Designed Reverse Struct 2018 Designed Labor Designed Labor 2019 Designe Reverse Struct 2019 This Form is Open to Public Inspection 2019 Person Reverse Struct Complete all entries in accordance with the instructions to the Form 5500-SF. Public Inspection Part I muscle Reverse Struct Complete all entries in accordance with the instructions to the Form 5500-SF. Public Inspection Part I muscle Reverse Struct and ending an entripole-employer plan is of participating employer information in accordance with the form instructions.) This return/report and ending 1201/2018 This return/report and ending 1201/2018 Public Inspection B This return/report is an amediad return/report an amediad return/report an amediad return/report an amediad return/report an amediad return/report an amediad return/report an amediad return/report begoeial extension (enter description) DFVC program Part II Basic Plan Information — enter all requested information 14 Nore of plan VORCOM COMMUNICATION SOLUTIONS, INC. 401(K) PLAN Ib Three-digit plan number (EN) > 001 DFVC program 22 Plan sponsor's name (employer, if for a single-employer plan) Multing address (include form, end), struct, or 0.0 Roy CPy or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 20 20 20 20 20 20 20 20 20 20 20 20 20 2	For	m 5500-SF	oyee	MB Nos. 1210-0110 1210-0089								
Department of Labor This Porm is Open to Public Inspection Previous Benefit Quaranty Corporation Income Security Act of 1974 (ERISA), and sections 5057(b) and 60558(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Part I Annual Report Identification Information and ending 12/31/2018 Por calendar plu verz 7016 of ficazi plan year beginning U1012/2018 and ending 12/31/2018 A This return/report is for: a one-participant plan a foreign plan a foreign plan Depart of the first return/report B This return/report is the first return/report the first return/report a short plan year return/report DFVC program Special extension (enter description) DFVC program Special extension (enter description) DFVC program B This return/report is G man amended return/report a short plan year return/report (less than 12 months) Context of plan number (PN) / 001 C Check box if filing under: Form 5558 Q automatic extension DFVC program Special extension (enter description) Special extension (enter description) DFVC program 24 Plan sponsor's name (employer, if for a single-employer plan) Maining address (include noon, apt, sule			This form is required to be filed	Benefit Plan under sections 104 and	4065 of the Employee R	etirement	2018					
Part I Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/01/2018 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) B This return/report is for: a one-participant plan a foreign plan B This return/report is the first return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program genetial extension (enter description) special extension (enter description) DFVC program (FIN +) OR COMMUNICATION SOLUTIONS, INC. 401(K) PLAN 1b Three-digit plan number (RIN) 001 1c Effective date of plan 01/01/2003 2a Plan sponsor's name (employer, if for a single-employer plan) a single-employer foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number (IEN) 20-5374333 2c Sponsor's telephone number (IEN) 20-5374333 2a Plan sponsor's name (employer, if for a single-employer plan) 3c Administrator's telephone number (IEN) 20-5374333 2c Sponsor's telephone number (IEN) 20-5374333 3a			57(b) and 6058(a) of the									
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						5a 5b		10				
C. Number of participants with account belongers of the and of the plan were (only defined contribution plans)					50 6							
complete this item)	•	,										
d(1) Total number of active participants at the beginning of the plan year												
d(2) Total number of active participants at the end of the plan year 5d(2) 9 e Number of participants who terminated employment during the plan year with accrued benefits that were less 50 0	• •											
than 100% vested	than 1	100% vested				0						
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	SB or Sche	dule MB completed and	d signed by an enrolled actuary, as									
SIGN Filed with authorized/valid electronic signature. 10/07/2019 JOSEPH DENNIS				10/07/2019	JOSEPH DENNIS							
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	HERE	Signature of plan ad	Iministrator	Date	Enter name of individ	ual signing	as plan adm	inistrator				
SIGN	SIGN											
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individ	ual signing	as employer	or plan sponsor				

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018) v.171027

6a b									
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	premium filing for this plan year	(See instructions.)					
De	rt III Eineneiel Information								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	418252	398886					
b	Total plan liabilities	7b	0	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	418252	398886					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	0						
	(2) Participants	8a(2)	24891						

(2) Participants	8a(2)	24891	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	-34828	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-9937
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4875	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	4555	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		9430
i Net income (loss) (subtract line 8h from line 8c)	8i		-19367
j Transfers to (from) the plan (see instructions)	8j	0	
Part IV Plan Characteristics			

9a	If the	plan pro	vides pens	sion benefits,	enter the appl	icable pension	feature co	des from	the List of	Plan Cha	racteristic C	codes in the	e instruction	s:
	2G	2J 21	5 3D											

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

Part	V Compliance Questions						
10	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) 1	10a		Х	0		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	0		
С	Was the plan covered by a fidelity bond? 1	10c	X		25000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	0		
е	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.) 1	10e		X	0		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	0		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 1	10g		Х	0		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					

Page **3-** 1

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