Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information									
For calend	lar plan year 2018 or fis	scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018						
A This re	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.)										
D. T	,	a one-participant plan	a foreign plan								
B This ret	urn/report is	the first return/report	the final return/report	ne final return/report							
		an amended return/report	a short plan year return/report (less than 12 months)								
C Check	box if filing under:	X Form 5558	automatic extension	1	DFVC progra	m					
		special extension (enter desc	ription)								
Part II	Basic Plan Info	rmation—enter all requested in	formation								
1a Name DJI 401(K) F	of plan RETIREMENT PLAN				1b Three-digi plan numb (PN) ▶						
					1c Effective of	late of plan 01/01/2017					
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.0	2. Royl			Identification Number					
		e, country, and ZIP or foreign post		structions)	(EIN)	82-2394643					
DJI, INC.	,	3 1	, , , , , , , , , , , , , , , , , , ,	,		telephone number 60-693-2118					
						code (see instructions)					
6710 NE ST	JOHNS RD					811110					
VANCOUVE	ER, WA 98661										
0- 5					26						
3a Plan a	administrator's name ar	nd address X Same as Plan Spo	nsor.		3b Administra	TOT'S EIN					
					3c Administra	tor's telephone number					
					7	10. 0 10.000					
		e plan sponsor or the plan name h			4b EIN						
	sor's name		aa a p.a	ano idot rotani, roponi	4d PN						
C Plan N	Name										
					,						
_		at the beginning of the plan year.			5a	5					
		at the end of the plan year			5b	7					
		account balances as of the end of		-	5c	6					
		rticipants at the beginning of the p			5d(1)						
		rticipants at the end of the plan ye			5d(2)	3					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e 0						
Caution: A	A penalty for the late of	or incomplete filing of this retur	n/report will be assesse	d unless reasonable cau							
SB or Scho		her penalties set forth in the instrund signed by an enrolled actuary, solete.									
SIGN	Filed with authorized/	/valid electronic signature.	10/08/2019	DAVE JACOBUS							
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pla	ın administrator					
SIGN											
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	Enter name of individual signing as employer or plan spons						

Form 5500-SF (2018) Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X	res No	
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							🛛 🕽	∕es ∏ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								ы Ц
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	o Not o	determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this pl	lan yea	ır			(See in:	structions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Er	nd of Year	
a	Total plan assets	7a	(4) 43 3	1537			<u> </u>	1234	49
b	Total plan liabilities	7b		0					
С	Net plan assets (subtract line 7b from line 7a)	7с		1537		12349			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt		(b) Total			
а	Contributions received or receivable from:								
	(1) Employers	8a(1)		5050	\dashv				
	(2) Participants	8a(2)		7246	-				
	(3) Others (including rollovers)	8a(3)		500	-				
	Other income (loss)	8b		-539				447	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						117	07
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		945					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						94	45
i	Net income (loss) (subtract line 8h from line 8c)	8i						108	12
j	Transfers to (from) the plan (see instructions)	8j	3j						
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in the ir	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Char	acteris	tic Cod	des in the ins	structions:	
				•	4010110				
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		X			
b									
	reported on line 10a.)			10b		X			
				10c		X			
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
е	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.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla			10f		X			
				10g		X			
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			_			
	2520.101-3.)			10h		X			
	exceptions to providing the notice applied under 29 CFR 2520.10			10i					

Form 5500-SF (2018)	Page 3 - 1
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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	es 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 section ERISA?		:	Y	es 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, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to 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
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	o
	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 the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed 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-SF.

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

For calendar plan year 2018 or 1	i identification information	01/01/2018	and andless	10/21/0	21.0				
Tot caletidat piari year 2010 of			and ending	12/31/20					
A This return/report is for:	X a single-employer plan	list of participating e	plan (not multiemployer) employer information in a						
.	a one-particlpant plan	a foreign plan							
B This return/report is	the first return/report	the final return/report							
	an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)					
C Check box if filing under:	□ sees	_							
Officer pox is filling disder.	X Form 5558	automatic extension	1	DFVC program	1				
	special extension (enter desc								
	ormation—enter all requested in	formation		1 21					
1a Name of plan DJI 401(k) Retire	ement Dlan			1b Three-digit plan numbe	r				
DOI 401/V) MECTIV	smerre Figr			(PN) ▶	001				
				1c Effective da	te of plan				
				01/01/2					
	oyer, if for a single-employer plan)) Paul			entification Number				
	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign posi		structions)	(EIN) 82-2					
DJI, Inc.		, ,	•	2 c Sponsor's to 360-693	elephone number				
					de (see instructions)				
6710 NE St Johns	Rd			Dusiness co	de (see instructions)				
Vancouver	WA 986	61							
				811110					
Sa Pian administrators name a	nd address 🏻 Same as Plan Spo	nsor.		3b Administrate	ors EIN				
		•		3c Administrate	or's telephone number				
	e plan sponsor or the plan name h			4b EIN	····				
this plan, enter the plan spo a Sponsor's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN					
C Plan Name				THE FIN					
5a Total number of participants	at the beginning of the plan year.			5a	5				
	s at the end of the plan year			5b	7				
	account balances as of the end of								
complete this item)				5c	6				
d(1) Total number of active pa	articipants at the beginning of the pl	an year		5d(1)	3				
d(2) Total number of active pa	articipants at the end of the plan ye	ar	***************************************	5d(2)	3				
Number of participants who	terminated employment during the	e plan year with accrued b	enefits that were less	5e					
Caution: A penalty for the late	or incomplete filing of this return	nirenort will be assesse	i uniose roseonable ca	l i	0				
 Under penalties of perjury and of 	ther penalties set forth in the instruc	ctions. I declare that I hav	e examined this return/re	port including if a	mlicable a Schodule				
SB or Schedule MB completed a belief, it is true, correct, and com	ind signed by an enrolled actuary, a	as well as the electronic ve	ersion of this return/repor	t, and to the best o	f my knowledge and				
sign Day(1	10/8/19	Dave Jacobus						
HERE Signature of plan/)	administrator	Date, /	Enter name of individ	ual signing as plan	administrator				
sign Dow/	1	10/4/15		aar argiiniy as pidil	auninionaloi				
HERE Signature of emplo	ver/nian energer	- '/ '/-'							
For Paperwork Reduction Act Notice	ce, see the instructions for Form 5500	Date O-SF.	Enter name of Individ	uai signing as emp	loyer or plan sponsor Form 5500-SF (2018)				

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COHIL	3300-3	" (2010

Page Z	ige 2
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	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	indent qualified public	accoun	tant (IC	QPA)	X Yes No		
С	If you answered "No" to either line 6a or line 6b, the plan cannot lif 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	nsurance (program (see ERISA s	ection 4	1021)?		Yes No Not determined		
Pa	rt III Financial Information				***				
7	Plan Assets and Llabilities		(a) Beginning	of Year	r		(b) End of Year		
a	Total plan assets	7a		1,	537		12,349		
b	Total plan liabilities	7b			0				
С	Net plan assets (subtract line 7b from line 7a)	7c		1,	537		12,349		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)			050				
	(2) Participants	8a(2)		7,	246				
	(3) Others (including rollovers)	8a(3)			10000				
b	Other income (loss)	8b			539				
_ с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				11,7			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			Sept.				
e	Certain deemed and/or corrective distributions (see instructions)	8e			100				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	945			e diferen			
g	Other expenses	8g					Property (1997) State of the Control		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					945		
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	81				10,83			
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
9a	tilV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for								
Par	Compliance Questions		******			w			
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's VProgram)	oluntary F	Iduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х			
С	Was the plan covered by a fidelity bond?		******************************	10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х			
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.)			10e		х			
f				10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				Х			
h	If this is an Individual account plan, was there a blackout period? 2520.101-3.)	(See Instru	uctions and 29 CFR	10g 10h		Х			
<u>i</u>	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i					

	Form 5500-SF (2018) Page 3 -					
Part	VI Pension Funding Compliance				-	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instructions and (Form 5500) and line 11a below)				_ \	'es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?		n 302 o	f	Y	'es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.		i enter t Day		f the lette Year	r ruling
if	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
b	Enter the minimum required contribution for this plan year		12b			
с	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	e left of a	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	*****************		Yes	No [N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X N	0
	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 brocontrol of the PBGC?		**********		Yes X	No
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred.	tify the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)