Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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 multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/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 If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MICRO ANALOG INC. 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2001

2a Plan sponsor's name (employer, if for a single-employer plan)
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)
MICRO ANALOG INC.

1861 PUDDINGSTONE DR
LA VERNE, CA 91750

2b Employer Identification Number (EIN)
95-4481631

2c Plan Sponsor's telephone number
909-392-8277

2d Business code (see instructions)
334410

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	09/24/2019	LOC TIEN TAO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/24/2019	HUNG TA NGUYEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

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 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
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	141
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	124
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	129
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	15
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	144
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	144
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	65
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
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 Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
MICRO ANALOG INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MICRO ANALOG INC.

D Employer Identification Number (EIN)
95-4481631

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SFG RETIRE PLAN CONSULTING

46-4984194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 28 50 51	NONE	12192	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

ONEAMERICA RETIREMENT SERVICES LLC

46-5378846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50 64	NONE	7036	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

BMO HARRIS BANK NA

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 25 28 52 62 68	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BMO HARRIS BANK, NA	19 21 25 29 52 62 68	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ONEAMERICA RETIREMENT SERVICES, LLC 46-5379946	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
MICRO ANALOG INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MICRO ANALOG INC.

D Employer Identification Number (EIN)
95-4481631

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST CIT III F/ METLIFE

b Name of sponsor of entity listed in (a): WILMINGTON TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0142858-094	C	443275

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
MICRO ANALOG INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MICRO ANALOG INC.

D Employer Identification Number (EIN)
95-4481631

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1067	1309
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	16945	28317
(9) Value of interest in common/collective trusts	1c(9)	360555	443275
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2568325	2447429
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2946892	2920330
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2946892	2920330

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	25734	
	(B) Participants	2a(1)(B)	182331	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		208065
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1031	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1031
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	46662	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		46662
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-162814
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		92944
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	100278	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		100278
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	7036	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	12192	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		19228
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		119506
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-26562
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SABOCOR & CO., LLP **(2)** EIN: 95-4588168

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		350000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c 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.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
MICRO ANALOG INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MICRO ANALOG INC.

D Employer Identification Number (EIN)
95-4481631

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 39-6436442

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Financial Statements

MICRO ANALOG, INC. 401(K) PLAN

Report of Independent Auditors

December 31, 2018 and 2017

MICRO ANALOG, INC. 401(K) PLAN
December 31, 2018 and 2017

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SABOCOR & CO., LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

The Administrative Committee
Micro Analog, Inc. 401(k) Plan
La Verne, California

Report on Financial Statements

We were engaged to audit the accompanying financial statements of Micro Analog, Inc. 401(k) Plan (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year December 31, 2018 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3, 4 and 10, which was certified by BMO Harris Bank N.A, custodian of the plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2018 and 2017, and for the year ended December 31, 2018, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

767 North Hill Street, Suite 205 • Los Angeles, CA 90012 • Phone (213) 229-0044 • Fax (213) 229-0040

Other Matter

The supplemental schedule, Schedule of Assets (Held at End of Year), as of and for the plan year ended December 31, 2018 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA and is presented for the purpose of additional analysis and is not required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rule and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974.

Sabacon & Co., LLP

August 21, 2019
Los Angeles, California

MICRO ANALOG, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2018 and 2017

	2018	2017
ASSETS		
Participant-directed investments, at fair value (Note 3)		
Registered investment companies (mutual funds)	**$ 2,447,429**	$ 2,568,325
Fully benefit-responsive investments, at contract value (Notes 3 and 4)		
Stable value common collective funds	**443,275**	360,555
	2,890,704	2,928,880
Receivables (Note 5)		
Notes receivable from participants	**28,317**	16,945
Other receivable	**1,309**	1,067
Net assets available for benefits	**$ 2,920,330**	$ 2,946,892

See accompanying notes to financial statements.

MICRO ANALOG, INC. 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2018

Additions:				
Additions to net assets attributable to:				
Investment income (Note 3):				
Net appreciation in fair value of investments	$	(162,814)		
Dividends		46,662		
Interest on investments		-	$	(116,152)
Interest on notes receivable from participants (Note 5)				1,031
Contributions:				
Employer	$	25,734		
Participants		182,331		208,065
Total additions				92,944
Deductions:				
Deductions to net assets attributable to:				
Benefits paid to participants				100,278
Administrative expenses (Note 2)				19,228
Total deductions				119,506
Net decrease in net assets available for benefits				(26,562)
Net assets available for benefits, beginning of year				2,946,892
Net assets available for benefits, end of year			**$**	**2,920,330**

See accompanying notes to financial statements.

Note 1. Description of Plan

The following description of the Micro Analog, Inc.'s (the "Company") 401(K) Plan (the "Plan") provides general information only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General*. The Plan was established on January 1, 2001, and is subject to the provisions of Employee Retirement Income Security Act of 1974 (ERISA). The plan was adopted under the provisions of Internal Revenue Code (IRC) Section 401(a), with a deferred arrangement qualified under IRC Section 401(k). Pursuant to the requirements of IRC Section 401(a)(27), the plan is also a profit sharing plan. The plan is a defined contribution plan that covers all active employees of Micro Analog, Inc. Participation in the plan is entirely voluntary.

   An eligible employee is any person employed by the Company who has had a one year of service and have worked at least 1,000 hours during the 12-month period and are twenty-one years of age or older. The plan is administered by Micro Analog, Inc. and advised by a committee whose members are appointed by the board of directors of the Company (administrative committee). The Plan engaged American United Life Insurance Company® (AUL), a OneAmerica® company, as its plan record keeper. The assets of the plan are held and invested by BMO Harris Bank (trustee and custodian).

2. *Amendment and Termination of the Plan Agreement.* The plan agreement may be amended or terminated by the Company at any time. No such termination is contemplated, but if it should occur, the assets of the plan should be used to pay or provide for the payment of any and all obligations hereunder, in accordance with the provisions of the plan and the directions of the administrative committee. No portion of assets of the plan, directly or indirectly, should revert to or accrue to the benefit of the Company. In addition, in the event of termination or partial termination of the plan, all affected participants should have a fully vested interest in all accrued benefits.

   The plan was restated and amended in its entirety on March 30, 2017 effective on July 1, 2017 – see Note 6.

3. *Contributions*. Participants may contribute 1% to 100% of their pre-tax annual salary, as defined in the Plan, subject to the maximum amount permitted by law. At the discretion of the Plan Administrator, participants may also be permitted to deposit into the Plan distributions that they have received from other retirement plans and certain IRA's. Such a deposit is called "rollover" contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company may make a discretionary matching contribution equal to a uniform percentage of participant's salary deferrals which is determined each year. The Company may make a matching contribution of up to 25% of the participant's elective deferral and is limited to 6% of participant's compensation. Matching Company contribution is invested directly into the Plan. Additional amounts may be contributed at the option of the Company's board of directors and invested in portfolio investments as directed by the participants. Contributions are subject to certain limitations.

4. *Investment Elections.* The participant contribution and the company matching contributions are allocated to the various investment options offered by the plan as directed by participant. At December 31, 2018 and 2017, the Plan offered 27 and 25 mutual funds and a group annuity contract, respectively, as investment options for participants.

Note 1. Description of Plan - Continued

5. *Participant Accounts*. Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution and (b) plan earnings, and charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined by the Plan. The participant's vested account provides the amount of benefits currently available for distribution.

6. *Vesting*. Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion to their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested with respect to the Company's matching contribution if he/she is employed on or after participant's Normal Retirement Age.

Vesting Schedule Matching Contribution	
Years of Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

7. *Notes Receivable from Participants*. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of (a) $50,000, reduced by the excess, if any, of the highest outstanding balance of loans from the Plan during the one-year period ending on the day before the date on which such loan will be made, over the outstanding balance of loans from the Plan on the date such loan will be made; or (b) 50% of the present value of the participant's vested benefit under the Plan while employed with the Company (determined without regard to any deductible participant contributions) . The loans are secured by the balance in the participant's account and bear a reasonable rate of interest, which will provide the Plan with a return comparable to the rates being charged by lending institutions in the same geographic locale as the Company (at 4.00% to 6.00% at December 31, 2018 and 2017). A loan will carry the same rate of interest throughout its term except as permitted under applicable law, and interest paid on the loan is credited to the borrower's account. Participant loan interest is not included or applied to the outstanding principal loan balance. Principal and interest are paid ratably through bi-weekly payroll deductions.

   Interest income on notes receivable from participants is recorded on accrual basis. Related fees are recorded as administrative expense and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the plan document.

8. *Payment of Benefits*. On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or any of the payment options as defined in the Plan. The distribution will be made, at the option of the participant, as soon as administratively feasible. For termination of service for other reasons, the participant may receive the value of the vested interest in the Plan as a lump sum distribution. The distribution will be made, at the option of the participant, as soon as administratively feasible. Participants may also be entitled to receive an in-service distribution. However, this distribution is made at the participant's election and will be made in accordance with the forms of distributions available under the Plan.

Note 1. Description of Plan - Continued

9. *Forfeited Accounts*. Forfeitures of non-vested Company contributions are used to reduce future employer contributions. During the year 2018 and 2017, $403 and $1,286 of forfeited non-vested accounts were used to reduce the Company's contributions. At December 31, 2018 and 2017, there were no forfeited non-vested accounts that have not yet been applied to reduce Company's contributions.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts held by defined contribution plans are required to be reported at fair-value, except for fully benefit-responsive investment contract. Contract value is the relevant measurement attribute for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the contract value of the fully benefit-responsive investment. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis for fully benefit-responsive investment contracts.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contract, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Company's Board of Directors determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Excess Contribution Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Services are recorded as liability with a corresponding reduction to contributions. There were no excess contribution outstanding as of December 31, 2018 and 2017.

Payment of Benefits

Benefits are recorded when paid.

Note 2. Summary of Significant Accounting Policies - Continued

Administrative Expenses

Substantially all expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. Plan expenses paid by the Company amounted to $7,310 and $5,867 for the years ended December 31, 2018 and 2017, respectively. Fees related to the administration of notes receivable from participant are charged directly to the participant's account. Investment related expenses are included in the net appreciation of fair value of investments. For the year ended December 31, 2018 and 2017, administrative expenses paid by the plan amounted to $19,228 and $12,656, respectively.

Fully Benefit –Responsive Investment Contract

For the year ended December 31, 2018 and 2017, the Plan holds stable value common collective funds. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contract because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on contract issuer's ability to meet its financial obligations. Contract issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. Such events include the following:

(1) Amendments to the Plan documents (including complete or partial Plan termination or merger with another plan)
(2) Changes to the plan's prohibition on competing investment options or deletion of equity provisions
(3) Bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or
(4) The failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

No events are probable of occurring that might limit the contract issuer to terminate the contract with the Plan and settle at an amount different from contract value.

Recent Accounting Updates

ASU Update 2018-13; Fair Value Measurement (Topic 820) – Changes to Disclosure Requirements for Fair Value Measurement

On August 28, 2018, the Financial Accounting Standard Board (FASB) issued an amendment to the FASB Accounting Standard Codification and created Fair Value Measurement (Topic 820) – ASU Update 2018-13: Disclosure Framework – Changes to the Disclosure Requirement for Fair Value Measurement. The amendments in this Update apply to all entities that are required, under existing GAAP, to make disclosures about recurring or nonrecurring fair value measurements.

Note 2. Summary of Significant Accounting Policies - Continued

Recent Accounting Updates - Continued

ASU Update 2018-13; Fair Value Measurement (Topic 820) – Changes to Disclosure Requirements for Fair Value Measurement - Continued

The following disclosure requirements were modified in Topic 820:

1. In lieu of a rollforward for Level 3 fair value measurements, a nonpublic entity is required to disclose transfers into and out of Level 3 of the fair value hierarchy and purchases and issues of Level 3 assets and liabilities.
2. For investments in certain entities that calculate net asset value, an entity is required to disclose the timing of liquidation of an investee's asset and the date when restrictions from redemption might lapse only if the investee has communicated the timing to the entity or announced the timing publicly.
3. The amendments clarify that the measurement uncertainty disclosure is to communicate information about the uncertainty in measurement as of the reporting date.

The amendments in this Update are effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. Management is in the process of evaluating the effect of the update and believes adoption of the requirements will not have a significant impact to the financial statements.

ASU 2017-06 (Topic 962): Employee Benefit Plan Master Trust reporting

In February 2017, FASB issued ASU No. 2017-06 (Topic 962). Topic 962 requires plan to disclose their percentage interest in the master trust and a list of the investment held by the master trust, presented by general type, within the plan's financial statements.

The amendment in this update remove the requirement to disclose the percentage interest in the master trust for plans with divided interest and require that all plans disclose the dollar amount of their interest in each of those general types of investments, which supplements the existing requirement to disclose the master trust's balances in each general type of investment.

This new pronouncement is effective for fiscal years beginning after December 15, 2018. Early adoption is permitted. This new pronouncement is not applicable to the Plan since the Plan has no interest in master trust.

Subsequent Events

For the year ended December 31, 2018, the Plan has evaluated subsequent events for potential recognition and disclosure through August 21, 2019, the date the financial statements were available to be issued.

Note 3. Participant-Directed Investments, At Fair Value

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). These inputs are assumptions market participants use in pricing the investment. ASC 820 establishes a fair value hierarchy that prioritize the inputs, which are summarized as follows:

Level 1 Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the plan can access at the measurement date.

Level 2 Inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs are unobservable inputs, which contain assumptions by the party valuing those assets. For Level 3 inputs, there is no market data or correlations with the market assumptions.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Registered investment companies (mutual funds). Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Stable value common collective fund - This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The preceding methods described may produce fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 3. Participant-Directed Investments, At Fair Value - Continued

At December 31, 2018 and 2017, the plan's investment assets were held in a trust company at BMO Harris Bank. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017:

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Registered investment companies (Mutual Funds)				
Pooled equity funds	$ 2,141,361	$ -	$ -	$ 2,141,361
Pooled fixed income funds	306,068			306,068
Stable value common collective fund (Note 4)	-	443,275		443,275
	$ 2,447,429	$ 443,275	$ -	$ 2,890,704

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Registered investment companies (Mutual Funds)				
Pooled equity funds	$ 2,267,131	$ -	$ -	$ 2,267,131
Pooled fixed income funds	301,194			301,194
Stable value common collective fund (Note 4)	-	360,555		360,555
	$ 2,568,325	$ 360,555	$ -	$ 2,928,880

Transfers between Levels

For the years ended December 31, 2018 and 2017, there were no significant transfers between Levels 1 and 2, or transfers in or out of Level 3.

Fair Value of Investments in Entities that Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2018 and 2017, respectively.

December 31, 2018	Fair value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Mutual funds and stable value common collective funds	$ 2,890,704	N/A	Daily	30 days

Note 3. Participant-Directed Investments, At Fair Value - Continued

December 31, 2017	Fair value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Mutual funds and stable value common collective funds	$ 2,928,880	N/A	Daily	30 days

The net investment income of the plan's investment assets for the years ended December 31, 2018 and 2017 is summarized as follows:

	For the Year Ended December 31, 2018			
	Interest	Dividends	Net Appreciation (Depreciation)	Total
Total	$ -	$ 46,662	$ (162,814)	$ (116,152)

	For the Year Ended December 31, 2017			
	Interest	Dividends	Net Appreciation (Depreciation)	Total
Total	$ 2,228	$ 23,623	$ 373,934	$ 399,785

Note 4. Stable Value Common Collective Funds

The Plan's stable value common collective trust as of December 31, 2018 and 2017 comprise the following:

	Assets at Contract Value (Level 2) as of December 31,	
	2018	2017
Stable value common collective fund	$ 443,275	$ 360,555

Unrealized gains (losses) from fully benefit-responsive investment contracts are not included in the statement of changes in net assets available for benefits as the contract is recorded at contract value for purposes of the net assets available for benefits.

Note 4. Stable Value Common Collective Funds – Continued

Significant Events in 2017

On June 1, 2017, the Plan Administrator signed the Contract Termination and Transfer Offer to terminate the AUL Group Retirement Annuity Contract (G37805, previous contract) effective on June 30, 2017. The assets were transferred by AUL from the current contract to the BMO Harris Bank N.A (OARS LLC Trust). As of the contract termination date, the group annuity contract account was withdrawn and all accumulated units held in any investment account on current contract was sold by AUL, the resulting amounts was transferred to the OARS LLC Trust. These amounts were invested by OARS LLC as the Plan's Trustee is directed by the Plan Sponsor.

On July 1, 2017, a Joinder Agreement was entered into by and between the Plan's trustee and Wilmington Trust, N.A ("Trustee" of common collective fund). On July 6, 2017, the trustee invested all the assets in a guaranteed separate account contract and purchased 18,928.19 shares of Wilmington Investment Trust III for MetLife Group Annuity Contract No. 25554 (stable value common collective fund), a fully benefit-responsive contract measured at its contract value.

A stable value common collective fund is composed primarily of fully benefit-responsive investment contract that is valued at the net asset value of units of the common collective funds. The net asset value (NAV) is used as a practical expedient to estimate the fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the common collective funds, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

Note 5. Receivables

Notes Receivable from Participants

The following sets forth a summary of changes in the value of the notes receivable from participants as of December 31, 2018 and 2017:

	Assets at Fair Value (Level 3)	
	2018	2017
Notes receivable from participants, beginning	$ 16,945	$ -
Net increase (decrease) in participant loans	11,372	16,945
Notes receivable from participants, end	$ 28,317	$ 16,945

For the years ended December 31, 2018 and 2017, interests on notes receivable from participants earned by the Plan amounted to $1,031 and $486, respectively.

Other Receivable

Other receivable represents accrued income earned from investments. As of December 31, 2018 and 2017, other receivable amounted to $1,309 and 1,067, respectively.

Note 6. Plan Contract Amendment

On March 30, 2017, the Board of Directors of Micro Analog, Inc., the Plan Sponsor, discussed changes to the Plan to move forward with the new contract with OneAmerica and the investment changes proposed by Shuster Financial Group. On the same day, the Plan Sponsor agreed to terminate Contract G37805 (previous contract) and transfer all outstanding participant account balances to Contract 958088 (current contract) effective on July 1, 2017. These amendments have no impact on the reported financial statements of the Plan.

Pursuant to the amendment, the following changes have been made to the plan and incorporated into the adoption agreement:

- Section 10: BMO Harris Bank N.A. will be the corporate trustee.
- Section 19: Participants will become fully vested upon termination due to death or disability.
- Section 22: The early retirement date has been removed from the plan.
- Section 25: Catch-up contributions will be taken into account in applying any matching contribution under the plan.
- Section 34: Annuities will no longer be permitted as a form of distribution; therefore, the joint and survivor annuity distribution requirement of Article VI, Section 6.5 of the Basic Plan Document (BPD) will no longer apply.

Note 7. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their accounts.

Note 8. Tax Status

The Company adopted a prototype plan and trust sponsored by AUL, on April 2, 2001 effective for the plan year starting January 1, 2001. The Internal Revenue Services, (IRS) has ruled that the prototype plan that the Company adopted, qualifies under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust is not subject to tax under present income tax laws. Employee contributions qualify as "cash or deferred" contributions under Section 401(k) of the IRC. Once qualified, the Company who adopted the prototype plan is required to operate in conformity with the IRC to maintain its qualification.

The Plan terms have been drafted in reliance on the sample language provided by the Internal Revenue Service in Revenue Procedure 2007-71. The Plan is required to operate in accordance with the IRC to maintain the tax-exempt status for Plan participants under Section 403(b). Plan management believes the Plan is currently designed and operating in accordance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize tax liability if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS or California Franchise Tax Board. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9. Risks and Uncertainties

The plan's investment, in general, are subject to various risks, such as interest, credit, and overall market volatility risk. Additionally, the value, liquidity, and related income of the investment securities are sensitive to changes in economic conditions and may be affected by shifts in the market's perception of issuers and changes in interest rates. Investments that are less liquid may have restrictions on their sale. Forced liquidation, although not expected at this time, may affect the estimated value of such investments. Due to level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value of investment will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for benefits and the funded status of the plan.

Note 10. Information Certified by the Custodian (Unaudited)

Other than the fair value of the group annuity contract and the related adjustment from fair value to contract value for fully benefit-responsive investment contracts, certain information related to investments and notes receivable from participants disclosed in the accompanying financial statement and supplemental schedule, including investments and notes receivable from participants held at December 31, 2018 and 2017, and net appreciation in fair value of investments, interests and dividends for the year ended December 31, 2018, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by BMO Harris Bank, trustee and custodian of the Plan.

Note 11. Related-Party and Party-In-Interest Transactions

The Plan Sponsor provides certain accounting, administrative and investment management services to the Plan for which no fees are charged. These transactions are exempt party in interest transactions.

Plan investments are held and managed by BMO Harris Bank. BMO Harris Bank is the trustee and custodian, as defined by the plan, and qualifies as a party in interest. Notes receivable from participants and the related interest income are also considered party-in-interest transactions. The records of the Plan indicate no party-in-interest transactions that are prohibited by ERISA and for which no statutory or administrative exemption exists.

Note 12. Reconciliation of Financial Statements to Form 5500

As of December 31, 2018 and 2017, and for the year ended December 31, 2018, there were no differences between the financial statements and Form 5500.

SUPPLEMENTAL SCHEDULE

MICRO ANALOG, INC. 401 (K) PLAN

EIN No.: 95-4481631, Plan No. 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Plan Year Ending: December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	American Funds	Amcap Fun-R6	**	$ 324,400
	American Funds	American Funds New World Fund	**	2,958
	American Funds	American New Perspective Fund	**	58,941
	Brandes Investment Partners LP	Brandes Institutional International	**	4,606
	Dimensional Fund Advisors LP	DFA Inflation Protected Securities	**	24,008
	Dimensional Fund Advisors LP	DFA Real Estate Securities	**	27,437
	Dimensional Fund Advisors LP	DFA US Core Equity 1 Portfolio	**	10,260
	Dimensional Fund Advisors LP	DFA US Small CAP Growth Portfolio Instl	**	236,303
	Dimensional Fund Advisors LP	DFA US Targets Value Portfolio Instl	**	13,348
	Invesco Funds	Invesco Diversified Dividend Fund	**	4,402
	Lord Abbett Funds & Co LLC	Lord Abbett High Yield Fund - R6	**	158,892
	MML Investment Advisors	Massmutual Select Mid Cap Growth	**	193,028
	Oppenheimer Funds Inc	Oppenheimer International Growth	**	12,097
	Vanguard Group Inc	Vanguard 500 Index Fund ADM	**	509,495
	Vanguard Group Inc	Vanguard Energy Index Fund ADM	**	93,038
	Vanguard Group Inc	Vanguard Information Technology	**	391,638
	Vanguard Group Inc	Vanguard Mid-Cap Index Fund - ADM	**	7,744
	Vanguard Group Inc	Vanguard Target Retirement	**	6,576
	Vanguard Group Inc	Vanguard Target Retirement 2020 Fund	**	11,764
	Vanguard Group Inc	Vanguard Target Retirement 2030 Fund	**	114,371
	Vanguard Group Inc	Vanguard Target Retirement 2035 Fund	**	2,390
	Vanguard Group Inc	Vanguard Target Retirement 2040 Fund	**	29,438
	Vanguard Group Inc	Vanguard Target Retirement 2045 Fund	**	10,013
	Vanguard Group Inc	Vanguard Target Retirement 2055 Fund	**	647
	Victory Capital Management Inc	Victory Sycamore Established Value	**	76,469
	Legg Mason	Western Asset Core Plus Bond Fund	**	123,166
	Total Mutual Funds			2,447,429
	Stable value collective trust	WTRISC CIT III Metlife GAC #25554	**	443,275
*	**Notes receivable from participants**	Interest Rate 4.00% to 6.00%	**	28,317
	Other receivable			1,309
	Total assets held at the end of the year			**$ 2,920,330**

* *Indicates Party-In-Interest to the Plan*
** *Cost omitted for participant directed accounts*

SCHEDULE C, LINE 3(e) - FORMULA DESCRIPTIONS
DECEMBER 31, 2018

SPONSOR: MICRO ANALOG INC.
EIN: 95-4481631
PLAN NUMBER: 001
NAME: MICRO ANALOG INC. 401K PLAN

ONEAMERICA RETIREMENT SERVICES, LLC HAS A REVENUE SHARING AGREEMENT WITH BMO HARRIS BANK,N.A.

FEE SCHEDULE FOR TRUSTEE OR CUSTODIAL SERVICES

Market Value Based Fee (1) (2)	< $50 million	> $50 million	Asset(s) Value
Custody Administration Only	1.25 Basis Points (.000125)	.75 Basis Points (.000075)	
Custody Administration and Directed Trustee Services	1.75 Basis Points (.000175)	1.25 Basis Points (.000125)	
Publicly Traded Employer Securities			1 Basis Point (.00010)
Non-Publicly Traded Employer Securities (Custody Only) (3)			2 Basis Points (.00020)
IDAs*			1 Basis Point (.00010)

(1) Annualized based on trade date asset positions at cycle end valuation on all assets.
(2) International portfolios and securities priced on a case by case basis.
(3) Non-Publically Traded Employer Securities may be maintained in custody/safekept (not trusteed) for 2 bps (.00020) annually based on the value most recently provided by OneAmerica.
* Plus $150/Trust Account/Year

Payment Processing	Includes Tax Reporting	Unit Price
Periodic Distributions	X	$2.00/Each
Lump Sum Distributions	X	$12.00/Each
Loan Distributions	As required	$12.00/Each
Third-Party Expense Payments	As required	$2.00/Each

Plus Postage

Other Services		Unit Price
Hard To Value Assets**	N/A	$250/year
Insurance Policies	N/A	$30/year
Unitized Funds:		
Mutual Funds Only	N/A	$10,000/year
Publically Traded Domestic Securities (4)	N/A	$12,500/year

**Use of BMO Legal is $850/hour including review / preparation of materials. Review required where BMO acts as directed trustee.
(4) International Portfolios and Securities priced on a case by case basis.

Minimum Fee: The minimum annual fee is the greater of 2.25 basis points or $2,250 flat fee.

Additionally, if the plan holds the BMO Stable Value Fund (the "Fund"), as Trustee and Custodian of the Fund, BMO Harris Bank, N.A. is paid an annual fee of 28 basis points by OneAmerica. This fee is paid on a monthly basis, calculated on the aggregate value of Fund assets.

SCHEDULE H, LINE 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DATE DECEMBER 31, 2018

SPONSOR: MICRO ANALOG INC.
EIN: 95-4481631
PLAN NUMBER: 001
NAME: MICRO ANALOG INC. 401K PLAN

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	AMERICAN FUNDS	AMCAP FUND-R6	**	324,400
	AMERICAN FUNDS	AMERICAN FUNDS NEW WORLD FUND	**	2,958
	AMERICAN FUNDS	AMERICAN NEW PERSPECTIVE FUND	**	58,941
	BRANDES INVESTMENT PARTNERS LP	BRANDES INSTITUTIONAL INTERNATIONAL	**	4,606
	DIMENSIONAL FUND ADVISORS LP	DFA INFLATION PROTECTED SECURITIES	**	24,008
	DIMENSIONAL FUND ADVISORS LP	DFA REAL ESTATE SECURITIES	**	27,437
	DIMENSIONAL FUND ADVISORS LP	DFA US CORE EQUITY 1 PORTFOLIO	**	10,260
	DIMENSIONAL FUND ADVISORS LP	DFA US SMALL CAP GROWTH PORTFOLIO	**	236,303
	DIMENSIONAL FUND ADVISORS LP	DFA US TARGETS VALUE PORTFOLIO INSTL	**	13,348
	INVESCO FUNDS	INVESCO DIVERSIFIED DIVIDEND FUND	**	4,402
	LORD ABBETT & CO LLC	LORD ABBETT HIGH YIELD FUND - R6	**	158,892
	MML INVESTMENT ADVISORS	MASSMUTUAL SELECT MID CAP GROWTH	**	193,028
	OPPENHEIMERFUNDS INC	OPPENHEIMER INTERNATIONAL GROWTH	**	12,097
	VANGUARD GROUP INC	VANGUARD 500 INDEX FUND ADM	**	509,495
	VANGUARD GROUP INC	VANGUARD ENERGY INDEX FUND ADM	**	93,038
	VANGUARD GROUP INC	VANGUARD INFORMATION TECHNOLOGY	**	391,638
	VANGUARD GROUP INC	VANGUARD MID-CAP INDEX FUND - ADM	**	7,744
	VANGUARD GROUP INC	VANGUARD TARGET RETIREMENT	**	6,576
	VANGUARD GROUP INC	VANGUARD TARGET RETIREMENT 2020 FUND	**	11,764
	VANGUARD GROUP INC	VANGUARD TARGET RETIREMENT 2030 FUND	**	114,371
	VANGUARD GROUP INC	VANGUARD TARGET RETIREMENT 2035 FUND	**	2,390
	VANGUARD GROUP INC	VANGUARD TARGET RETIREMENT 2040 FUND	**	29,438
	VANGUARD GROUP INC	VANGUARD TARGET RETIREMENT 2045 FUND	**	10,013
	VANGUARD GROUP INC	VANGUARD TARGET RETIREMENT 2055 FUND	**	647
	VICTORY CAPITAL MANAGEMENT INC	VICTORY SYCAMORE ESTABLISHED VALUE	**	76,469
	LEGG MASON	WESTERN ASSET CORE PLUS BOND FUND	**	123,169
	WILLINGTON TRUST	WTRISC CIT III METLIFE GAC #25554	**	443,275
	LOANS TO VARIOUS PARTICIPANTS	INTEREST RATE RANGE 4.00% - 6.00%	**	28,317

** Cost omitted for participant directed accounts