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
INDOTRONIX INTERNATIONAL CORPORATION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1993

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)
INDOTRONIX INTERNATIONAL CORPORATION

687 LEE RD
ROCHESTER, NY 14606

2b Employer Identification Number (EIN)
52-1464254

2c Plan Sponsor's telephone number
845-473-1137

2d Business code (see instructions)
541511

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.	10/14/2019	SRINIVAS GADDIPATI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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**	259
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)**	192
a(2) Total number of active participants at the end of the plan year	**6a(2)**	425
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	301
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	726
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	726
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	547
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
INDOTRONIX INTERNATIONAL CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDOTRONIX INTERNATIONAL CORPORATION

D Employer Identification Number (EIN)
52-1464254

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-1225432	60214	386816-01	113	01/01/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
2252	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

THERESA SCOTT
STIFEL NICOLAUS AND CO INC
2515 S RD STE 202
POUGHKEEPSIE, NY 12601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1126			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KENNETH CHRISTMAN
STIFEL NICOLAUS AND CO INC
2515 S RD STE 202
POUGHKEEPSIE, NY 12601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1126			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1037042
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	1094115
c	Additions: (1) Contributions deposited during the year	7c(1)	8606		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	11673		
	(4) Transferred from separate account	7c(4)	3771		
	(5) Other (specify below)	7c(5)	3468		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	27518
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1121633
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	63952		
	(2) Administration charge made by carrier	7e(2)	-1784		
	(3) Transferred to separate account	7e(3)	22423		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	84591
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1037042

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
INDOTRONIX INTERNATIONAL CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDOTRONIX INTERNATIONAL CORPORATION

D Employer Identification Number (EIN)
52-1464254

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

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

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

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

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

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

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

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

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

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

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

(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)

EMPOWER RETIREMENT ADVISORY SERVICE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MANAGEMENT	341	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

DANZIGER AND MARKHOFF LLP

1133 WESTCHESTER AVE.
SUITE N208
WHITE PLAINS, NY 10604

13-3010201

(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?
13	CONTRACT ADMIN	4781	Yes [X] No [ ]	Yes [ ] No [X]	10000	Yes [ ] No [X]

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

FIRST GREAT-WEST LIFE & ANNUITY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	909	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)

STIFEL NICOLAUS & CO INC

501 N BROADWAY
ST. LOUIS, MT 63102

(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?
55	BROKER/ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	16876	Yes [ ] No [X]

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

RBT CPAS LLP

11 RACQUET RD
NEWBURGH, NY 12550

14-1604297

(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?
10	AUDITOR	12500	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

TD AMERITRADE, INC.

200 S. 108TH AVENUE
OMAHA, NE 68154

(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?
33	BROKERAGE SERVICES	160	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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
DANZIGER AND MARKHOFF LLP	13	10000

(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.
FIRST GREAT-WEST LIFE & ANNUITY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STIFEL NICOLAUS & CO INC	55	16875

(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.
FIRST GREAT-WEST LIFE & ANNUITY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

(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 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
INDOTRONIX INTERNATIONAL CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDOTRONIX INTERNATIONAL CORPORATION

D Employer Identification Number (EIN)
52-1464254

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)		3271
(3) Other	1b(3)		
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)	49407	75690
(9) Value of interest in common/collective trusts	1c(9)		
(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)	8325440	7768130
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1094114	1037042
(15) Other	1c(15)	691420	718380

			(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	10160381	9602513
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10160381	9602513

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)		
	(B) Participants	2a(1)(B)	569965	
	(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)		569965
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)	1850	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1850
	(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)	877614	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		877614
	(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)		
	(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)		

		(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)		-1465344
c Other income	2c		1020
d Total income. Add all **income** amounts in column (b) and enter total	2d		-14895
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	542973	
(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)		542973
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		542973
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-557868
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: RBT CPAS, LLP (2) EIN: 14-1604297

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		9502
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		1000000
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			

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
INDOTRONIX INTERNATIONAL CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDOTRONIX INTERNATIONAL CORPORATION

D Employer Identification Number (EIN)
52-1464254

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): 93-1225432

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 REPORT
Audited
INDOTRONIX AVANI 401(K) PLAN
December 31, 2018

Audited for:

Plan Administrator and Participants
Indotronix Avani 401(k) Plan

Audited by:
RBT CPAs, LLP
11 Racquet Road
Newburgh, NY 12550
(845) 567-9000

TABLE OF CONTENTS

	Page
Independent Auditor's Report on the Financial Statements	1 - 2
Financial Statements:	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 9
Supplementary Information:	
Schedule 1 - Schedule of Assets (Held at End of Year)	10 - 11
Schedule 2 - Schedule of Delinquent Contributions	12

LIMITED LIABILITY PARTNERSHIP
CERTIFIED PUBLIC ACCOUNTANTS BUSINESS DEVELOPMENT CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Participants
Indotronix Avani 401(k) Plan
687 Lee Road
Rochester, NY 14606

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Indotronix Avani 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 statements of changes in net assets available for benefits for the years then ended, 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.

Auditor's 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 Section 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Great-West Life & Annuity Insurance Company of New York, the custodian, 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 assets and executes transactions. The Plan Administrator has obtained certifications from the custodian as of December 31, 2018 and 2017, and for the years then ended, 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.

Other Matters
The supplemental schedule of assets (held at end of year) as of December 31, 2018 is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the 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 or provided 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

RBT CPAs, LLP

Newburgh, NY
October 11, 2019

INDOTRONIX AVANI 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31	2018	2017
ASSETS		
Investments at Fair Value (Note 3):		
Mutual Funds	**$ 7,768,130**	$ 8,325,440
Self-Directed Brokerage Account	**718,380**	691,420
Fully Benefit-Responsive Investment Contract at Contract Value	**1,037,042**	1,094,114
Total Investments	**9,523,552**	10,110,974
Receivables:		
Participant Contributions Receivable	**3,271**	-
Notes Receivable from Participants	**75,690**	49,407
Total Assets	**9,602,513**	10,160,381
LIABILITIES		
Net Assets Available for Benefits	**$ 9,602,513**	$ 10,160,381

See Notes to Financial Statements.

INDOTRONIX AVANI 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31	2018	2017
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation/(Depreciation) on Investments	**$ (1,465,344)**	$ 661,143
Interest and Dividends	**877,614**	516,786
Total Investment Income	**(587,730)**	1,177,929
Participant Deferrals	**569,965**	287,183
Interest on Notes Receivable from Participants	**1,850**	1,651
Total Additions	**(15,915)**	1,466,763
Deductions from Net Assets Attributed to:		
Distributions	**542,973**	1,982,433
Deemed Distributions	**-**	2,525
Administrative Expenses/(Credits)	**(1,020)**	(181)
Total Deductions	**541,953**	1,984,777
Net Decrease in Net Assets	**(557,868)**	(518,014)
Net Assets Available for Benefits:		
Beginning	**10,160,381**	10,678,395
Ending	**$ 9,602,513**	$ 10,160,381

See Notes to Financial Statements.

NOTES TO FINANCIAL STATEMENTS

1. Plan Description:

The following description of the Indotronix Avani 401(k) Plan (the "Plan"), formally Indotronix International Corporation 401(k) Plan, provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit sharing plan covering all full-time employees of Indotronix International Corporation (the "Company") who have completed three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan allows employees to make pretax contributions, subject to certain limitations, under Section 401(k) of the Internal Revenue Code ("IRC").

Contributions

Employees may elect to make salary deferral contributions into the Plan equal to at least 2%, but not to exceed 100%, of their pre-tax annual base compensation. Effective January 1, 2009, employer matching contributions were suspended and participants became 100% vested in their total account balance as of that date. Entry dates are quarterly, coinciding with or next following satisfaction of the minimum age and service requirements of 3 months.

Prior to July 1, 2011, completion of only one hour of service was required. Effective January 1, 2018 the Plan was amended to no longer have a minimum service requirement. Therefore, employees will be eligible to participate in the Plan on date of hire or date they reach the minimum age of 21. Effective January 1, 2018 the Plan was also amended to provide for incoming rollover contributions. Effective May 1, 2018, the Plan was amended to include automatic enrollment of 3% of the employee's pre-tax annual base compensation.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant investment fund option selections or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants

Participants may borrow from their fund accounts a maximum equal to the lesser of $50,000 or 50% of the value of the participant's vested account balance. The loans are to be repaid over a period not to exceed five years, except loans used to purchase the principal residence of the participant or of a member of his or her family. In such cases, the Plan provides for periodic repayment over a reasonable period of time that may exceed five years. The loans are collateralized by the balance in the participant's account and bear interest equal to a rate which is established by management of the Employer and is fixed at the time of the loan. Principal and interest are paid through payroll deductions.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

Distributions

Upon termination of service due to death, disability or retirement, a participant, or the lawfully designated beneficiary, may receive a lump-sum amount equal to the balance of the participant's vested account. Alternatively, the payment may be made in installments and payments in-kind over any period which does not exceed the life expectancy of a participant or, in the event of a participant's death, the participant's beneficiary.

1. Plan Description (continued):

Plan Expense Account
The Plan has an ERISA spending account (Plan Expense account) where excess revenue sharing is deposited (positive numbers) into the ERISA spending account which can then be used to pay plan expenses (negative numbers). Excess revenue sharing in the amount of $18,277 and $18,142 were used to pay administrative expenses during 2018 and 2017, respectively. Plan Expense account amounted to $25,702 and $23,601 as of December 31, 2018 and 2017, respectively.

Plan Termination
The Company intends to continue the Plan indefinitely, but reserves the right to modify, amend or terminate the Plan. No such change is currently being contemplated; however, if such an event were to occur, the participants' rights to their accrued benefits are non-forfeitable.

Administration
The Plan is administered by the Company. Great-West Life & Annuity Insurance Company of New York ("GWL&A") is the custodian of the Plan. Empower Retirement is the recordkeeper.

2. Summary of Significant Accounting Policies:
Basis of Accounting
The Plan uses the accrual method of accounting which recognizes income when it is earned and expenses as they are incurred.

Pervasiveness of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results may differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments, other than fully benefit-responsive investment contracts, are stated at fair 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. See Note 4 for discussion of fair value.

Fully benefit-responsive investment contracts are stated at contract value.

Purchases and sales of securities are recorded on a 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 sold during the year and held at year-end.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance. Any accrued but unpaid interest is included in the balance. Delinquent loans are treated as distributions based upon the terms of the Plan document.

Payment of Benefits
Benefits are recorded when paid.

Administrative Expenses
All expenses of maintaining the Plan, to the extent that the Company does not pay such expenses, are paid by the Plan. Participant loan setup fees and distribution fees are deducted from the proceeds paid to the initiating participants.

Income Taxes
The Plan adopted a prototype volume submitter profit sharing plan with cash or deferral arrangement that received a favorable opinion letter from the Internal Revenue Service ("IRS") on March 31, 2014, which stated that the plan is designed in accordance with applicable sections of the IRC.

2. Summary of Significant Accounting Policies (continued):

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan Administrator has analyzed the tax positions taken by the Plan and concluded that, as of December 31, 2018, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2015.

Risks and Uncertainties

The Plan utilizes various investment instruments which are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements. The Plan's investments are not insured or protected by the Plan's custodian. Accordingly, the Plan is subject to the normal investment risks associated with money market funds, mutual funds, stocks, bonds and other similar types of investments.

Subsequent Events

The date to which events occurring after December 31, 2018, the date of the most recent statement of net assets available for benefits, have been evaluated for possible adjustment to the financial statements or disclosure is October 11, 2019, which is the date on which the financial statements were available to be issued.

3. Information Certified by Custodian:

The following is a summary of the Plan's asset information as of and for the years ended December 31, 2018 and 2017, included throughout the Plan's financial statements and the supplemental schedule that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and the supplemental schedule.

The following table presents the value of the assets in the Plan certified by GWL&A, the custodian.

As of December 31	**2018**	2017
Mutual Funds	**$ 7,768,130**	$ 8,325,440
Self-Directed Brokerage Account	**718,380**	691,420
Fully Benefit-Responsive Investment Contract at Contract Value	**1,037,042**	1,094,114
Total Certified Investments	**9,523,552**	10,110,974
Notes Receivable from Participants	**75,690**	49,407
Total Certified Plan Assets	**$ 9,599,242**	$ 10,160,381

GWL&A, the custodian also certified to the completeness and accuracy of $(1,465,344) and $661,143 of net appreciation/(depreciation) in fair value of investments and $879,464 and $518,437 of interest and dividends related to the aforementioned Plan Assets for the years ended December 31, 2018 and 2017, respectively.

4. Fair Value Measurements:

Accounting principles generally accepted in the United States of America establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to the 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 lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

a. Quoted prices for similar assets or liabilities in active markets;
b. Quoted prices for identical or similar assets or liabilities in inactive markets;
c. Inputs other than quoted prices that are observable for the asset or liability;
d. 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 to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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.

The 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.

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 Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-Directed Brokerage Account: Valued at a daily calculated net asset value. These investments are classified as mutual funds for reporting purposes.

The methods described above may produce a fair value calculation that may not be indicative of the net realizable value or reflective of the future fair values. Furthermore, while 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	December 31, 2018			
	Total	**Level 1**	**Level 2**	**Level 3**
Mutual Funds	**$ 7,768,130**	**$ 7,768,130**	**$ -**	**$ -**
Self-Directed Brokerage Account	**718,380**	**718,380**	**-**	**-**
	$ 8,486,510	**$ 8,486,510**	**$ -**	**$ -**

	December 31, 2017			
	Total	Level 1	Level 2	Level 3
Mutual Funds	$ 8,325,440	$ 8,325,440	$ -	$ -
Self-Directed Brokerage Account	691,420	691,420	-	-
	$ 9,016,860	$ 9,016,860	$ -	$ -

5. Fixed Income Account:
The Key Guaranteed Portfolio Fund is a general account product. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. Interest crediting rate is reset quarterly.

The existence of certain conditions can limit the account's ability to transact at contract value with the issuers of its investment contracts. There is a provision in this investment contract that prevents the immediate and full payout of the contract value for plan-initiated transactions. As of December 31, 2018, the occurrence of an event outside the normal operation of the account that would cause a withdrawal from an investment contract is not considered to be probable.

6. Self-Directed Investments:
Information about net assets and the significant components of the change in net assets available for benefits related to the self-directed investments is as follows:

As of December 31	**2018**	2017
Net Assets:		
Self Directed Brokerage Account	**$ 718,380**	$ 691,420

Years Ended December 31	**2018**	2017
Change in Net Assets:		
Net Appreciation/(Depreciation)	**$ 26,960**	$ (311,005)

7. Related Party Transactions:
Certain Plan investments are managed by GWL&A, custodian for the Plan. Therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment management services amounted to $699 and $629 for the years ended December 31, 2018 and 2017, respectively.

SUPPLEMENTARY INFORMATION

SCHEDULE 1 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, LINE 4I
PLAN NUMBER 001, PLAN EIN 52-1464254

As of December 31, 2018	Shares	Cost	Value
Mutual Funds:			
T. Rowe Price Retirement Balanced	2,480	**	$ 34,495
T. Rowe Price Retirement 2005	44	**	543
T. Rowe Price Retirement 2010	293	**	4,760
T. Rowe Price Retirement 2015	656	**	8,526
T. Rowe Price Retirement 2020	3,519	**	68,725
T. Rowe Price Retirement 2025	7,229	**	111,546
T. Rowe Price Retirement 2030	10,634	**	237,143
T. Rowe Price Retirement 2035	4,083	**	66,384
T. Rowe Price Retirement 2040	16,121	**	371,276
T. Rowe Price Retirement 2045	3,837	**	60,048
T. Rowe Price Retirement 2050	29,288	**	386,604
T. Rowe Price Retirement 2055	4,310	**	57,630
Transamerica Asset Allc Cnsrv I	7,745	**	76,518
Transamerica Asset Alloc Moderate I	3,698	**	37,903
Transamerica Asset Allc Mod Gr I	10,481	**	111,209
Transamerica Asset Allc Growth I	397	**	4,459
American Funds Capital World G/I R3	1,595	**	67,807
American Funds New World Fund - R3	3,785	**	214,105
Hartford International Growth R4	23,064	**	286,686
Vanguard Total Intl Stock Index Admiral	4,987	**	126,510
Wasatch Emerging India	5,076	**	20,050
Davis Financial A	4,326	**	182,538
Fidelity Advisor Materials A	138	**	8,536
Goldman Sachs Real Estate Svc	2,723	**	34,612
Ivy Science & Technology Y	514	**	29,070
MFS Utilities R2	9,749	**	189,623
Wells Fargo Precious Metals A	3,895	**	122,034
MFS New Discovery R2	34,799	**	689,372
Putnam Small Cap Growth Fund - A	5,566	**	201,830
* Great - West S&P MidCap 400 Index Fund Inv	7,044	**	97,000
Oppenheimer Main Street Mid Cap R	1,403	**	27,364
Pioneer Select Mid Cap Growth A	8,274	**	284,200
Victory Sycamore Established Value R	26,194	**	854,173
JPMorgan US Equity A	111,198	**	1,492,281
MFS Massachusetts Investors Tr R2	34,688	**	881,774
Virtus Ceredex Large - Cap Value Equity A	3,328	**	37,304
BlackRock Global Alloc Fund R	493	**	8,108
Franklin Income R	7,178	**	15,074
AB High Income R	8,104	**	63,133
Loomis Sayles Investment Grade Bond A	9,380	**	101,028
Templeton Global Bond R	8,509	**	96,149
			7,768,130

INDOTRONIX AVANI 401(K) PLAN

SCHEDULE 1 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, LINE 4I
PLAN NUMBER 001, PLAN EIN 52-1464254

As of December 31, 2018	Shares	Cost	Value
Self Directed Brokerage Account:			
TD Ameritrade SDB	N/A	**	718,380
Fully Benefit-Responsive Investment Account:			
Key Guaranteed Portfolio Fund	N/A	**	1,011,340
Forfeiture/Asset Holding Account	N/A	**	25,702
			1,037,042
* Notes Receivable from Participant Loans, varying maturity dates, Interest rates range from 3.25% - 5.25%	10 loans outstanding		75,690
			$ 9,599,242

N/A Share data is not available
* Represents a party-in-interest as defined by ERISA
** Cost omitted for participant directed investments

INDOTRONIX AVANI 401(K) PLAN

SCHEDULE 2 - SCHEDULE OF DELINQUENT CONTRIBUTIONS
PLAN NUMBER 001, PLAN EIN 52-1464254

For the Year Ended December 31, 2018

				Total That Constitutes Nonexempt Prohibited Transactions	
Participants Contributions Transferred Late to the Plan				Contributions Not Corrected	Outside Voluntary Fiduciary Correction Program
Amount Withheld	Date Withheld	Date Remitted			
$ 9,502				$ -	$ 9,502

INDOTRONIX INTERNATIONAL CORPORATION 401(K) PLAN
EIN: 52-1464254
PLAN NO 001
PYE 12/31/2018

386816-01
GA

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Indotronix Avani 401(k) Plan
01-JAN-18 to 31-DEC-18

19-JAN-19 09:08:56

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
4NYKGPF	14,343.77	0.000000	12	(12,500.00)	0.000000	25	(12,500.00)	SERIES
1TRRIX	28,146.30	1,874.306120	106	(1,067.96)	(77.053391)	1	(1,154.95)	SERIES
1TRRFX	565.55	44.010704	20	0.00	0.000000	0	0.00	SERIES
1TRRAX	1,513.52	87.296821	102	(126.73)	(7.064101)	20	(126.03)	SERIES
1TRRGX	20,739.47	1,383.972983	166	(16,036.66)	(1,080.770827)	22	(16,365.43)	SERIES
1TRRBX	19,027.55	902.561797	389	(8,131.45)	(420.101506)	42	(9,037.38)	SERIES
1TRRHX	49,545.97	2,898.027341	325	(12,183.08)	(671.614656)	3	(11,909.76)	SERIES
1TRRCX	71,950.61	2,921.625085	419	(2,033.58)	(83.658970)	4	(2,136.36)	SERIES
1TRRJX	31,897.39	1,736.355772	284	(3,719.04)	(206.005915)	61	(3,971.58)	SERIES
1TRRDX	71,339.34	2,864.536808	569	(13,002.46)	(493.447941)	45	(13,159.15)	SERIES
1TRRKX	30,427.58	1,722.439604	308	(19.65)	(1.045391)	22	(17.12)	SERIES
1TRRMX	74,395.79	5,203.333217	493	(382.78)	(23.862689)	35	(355.46)	SERIES
1TRRNX	40,281.25	2,678.064448	818	(35.56)	(2.244073)	27	(30.91)	SERIES
1TACIX	24,344.20	2,234.977889	42	0.00	0.000000	0	0.00	SERIES
1TMMIX	22,104.04	1,903.552058	123	(75.35)	(6.495689)	20	(79.98)	SERIES
1TMGIX	18,951.67	1,720.771102	36	0.00	0.000000	0	0.00	SERIES
1TAGIX	1,490.86	117.157030	97	(76.23)	(4.953218)	16	(76.17)	SERIES
197AFCW	10,064.70	214.884224	343	(12,564.30)	(242.505799)	38	(11,528.49)	SERIES
1105AFW	16,984.04	276.369882	225	(27,163.93)	(419.873496)	20	(23,332.86)	SERIES
1HNCSX	33,227.31	2,486.068659	488	(20,646.32)	(1,432.267192)	51	(19,706.32)	SERIES
1VTIAX	38,958.54	1,307.198922	201	(1,023.86)	(35.931917)	19	(963.50)	SERIES
1WAINX	5,260.24	1,318.237829	119	(745.20)	(170.861964)	37	(567.53)	SERIES
1RPFGX	18,707.93	414.989400	278	(25,068.72)	(482.435663)	43	(21,154.95)	SERIES
1FMFAX	6,491.13	77.911192	65	(739.35)	(10.871244)	2	(847.37)	SERIES
1GRESX	7,146.08	502.797075	152	(29,565.15)	(2,009.588362)	92	(37,351.92)	SERIES
1WSTYX	30,920.31	423.221269	73	(10,265.46)	(144.875542)	13	(10,617.74)	SERIES
1MURRX	15,800.41	788.838216	772	(16,438.83)	(869.214119)	84	(18,503.98)	SERIES
1EKWAX	2,011.07	56.301954	9	0.00	0.000000	0	0.00	SERIES
1MNDRX	184,279.64	8,555.368868	321	(36,978.18)	(1,805.967683)	130	(46,366.52)	SERIES
1PCOAX	49,799.11	4,076.984781	191	(260,738.18)	(21,575.441838)	90	(315,758.61)	SERIES
1PNSAX	260,369.40	5,746.805805	125	(7,085.86)	(180.629582)	4	(8,200.33)	SERIES
1MXMDX	14,862.22	971.291491	172	(8,638.88)	(494.385105)	21	(7,845.98)	SERIES
1OPMNX	4,127.78	189.963478	61	(913.53)	(36.755299)	3	(975.27)	SERIES
1PGOFX	61,442.00	1,555.680155	286	(32,321.96)	(817.549101)	117	(32,494.48)	SERIES
1GETGX	86,419.85	2,576.018429	1038	(32,461.29)	(807.860627)	127	(28,373.72)	SERIES
1JUEAX	237,817.48	16,173.204992	1527	(134,330.04)	(8,268.700826)	114	(125,179.54)	SERIES
1MIRTX	129,747.13	4,890.366745	951	(47,145.55)	(1,538.585907)	118	(44,346.21)	SERIES
1SVIIX	16,646.80	1,255.452923	171	(198.83)	(12.069145)	18	(196.50)	SERIES
1MRLOX	393.76	23.839424	16	(1,033.85)	(55.240536)	19	(1,034.01)	SERIES
1FISRX	3,156.72	1,364.294261	137	(24,260.65)	(10,640.637941)	4	(24,794.89)	SERIES
1AGDRX	8,991.71	1,061.696992	349	(7,206.29)	(831.607591)	28	(7,272.78)	SERIES
1LIGRX	9,303.77	853.511440	984	(25,338.35)	(2,294.332560)	31	(26,265.73)	SERIES
1FGBRX	9,961.17	857.357846	608	(14,854.90)	(1,233.988048)	14	(15,184.74)	SERIES
1NYKGPF	15,845.13	0.000000	210	(86,434.88)	0.000000	58	(86,434.88)	SERIES

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Indotronix Avani 401(k) Plan
01-JAN-18 to 31-DEC-18

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE

LEGEND

INVESTMENT OPTION:

4NYKGPF	Key Guaranteed Portfolio Fund
1TRRFX	T. Rowe Price 2005 Fund
1TRRGX	T. Rowe Price Retirement 2015 Fund
1TRRHX	T. Rowe Price Retirement 2025 Fund
1TRRJX	T. Rowe Price Retirement 2035 Fund
1TRRKX	T. Rowe Price Retirement 2045 Fund
1TRRNX	T. Rowe Price Retirement 2055 Fund
1TMMIX	Transamerica Asset Allc Moderate I
1TAGIX	Transamerica Asset Allc Growth I
1105AFW	American Funds New World Fund - R3
1VTIAX	Vanguard Total Intl Stock Index Admiral
1RPFGX	Davis Financial A
1GRESX	Goldman Sachs Real Estate Svc
1MURRX	MFS Utilities R2
1MNDRX	MFS New Discovery R2
1PNSAX	Putnam Small Cap Growth Fund - A
1OPMNX	Oppenheimer Main Street Mid Cap R
1GETGX	Victory Sycamore Established Value R
1MIRTX	MFS Massachusetts Investors Tr R2
1MRLOX	BlackRock Global Alloc Fund R
1AGDRX	AB High Income R
1FGBRX	Templeton Global Bond R
1TRRIX	T. Rowe Price Retirement Balanced
1TRRAX	T. Rowe Price Retirement 2010
1TRRBX	T. Rowe Price Retirement 2020 Fund
1TRRCX	T. Rowe Price Retirement 2030 Fund
1TRRDX	T. Rowe Price Retirement 2040 Fund
1TRRMX	T. Rowe Price Retirement 2050 Fund
1TACIX	Transamerica Asset Allc Cnsrv I
1TMGIX	Transamerica Asset Allc Mod Gr I
197AFCW	American Funds Capital World G/I R3
1HNCSX	Hartford International Growth R4
1WAINX	Wasatch Emerging India
1FMFAX	Fidelity Advisor Materials A
1WSTYX	Ivy Science & Technology Y
1EKWAX	Wells Fargo Precious Metals A
1PCOAX	Putnam Capital Opportunities A
1MXMDX	Great-West S&P MidCap 400 Index Fund Inv
1PGOFX	Pioneer Select Mid Cap Growth A
1JUEAX	JPMorgan US Equity A
1SVIIX	Virtus Ceredex Large-Cap Value Equity A
1FISRX	Franklin Income R
1LIGRX	Loomis Sayles Investment Grade Bond A
1NYKGPF	Key Guaranteed Portfolio Fund

INFORMATION FOR COMPLETING FORM 5500 SCHEDULE A

Indotronix Avani 401(k) Plan
01-JAN-18 to 31-DEC-18

The following information is to assist you in completing the Schedule A for fiscal plan year beginning January 1, 2018 and ending December 31, 2018.
This is supplemental information provided for plans that are required by the IRS to file Form 5500 and the associated schedules.

A	Name of plan:	Indotronix Avani 401(k) Plan
B	Three-digit plan number:	001
C	Plan sponsor's name:	Indotronix International Corporation
D	Employer Identification Number:	52-1464254

Part I

1(a)	Name of insurance carrier:	Great-West Life & Annuity Insurance Company of New York
1(b)	EIN:	93-1225432
1(c)	NAIC Code:	60214
1(d)	Contract or Identification Number:	386816-01
1(e)	Approximate number of persons covered at end of policy or contract year:	113
1(f & g)	Policy or contract year from January 1, 2018 to December 31, 2018	
2	Amount of commissions paid: Fees paid/Amount:	2,252.88
3(a)	Name and Address of the Agents, and Brokers or other persons to whom commissions or fees were paid:	THERESA SCOTT STIFEL NICOLAUS & CO INC 2515 S RD STE 202 POUGHKEEPSIE, NY 12601
3(b)	Amount of commissions paid:	1,126.44
3(c)	Amount:	
3(d)	Purpose:	
3(e)	Organization Code:	3
3(a)	Name and Address of the Agents, and Brokers or other persons to whom commissions or fees were paid:	KENNETH CHRISTMAN STIFEL NICOLAUS & CO INC 2515 S RD POUGHKEEPSIE, NY 12601
3(b)	Amount of commissions paid:	1,126.44
3(c)	Amount:	
3(d)	Purpose:	
3(e)	Organization Code:	3

Part II

4	Current value of plan's interest under this contract in the general account at year end:	1,037,041.92
5	Current value of plan's interest under this contract in separate accounts at year end:	.00
7a(4)	Type of contract:	Group Annuity Contract
7b	Balance at the end of the previous year:	1,094,114.41
7c(1)	Contributions deposited during the year:	8,606.05
7c(2)	Dividends and credits:	.00
7c(3)	Interest credited during the year:	11,673.49
7c(4)	Transfered from separate account:	3,771.21
7c(5)	Other (specify) > Loan Repayment(s):	3,467.87

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Indotronix Avani 401(k) Plan
01-JAN-18 to 31-DEC-18

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1TRRIX			37,210.38	34,495.19
1TRRFX			565.55	543.09
1TRRAX			5,178.66	4,759.74
1TRRGX			9,571.17	8,525.98
1TRRBX			74,871.85	68,724.69
1TRRHX			124,335.96	111,545.89
1TRRCX			258,240.39	237,143.24
1TRRJX			73,526.18	66,384.08
1TRRDX			403,160.93	371,276.14
1TRRKX			64,552.52	60,048.19
1TRRMX			426,861.71	386,604.46
1TRRNX			61,862.98	57,630.37
1TACIX			85,456.22	76,517.77
1TMMIX			44,202.10	37,903.19
1TMGIX			141,664.19	111,208.54
1TAGIX			5,800.73	4,459.03
197AFCW			74,906.46	67,806.57
1105AFW			211,681.46	214,105.16
1HNCSX			316,212.67	286,685.99
1VTIAX			139,977.79	126,510.05
1WAINX			17,035.42	20,050.31
1RPFGX			183,626.18	182,537.56
1FMFAX			11,061.21	8,536.17
1GRESX			48,435.82	34,612.40
1WSTYX			34,600.33	29,069.88
1MURRX			204,559.25	189,623.19
1EKWAX			158,596.23	122,033.79
1MNDRX			826,294.93	689,371.54
1PNSAX			252,169.07	201,829.60
1MXMDX			111,982.69	96,999.57
1OPMNX			36,985.16	27,363.62
1PGOFX			326,361.94	284,199.50
1GETGX			911,362.87	854,173.09
1JUEAX			1,678,770.62	1,492,281.31
1MIRTX			987,961.49	881,774.45
1SVIIX			50,341.35	37,304.09
1MRLOX			8,443.89	8,107.57
1FISRX			15,868.54	15,074.23
1AGDRX			70,552.01	63,133.28
1LIGRX			106,865.83	101,027.91
1FGBRX			103,190.28	96,148.56
1SDBTDA			718,379.62	718,379.62
1NYKGPF		1.100	973,353.20	1,011,340.40
			10,396,637.83	**9,497,849.00**
PARTICIPANT LOANS	VARIOUS	3.250-5.250	75,824.40	75,690.42
CASH			24,967.64	25,701.52

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Indotronix Avani 401(k) Plan
01-JAN-18 to 31-DEC-18

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 52-1464254

LEGEND

INVESTMENT OPTION:

1TRRIX	T. Rowe Price Retirement Balanced
1TRRAX	T. Rowe Price Retirement 2010
1TRRBX	T. Rowe Price Retirement 2020 Fund
1TRRCX	T. Rowe Price Retirement 2030 Fund
1TRRDX	T. Rowe Price Retirement 2040 Fund
1TRRMX	T. Rowe Price Retirement 2050 Fund
1TACIX	Transamerica Asset Allc Cnsrv I
1TMGIX	Transamerica Asset Allc Mod Gr I
197AFCW	American Funds Capital World G/I R3
1HNCSX	Hartford International Growth R4
1WAINX	Wasatch Emerging India
1FMFAX	Fidelity Advisor Materials A
1WSTYX	Ivy Science & Technology Y
1EKWAX	Wells Fargo Precious Metals A
1PNSAX	Putnam Small Cap Growth Fund - A
1OPMNX	Oppenheimer Main Street Mid Cap R
1GETGX	Victory Sycamore Established Value R
1MIRTX	MFS Massachusetts Investors Tr R2
1MRLOX	BlackRock Global Alloc Fund R
1AGDRX	AB High Income R
1FGBRX	Templeton Global Bond R
1NYKGPF	Key Guaranteed Portfolio Fund
1TRRFX	T. Rowe Price 2005 Fund
1TRRGX	T. Rowe Price Retirement 2015 Fund
1TRRHX	T. Rowe Price Retirement 2025 Fund
1TRRJX	T. Rowe Price Retirement 2035 Fund
1TRRKX	T. Rowe Price Retirement 2045 Fund
1TRRNX	T. Rowe Price Retirement 2055 Fund
1TMMIX	Transamerica Asset Allc Moderate I
1TAGIX	Transamerica Asset Allc Growth I
1105AFW	American Funds New World Fund - R3
1VTIAX	Vanguard Total Intl Stock Index Admiral
1RPFGX	Davis Financial A
1GRESX	Goldman Sachs Real Estate Svc
1MURRX	MFS Utilities R2
1MNDRX	MFS New Discovery R2
1MXMDX	Great-West S&P MidCap 400 Index Fund Inv
1PGOFX	Pioneer Select Mid Cap Growth A
1JUEAX	JPMorgan US Equity A
1SVIIX	Virtus Ceredex Large-Cap Value Equity A
1FISRX	Franklin Income R
1LIGRX	Loomis Sayles Investment Grade Bond A
1SDBTDA	TD Ameritrade SDB

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

INDOTRONIX INTERNATIONAL 401(K) PLAN
EIN 52-1464254
PLAN NO 001
PLAN YEAR END: 12/31/2018

386816-01
GA

ASSETS ACQUIRED AND DISPOSED OF IN PLAN YEAR

Indotronix Avani 401(k) Plan
01-JAN-18 to 31-DEC-18

19-JAN-19 09:08:55

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ACQUISITION	PROCEEDS FROM DISPOSITIONS
1NYKGPF		1.100	15,845.13	86,434.88

NOTE: Labor regulations Section 2520.103-11(b)(2) excludes participation in insurance company pooled separate accounts from definition of "Assets Held for Investment Purposes" if the assets were not held on the last day of the plan year. Therfore all variable funds are excluded from this report.

LEGEND

INVESTMENT OPTION:
1NYKGPF Key Guaranteed Portfolio Fund

COST OF ACQUISITIONS: The cost of the asset when acquired.
PROCEEDS FROM DISPOSITIONS: Amounts distributed from the investment option within the plan year.

INDOTRONIX INTERNATIONAL 401(K) PLAN
EIN 52-1464254
PLAN NO 001
PLAN YEAR END: 12/31/2018