_	m 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and	4065 of the Employee R	etirement	2018			
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		Internal	This Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	tructions to the Form 5	500-SF.	Public Inspection			
Part I		dentification Information							
For calenda	ar plan year 2018 or fise	cal plan year beginning 01/01/2			2/31/2018				
A This ret	urn/report is for:	a single-employer plan	list of participating er			king this box must attach a ith the form instructions.)			
B This retu	rn/roport ic	a one-participant plan	a foreign plan						
		the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
C Check I	box if filing under:	× Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descr	iption)						
Part II	Basic Plan Infor	mation—enter all requested inf	ormation		r				
1a Name					1b Three				
EXTERNAL-	ARRAY SOFTWARE, I	INC. RETIREMENT PLAN			(PN)	number 003			
					. ,	tive date of plan			
20 Diam at						01/01/2006			
Mailing	address (include room	rer, if for a single-employer plan) n, apt., suite no. and street, or P.C		(m	ZD Empl (EIN)	oyer Identification Number 95-4856394			
-	ARRAY SOFTWARE IN	e, country, and ZIP or foreign post NC.	al code (if foreign, see ins	tructions)	2c Sponsor's telephone number 714-299-5818				
					2d Business code (see instructions)				
4163 WILLIA RENTON, W	MS AVENUE N A 98056				541519				
- ,									
3a Plan a	dministrator's name and	d address 🗙 Same as Plan Spor	nsor.		3b Administrator's EIN				
					3c Admi	nistrator's telephone number			
		plan sponsor or the plan name ha			4b EIN				
•	or's name				4d PN				
C Plan N	lame								
5a Total r	number of participants a	at the beginning of the plan year			5a	2			
		at the end of the plan year			5b	2			
		account balances as of the end of		•	5c	2			
	,	ticipants at the beginning of the pla			5d(1)	2			
d(2) Tota	al number of active part	ticipants at the end of the plan yea	ar		5d(2)	2			
		terminated employment during the			5e	0			
Caution: A	penalty for the late o	r incomplete filing of this return	n/report will be assessed	d unless reasonable ca	use is estat	olished.			
Under pena SB or Sche	alties of perjury and oth	er penalties set forth in the instruc d signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/re	port, includi	ng, if applicable, a Schedule			
SIGN		valid electronic signature.	08/28/2019	HONG WEN MA					
HERE	Signature of plan ad	dministrator	Date	Enter name of individ	ual signing a	as plan administrator			
SIGN	Filed with authorized/	valid electronic signature.	08/28/2019	HONG WEN MA					
HERE	Signature of employ		Date	Enter name of individ	ual signing a	as employer or plan sponsor			
For Paperwo	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2018) v 171027								

v.171027

6a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann 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	an indeper and condit ot use Fo isurance p	ndent qualified public accountant (IC ions.) rm 5500-SF and must instead use rogram (see ERISA section 4021)?	QPA) [Yes [No ■ Form 5500
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1045474	1008750
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1045474	1008750
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	13530	
	(2) Participants	8a(2)	49000	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-99254	

		04(0)		
b	Other income (loss)	8b	-99254	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-36724
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)			
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
i	Net income (loss) (subtract line 8h from line 8c)	8i		-36724
j	Transfers to (from) the plan (see instructions)	8j		
Ра	t IV Plan Characteristics			

9a	If the	plan	provid	des pe	ension) benefits,	, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	24							

2A	2E	2F	2G	2J	3D	

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

Par	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.)		х	
С	Was the plan covered by a fidelity bond? 100	X		95000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		x	
f	Has the plan failed to provide any benefit when due under the plan?		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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			

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
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	X N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	:(3) PN	۱(s)

	Form 5500-SF	Short Form Annua		eturn/Report of Small Employ Benefit Plan	yee		OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service	This form is required to b	_	ed under sections 104 and 4065 of the Employe	e		2018		
_	Department of Labor nployee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security the 1	Act of the second secon	of 1974 (ERISA), and section 6057(b) and 605 nal Revenue Code (the Code). rdance with the instructions to the Form 550	B(a) of	This Form	Is Open to Public aspection		
P	art I Annual Report Id	lentification Information		dance with the instructions to the Ponn of	N-3F.				
For	calendar plan year 2018 or fisca	al plan year beginning		01/01/2018 and ending	1	2/31/2018			
_	This return/report is for:	a single-employer plan a one-participant plan the first return/report		a multiple-employer plan (not multiemployer) a list of participating employer information in a a foreign plan the final return/report	(Filers accord	checking this bo lance with the for	ox must attach rm instructions.)		
	[an amended return/report		a short plan year return/report (less than 12 m	nonths)			
С	Check box if filing under:	Form 5558 special extension (enter description)	riptic	automatic extension on)		DFVC progra	m		
P	art II Basic Plan Infor	mation enter all requested							
1a	Name of plan	are, Inc. Retirement				Three-digit plan number (PN) ► Effective date c			
2a	Mailing Address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P , country, and ZIP or foreign pos	.O. E	Box) sode (if foreign, see instructions)	01/01/2006 2b Employer Identification Number (EIN) 95-4856394				
	External-Array Softw	• • •			2c Sponsor's telephone number (714) 299-5818				
	4163 Williams Avenue US Renton WA 98056	N			2d	Business code 541519	(see instructions)		
3a	Plan administrator's name and	address 🔟 Same as Plan Sp	onse	pr	3b	Administrator's	EIN		
					3c	Administrator's	telephone number		
4	If the name and/or EIN of the p this plan, enter the plan spons	plan sponsor or the plan name i or's name, EIN, the plan name	nas c and 1	hanged since the last return/report filed for the plan number from the last return/report.	4b	EIN			
	Sponsor's name Plan Name				4d	PN			
5a	Total number of participants al	t the beginning of the plan year			58	3	2		
b	Total number of participants al	t the end of the plan year			51		2		
C				plan year (only defined contribution plans	50	2	2		
d	(1) Total number of active partic				5d((1)	2		
d					5d((2)	2		
e	less than 100% vested			n year with accrued benefits that were	5		0		
				eport will be assessed unless reasonable ca	and the second second				
S	nder penalties of perjury and othe B or Schedule MB completed and ellef, it is true, correct, and comp	d signed by an enrolled actuary	uctio as v	ns, I declare that I have examined this return/re well as the electronic version of this return/report	eport, i rt, and	ncluding, if appli to the best of m	cable, a Schedule y knowledge and		
	V L			8/001-00 -			0		

SIGN	X Jon	0/28	2019	Hong Wen Ma					
HERE	Signature of plan administrator	Date		Enter name of individual signing as plan administrator					
SIGN	100-0	8/28/	2019	Hong Wen Ma					
HERE	Signature of employer/plan sponsor	Date	/	Enter name of individual signing as employer or plan sponsor					

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XYes No

b	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	nd conditi	ons.)					XYes 🗌 No
•	If you answered "No" to either line 6a or line 6b, the plan canno							
С	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	e PBGC p	remium filing for this year					(See instructions.)
Pa	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r	-		(b) End of Year
а	Total plan assets	7a	1,04					1,008,750
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1,04	45.4	74			1,008,750
8	Income, Expenses, and Transfers for this Plan Year	(Sauli)	(a) Amount			-		(b) Total
а	Contributions received or receivable from:					1 cont	4112	
	(1) Employers	8a(1)		13,5	_		it unit	
-	(2) Participants	8a(2)	4	49,0	00		Real of	
-	(3) Others (including rollovers)	8a(3)					1230	
b	Other income (loss)	8b	(99	9,25	4)	2 io	16.10	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		i pele		1		(36,724)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				1		
e	Certain deemed and/or corrective distributions (see instructions)	8e				140	BINO	
f	Administrative service providers (salaries, fees, commissions)	8f				100	100	
				_		series.		
<u>g</u> h	Other expenses	8g			100	1		
3 <u>11-</u> 1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1			(06 504)
-	Net income (loss) (subtract line 8h from line 8c)	8i			11.13	1	21.0	(36,724)
	Transfers to (from) the plan (see instructions)	8j			_		a spill	
	Int IV Plan Characteristics					_	_	
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan C	harad	cterist	ic Coo	des in th	e instructions:
-	2A 2E 2F 2G 2J 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aract	eristic	Code	es in the	e instructions:
Pa	art V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
a		tions withi	n the time period	<u> </u>	163	NO	IN/M	Amount
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo							
	Program)		-	10a		x		
b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	include transactions			1	The second	
-	reported on line 10a.)			10b		x	DeV.	
C		ALCONDUCT DE LA CONTRACTÓRIA DE LA		10c	х			95,000
d	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 som the plan? (See instructions.)	e or all of	the benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the plar	1?		10f		x	1.21.71	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	and.)	10g		x	1 guilt	
h		See instru	uctions and 29 CFR	10h		x	and the second se	
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne required	d notice or one of the	101				

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

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Par	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500 and line 11a below)				res 🗴	No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA?				res X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	_				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	nd ente Da		of the Yea		ing
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	12b				
С	Enter the amount contributed by the employer to the plan for the plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes No N/A			
Par	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	x	No	
3 	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 brought under th control of the PBGC?		י ב ו	′es [X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)	s) to				
1	tc(1) Name of plan(s): 13c(2) E	IN(s)		13c	(3) PN(s)