth in the instructed actuary, a ad signed by an enrolled actuary, a plete.						
SIGN		valid electronic signature.	07/29/2019	ERIK R. OLSON				
HERE	Signature of plan a	dministrator	Date	Enter name of individu	al signing	as plan adm	inistrator	
SIGN								
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individu	al signing :	as employer	or plan sponsor	
For Paperw	ork Reduction Act Notic	e, see the Instructions for Form 5500	D-SF.			Fo	orm 5500-SF (2018) v.171027	

f

g

6a b	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepen and conditi	dent qualified public accountant (IQ ons.)	PA) Yes [] No
	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 rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	2150039	2132182
b	Total plan liabilities	7b	16	
С	Net plan assets (subtract line 7b from line 7a)	7c	2150023	2132182
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:		10000	

40000 (1) Employers 8a(1) 92601 (2) Participants..... 8a(2) (3) Others (including rollovers)..... 8a(3) -136240 **b** Other income (loss) 8b **C** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) -3639 8c d Benefits paid (including direct rollovers and insurance premiums 8d 2801 to provide benefits)..... e Certain deemed and/or corrective distributions (see instructions) . 8e 11401 Administrative service providers (salaries, fees, commissions) 8f Other expenses 8g

<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		14202
i	Net income (loss) (subtract line 8h from line 8c)	8i		-17841
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension f $2A$ 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plan Characte	ristic Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature coo	des from the List of Plan Characteri	stic Codes in the instructions:

Part	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		X	
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		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		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		234
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		48342
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				
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		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)

For	m 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Emplo Benefit Plan					
Departr Interna	ment of the Treasury al Revenue Service	This form is required to be file				2018		
Employee Ber	eartment of Labor nefits Security Administration	Income Security Act of 1974	(b) and 6058(a) of the	Internal		orm is Open to ic Inspection		
Pension Ben	efit Guaranty Corporation	Complete all entries in	accordance with the instru	ctions to the Form 5	500-SF.			
Part I	Annual Report	Identification Information						
	r plan year 2018 or fis	scal plan year beginning	01/01/2018	and ending	12/3	31/2018		
	ırn/report is for:	$\overline{\mathbf{X}}$ a single-employer plan	a multiple-employer pla list of participating emp					
		a one-participant plan	a foreign plan					
B This retu	rn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return	/report (less than 12 m	onths)			
C Check b	ox if filing under:	M Form 5558	automatic extension		DFVC p	rogram		
		special extension (enter desc	ription)					
Part II	Basic Plan Info	rmation—enter all requested in	formation					
1a Name o					1b Thre	e-digit		
		N NETWORK SYSTEMS, I	NC. 401(K) RETIRI	EMENT SAVINGS	plan	number	0.01	
PLAN					(PN)		001	
						ctive date c /01/199		
2a Plan sp Mailing	onsor's name (employ address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.0). Box)		2b Emp		fication Number	
City or f	town, state or province	e, country, and ZIP or foreign positive NETWORK SYSTEMS, I	tal code (if foreign, see instru	uctions)	2c Spor	nsor's telep	hone number	
						8-761-0		
4922	N. PEARL ST.				20 Busi	ness code	(see instructions)	
TACON	AM	WA 98407-	3120		517	000		
3a Plan ad	lministrator's name ar	nd address 🛛 Same as Plan Spo	nsor.		3b Adm	inistrator's	EIN	
					3c Adm	inistrator's	telephone number	
4 If the n	ame and/or EIN of the	e plan sponsor or the plan name h nsor's name, EIN, the plan name	as changed since the last re	turn/report filed for	4b EIN			
a Sponso c Plan Na	or's name				4d PN			
					- Eo	1		
		at the beginning of the plan year.			5a 5b	·	27	
c Numbe	er of participants with	at the end of the plan year	the plan year (only defined	contribution plans	5D 5C		25	
		rticipants at the beginning of the p			5d(1)		21	
· · /			•		5d(2)		20	
		rticipants at the end of the plan ye terminated employment during the						
than 1	00% vested				5e		C	
Caution: A Under pena	penalty for the late	or incomplete filing of this return her penalties set forth in the instru	n/report will be assessed actions, I declare that I have	unless reasonable ca examined this return/re	eport, includ	ling, if appl	cable, a Schedule	
SB or Sche	dule MB completed a rue, correct, and com	nd signed by an enrolled actuary,	as well as the electronic ver	sion of this return/repo	rt, and to th	e best of m	y knowledge and	
SIGN	3 -	AL	7-29-1819	Erik R. Olson				
HERE		- woon					ministrator	
	Signature of plan a	aministrator	Date	Enter name of individ	uai signing	as plan ac	Immistrator	
SIGN								
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	dual signing			
For Paperwo	ork Reduction Act Notic	e, see the Instructions for Form 550	0-SF.				Form 5500-SF (2018)	

v.171027

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.)	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	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 c	of Year			(b) End of Year
а	Total plan assets	7a	2,	150,0	039		2,132,182
b	Total plan liabilities	7b			16		
С	Net plan assets (subtract line 7b from line 7a)	7c	2,	150,0	023		2,132,182
8	Income, Expenses, and Transfers for this Plan Year	1.27	(a) Amoun	t			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		40,0	000		
	(2) Participants	8a(2)		92,6	501		and the second
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-	136,2	240		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				-3,639
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2,8	301		en a la cara da se
е	Certain deemed and/or corrective distributions (see instructions)	8e				-	A Charles of the second
f	Administrative service providers (salaries, fees, commissions)	8f		11,4	401		
g	Other expenses	8g				8 B. 1	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1				14,202
1	Net income (loss) (subtract line 8h from line 8c)	8i	2-14		1		-17,841
j	Transfers to (from) the plan (see instructions)	8j				14	a Bayer Africa 1
Pa	rt IV Plan Characteristics						
b	2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions	eature code	es from the List of Pla	n Chara	icteris	ic Codes	in the instructions:
10	During the plan year:				Yes	No	Amount
a		/oluntary Fi	iduciary Correction	10a		x	,
	reported on line 10a.)			10b		х	
	Was the plan covered by a fidelity bond?	••••••		10c	Х		250,000
c	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x	
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	the benefits under	10e	x		234
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		x	
ç	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g	X		48,342
ł	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x	
1	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i			

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Part VI Pension Funding Compliance					
 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500) and line 11a below). 				Yes [] N
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?			f	Yes [x] N
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, se granting the waiver.		d enter f Day		of the letter rulir Year	g
If you 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			
C Enter the amount contributed by the employer to the plan for this plan year		12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)	the left of a	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?] 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 l control of the PBGC?] [Yes X No	
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), i which assets or liabilities were transferred.	dentify the plan(s) to			
13c(1) Name of plan(s):	13c(2) EIN(s)		13c(3) PN(s)
					_
	1				