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
- [X] 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
ALTRAN NORTH AMERICA 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/2016

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)
ALTRAN US CORP.

20 NORTH AVE.
BURLINGTON, MA 01803

2b Employer Identification Number (EIN)
04-2924909

2c Plan Sponsor's telephone number
781-993-5500

2d Business code (see instructions)
541330

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.	10/16/2019	PATTY SPAKOSKI
	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**	604
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)**	271
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	253
b	Retired or separated participants receiving benefits	**6b**	9
c	Other retired or separated participants entitled to future benefits	**6c**	271
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	533
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f	Total. Add lines **6d** and **6e**.	**6f**	537
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	496
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	42
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 2S 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**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 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
ALTRAN NORTH AMERICA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALTRAN US CORP.

D Employer Identification Number (EIN)
04-2924909

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). . . . . [X] 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

THE VANGUARD GROUP, INC.

23-1945930

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

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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)

LPL FINANCIAL-RETIREMENT PARTNERS

04-3046611

(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?
16 27	NONE	26361	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37	NONE	13168	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE VANGUARD GROUP, INC.	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX 94-1441976	10 BPS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE VANGUARD GROUP, INC.	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX 94-1441976	8 BPS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE VANGUARD GROUP, INC.	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK FUNDS 04-3276558	7 BPS

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

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(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
ALTRAN NORTH AMERICA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALTRAN US CORP.

D Employer Identification Number (EIN)
04-2924909

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)	151996	95892
(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)	56483008	45378730
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	56635004	45474622
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	56635004	45474622

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)	568611	
	(B) Participants	2a(1)(B)	2118897	
	(C) Others (including rollovers)	2a(1)(C)	115812	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2803320
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)	6262	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6262
	(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)	1669745	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1669745
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-4264898
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		214429
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11323983	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	6026	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		11330009
f Corrective distributions (see instructions)	2f		5473
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)	39329	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		39329
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11374811
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-11160382
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: KATZ, NANNIS + SOLOMON, P.C. **(2)** EIN: 04-2887211

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		764767
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		2000000
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
ALTRAN NORTH AMERICA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALTRAN US CORP.

D Employer Identification Number (EIN)
04-2924909

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**

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): 23-2186884

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):

Katz, Nannis + Solomon, PC
Certified Public Accountants

Independent Auditors' Report

To the plan sponsor and plan administrator
Altran North America 401(k) Plan
Altran US Corp
20 North Ave
Burlington, Massachusetts

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 C, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

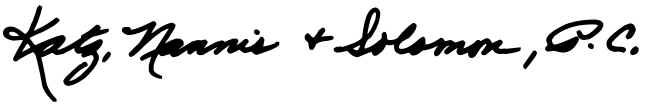
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, Line 4a-Schedules of Delinquent Participant Contributions, and Schedule H, Line 4i-Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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 schedules, other than that derived from the information certified by the trustee, 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.



October 14, 2019

Waltham, Massachusetts

Altran North America 401(k) Plan

Financial Statements and Supplemental Schedules

Year Ended December 31, 2018

Altran North America 401(k) Plan
Financial Statements and Supplemental Schedules
December 31, 2018
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Katz, Nannis + Solomon, PC
Certified Public Accountants

Independent Auditors' Report

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Altran US Corp
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Burlington, Massachusetts

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Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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.

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Disclaimer of Opinion

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Other Matter

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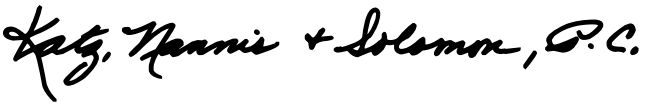
Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, 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.



October 14, 2019

Waltham, Massachusetts

Altran North America 401(k) Plan

Statements of Net Assets Available for Benefits

December 31,

	2018	2017
Assets		
Investments, at Fair Value	$ 45,378,730	$ 56,483,008
Receivables		
Employer contributions	12,134	16,255
Participants' contributions	48,536	65,020
Notes receivable from participants	95,892	151,996
Total Receivables	156,562	233,271
Total Assets	45,535,292	56,716,279
Net Assets Available for Benefits	$ 45,535,292	$ 56,716,279

See accompanying notes.

Altran North America 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2018

Additions to Net Assets Attributed to		
Investment loss		
Net depreciation in fair value of investments	$	(4,264,898)
Interest and dividends		1,669,745
Net Investment Loss		(2,595,153)
Interest on Notes Reseivable from Participants		6,262
Contributions		
Employer contributions		525,401
Other employer contributions		39,089
Participants' deferrals		2,102,413
Participants' rollovers		115,812
Total Contributions		2,782,715
Deductions from Net Assets Attributed to		
Benefits paid to participants		11,335,482
Administrative expenses		39,329
Total Deductions		11,374,811
Net Change in Net Assets Available for Benefits		(11,180,987)
Net assets available for benefits, beginning of year		56,716,279
Net Assets Available for Benefits, End of Year	$	45,535,292

See accompanying notes.

A. Plan Description

The following description of the Altran North America 401(k) Plan (the "Plan") provides only general information. A more complete description of the Plan's provisions is in the Plan Agreement.

1. General - The Plan is a defined contribution plan covering substantially all employees ("participants") of Altran US Corp. (the "Company"). The Plan was adopted on April 1, 2016 and is administered on the basis of the Plan year, which is the twelve month period commencing each January 1 and ending on December 31. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Participants are offered a selection of mutual funds for the placement of their contributions ("participant-directed"). The determination of the participant-directed funds made available to participants is made by the plan's administrator.

2. Contributions - Participants may elect to defer up to one hundred percent of their annual compensation as defined in the Plan, subject to limits set by the Internal Revenue Code ("IRC"). Participants that have met requirement age of fifty or older may elect to defer additional amounts as catch-up contributions, subject to limits set by the IRC. Participants are automatically enrolled in the Plan with a 3% contribution unless he or she elects otherwise. This amount will increase in April every year by 1% automatically up to a maximum of 6%. Participants may also contribute distributions from other qualified retirement plans ("Rollovers").

   Employee deferred salary contributions may be matched by the Company in accordance with the provisions of the Plan. For the year ended December 31, 2018, the Company's matching contribution was 25% of participant's deferrals totaling $525,401. In addition, the Company may make a profit sharing contribution to the Plan based upon a discretionary formula determined by the Company annually. There were no profit sharing contributions to the Plan for the year ended December 31, 2018.

3. Participant accounts - Each participant's account is credited with the participant's contribution, the Company's matching contribution and profit sharing contributions, an allocation of Plan net investment earnings and administrative expenses. Allocations are based on participant compensation or account balances, or specific participant transactions as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

4. Vesting - Participants are fully vested in their own contributions and related earnings. Vesting of Company matching contributions and discretionary contributions, if any, and earnings thereon, is based on years of continuous service. A participant is 100% vested after three years of continuous service as defined in the Plan, or upon permanent disability, death, or satisfies the conditions for early retirement age, as defined in the Plan.

A. Plan Description (continued)

5. Payment of benefits - Upon termination of service, retirement, or disability, a participant may elect to receive either a single lump sum amount or substantially equal installments. The Plan may automatically distribute to terminated participants their entire vested account balance not exceeding $5,000 (involuntary cash-out). The Plan also allows for hardship withdrawals, and in-service withdrawals upon the participant reaching age 59 1/2 of all or a portion of a participant's account, as defined in the Plan.

6. Notes receivable from participants - Participants may borrow a minimum of $1,000 up to the lesser of $50,000 or 50% of their vested interest in the Plan. Loans are secured by the vested balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are repaid ratably through payroll deductions.

7. Forfeitures - Contributions made by the Company which are not vested at the time employees cease to be participants in the Plan shall be used to pay administrative expenses and reduce future employer contributions payable under the Plan. As of December 31, 2018 and 2017, unallocated forfeitures, including investment gains and losses, totaled $409,318 and $325,036, respectively.

8. Plan administration - The Company is the Plan administrator and has the authority to appoint persons or entities to carry out the operations of the Plan. Vanguard Fiduciary Trust Company ("VFTC") is the Plan's trustee and provides recordkeeping services for the Plan.

9. Plan termination - The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, participant's accrued benefits become fully vested and non-forfeitable.

B. Summary of Significant Accounting Policies

1. Basis of accounting - The accompanying financial statements are prepared on the accrual basis.

2. Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

3. Investment valuation and income recognition - Investments are reported 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 D. 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 depreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

B. Summary of Significant Accounting Policies (continued)

4. Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

5. Benefits paid - Benefits are recorded when paid.

6. Administrative expenses - Certain administrative expenses incurred in maintaining the Plan are paid by use of the forfeiture account or by the Company. Investment-related expenses, recordkeeping, and other Plan administration expenses are paid by the Plan and are recorded in administrative expenses.

7. Subsequent events - The plan administrator has evaluated all subsequent events through October 14, 2019, the date the financial statements were available to be issued.

C. Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental Schedule H, Line 4i-Schedule of Assets (Held at End of Year) including investments and notes receivable from participants held at December 31, 2018 and 2017, net depreciation in fair value of investments, and interest and dividend income for the year ended December 31, 2018, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by VFTC, the trustee of the Plan.

D. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

D. Fair Value Measurements (continued)

The three levels of the fair value hierarchy under Topic 820 are described as follows:

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

Level 2 — Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

a. Quoted market 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.

Level 3 — Inputs that are unobservable inputs for the asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds - The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

All investments at fair value at December 31, 2018 and 2017 are Level 1 investments in mutual funds.

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

E. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least 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 statements of net assets available for benefits.

F. Related Party and Party-In-Interest Transactions

Plan investments include mutual funds managed by The Vanguard Group, Inc., parent company of VFTC, trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Administrative fees related to the Trustees' administration of the Plan are paid by the Plan.

Certain employees and officers of the Company, who may also be participants in the Plan, perform administrative services to the Plan at no cost to the Plan.

G. Tax Status

In a letter dated May 28, 2014, the Internal Revenue Service ("IRS") has determined that the prototype plan qualifies under Section 401(a) of the IRC and is, therefore, not subject to tax under the present income tax law. The Plan is required to operate in conformity with the IRC to maintain its qualification. Although the Plan has been amended since receiving the prototype plan determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain positions that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

H. Delinquent Contributions

As required by ERISA Section 2510.3-102, the Company is required to segregate and remit employee contributions to the Plan from its general assets as soon as the funds can be reasonably segregated. For the years ended December 31, 2017 and 2016, there were pay periods in which contributions were not remitted on a timely basis. Contributions for these pay periods are considered a prohibited transaction. In 2018, the Company funded a qualified non-elective contribution ("QNEC") to the plan on behalf of two participants to fund 2017 late contributions and lost earnings. In 2019, the Company intends to compensate participants by making an interest payment for any lost earnings from the delay in contributions for the years ended December 31, 2017 and December 31, 2016.

In 2016, Foliage, Inc. 401(k) Plan merged into Altran North America 401(k) Plan. In 2018, the Company funded a QNEC to the plan to correct 2015 Foliage, Inc. 401(k) Plan late contributions with lost earnings. QNEC amount of $39,034 is included in other employer contributions in the accompanying financial statements. In 2019, the Company intends to compensate participants by making an interest payment for any lost earnings from the delay in contributions for the year ended December 31, 2016 by the former Foliage, Inc. 401(k) Plan.

I. Automatic Enrollment Failure

In 2016, the Company determined there was a failure to implement the Plan's automatic enrollment provision. Subsequent to year end, the Company, by using the IRS Employee Plans Compliance Resolution System, intends to correct the failure and fund contributions to the plan on behalf of the employees to replace the missed deferral opportunity.

J. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of financial statement amounts to Form 5500:

	Statement of Changes in Net Assets Available for Benefits		Statement of Net Assets Available for Benefits
December 31, 2018	Total Contributions	Net Change in Net Assets Available for Benefits	Net Assets Available for Benefits
Per the accompanying financial statements	$ 2,782,715	$ (11,180,987)	$ 45,535,292
Amounts recorded as contributions receivable in 2017 for accrual basis financial statements	81,275	81,275	-
Amounts recorded as contributions receivable in 2018 for accrual basis financial statements	(60,670)	(60,670)	(60,670)
Per Form 5500	$ 2,803,320	$ (11,160,382)	$ 45,474,622

At December 31, 2017, net assets available for benefits totaled $56,716,279, per the accompanying financial statements. Per the form 5500 the net assets available for benefits totaled, $56,635,004. The reconciling amount of $81,275 related to the contributions receivable as of December 31, 2017.

Altran North America 401(k) Plan

Schedule H, Line 4a-Schedule of Delinquent Participant Contributions

December 31, 2017

EIN # 04-2924909

Plan # 001

Participant Contributions Transferred Late to Plan		Total that Constitute Nonexempt Prohibited Transactions			Total Fully
Check here if Late Participant Loan Repayments are included: [x]		Contributions	Contributions	Contributions	Corrected Under
Date	Amount	Not Corrected	Corrected Outside of VFCP	Pending Correction in VFCP	VFCP and PTE 2002-51
January 13, 2017	$ 233,758	$ 233,758	$ -	$ -	$ -
March 15, 2017	201,691	200,876	815	-	-
June 15, 2017	20	20	-	-	-
December 6, 2017	7,145	7,145	-	-	-
December 8, 2017	2,338	2,338	-	-	-
December 15, 2017	94	-	94	-	-
December 22, 2017	2,089	2,089	-	-	-
	$ 447,135	$ 446,226	$ 909	$ -	$ -

See accompanying notes.

Altran North America 401(k) Plan

Schedule H, Line 4a-Schedule of Delinquent Participant Contributions

December 31, 2016

EIN # 04-2924909

Plan # 001

Participant Contributions Transferred Late to Plan		Total that Constitute Nonexempt Prohibited Transactions			Total Fully
Check here if Late Participant Loan Repayments are included: [x]		Contributions	Contributions	Contributions	Corrected Under
Date	Amount	Not Corrected	Corrected Outside of VFCP	Pending Correction in VFCP	VFCP and PTE 2002-51
March 22, 2016	$ 3,065	$ 3,065	$ -	$ -	$ -
April 1, 2016	197	197	-	-	-
April 15, 2016	98,475	98,475	-	-	-
April 25, 2016	147	147	-	-	-
May 2, 2016	636	636	-	-	-
May 9, 2016	255	255	-	-	-
May 13, 2016	210,707	210,707	-	-	-
June 2, 2016	144	144	-	-	-
August 1, 2016	29	29	-	-	-
August 4, 2016	212	212	-	-	-
September 6, 2016	24	24	-	-	-
September 7, 2016	162	162	-	-	-
October 7, 2016	1,250	1,250	-	-	-
October 20, 2016	1,909	1,909	-	-	-
December 16, 2016	420	420	-	-	-
	$ 317,632	$ 317,632	$ -	$ -	$ -

See accompanying notes.

Altran North America 401(k) Plan

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2018

EIN # 04-2924909

Plan # 001

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	American Funds Capital World Growth and Inc Fund; Class R-5	Mutual Fund	**	$ 210,521
	American Funds EuroPacific Growth Class R-5	Mutual Fund	**	163,229
	American Funds Growth Fund Of America (R5)	Mutual Fund	**	504,343
	Artisan Global Opportunities Fund; Advisor Class	Mutual Fund	**	28,239
	DFA US Small Cap Value Portfolio	Mutual Fund	**	66,124
	Delaware Emerging Markets Fund; Institutional Class	Mutual Fund	**	114,444
	Dodge & Cox Income Fund	Mutual Fund	**	592,938
	Dodge & Cox Stock Fund	Mutual Fund	**	259,366
	FPA Crescent Fund	Mutual Fund	**	152,074
	First Eagle Global Fund; Class I	Mutual Fund	**	351,649
	Harbor Capital Appreciation Fund, Institutional Class	Mutual Fund	**	1,061,722
	JPMorgan Mid Cap Growth Fund Class 1	Mutual Fund	**	304,407
	Loomis Sayles Strategic Income Fund; Class Y	Mutual Fund	**	117,291
	Oakmark International Fund; I Shares	Mutual Fund	**	206,787
	PRIMECAP Odyssey Growth Fund	Mutual Fund	**	236,330
	PRIMECAP Odyssey Stock Fund	Mutual Fund	**	275,958
	Putnam Equity Income Fund; Class Y	Mutual Fund	**	62,233
	TRP Personal Strat Balanced	Mutual Fund	**	12,099
	TRP Personal Strat Growth	Mutual Fund	**	57,674
	TRP Personal Strat Income	Mutual Fund	**	2,763
*	Vanguard 500 Index Fund Admiral Shares	Mutual Fund	**	1,773,848
*	Vanguard Equity Income Fund Admiral Shares	Mutual Fund	**	1,013,326
*	Vanguard Inflation-Protected Securities Fund: Adm Shares	Mutual Fund	**	76,353
*	Vanguard Intermediate-Term Bond Index Fund: Adm Shares	Mutual Fund	**	754,860
*	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund	**	555,293
*	Vanguard Prime Money Market Fund	Mutual Fund	**	1,717,231
*	Vanguard REIT Index Fund Admiral Shares	Mutual Fund	**	160,158
*	Vanguard Short-Term Investment-Grade Fund: Adm Shares	Mutual Fund	**	220,465
*	Vanguard Small-Cap Index Fund Admiral Shares	Mutual Fund	**	581,950
*	Vanguard Target Retirement 2015 Fund	Mutual Fund	**	1,135,405
*	Vanguard Target Retirement 2020 Fund	Mutual Fund	**	6,480,669
*	Vanguard Target Retirement 2025 Fund	Mutual Fund	**	8,099,747
*	Vanguard Target Retirement 2030 Fund	Mutual Fund	**	6,196,967
*	Vanguard Target Retirement 2035 Fund	Mutual Fund	**	4,166,279
*	Vanguard Target Retirement 2040 Fund	Mutual Fund	**	2,481,338
*	Vanguard Target Retirement 2045 Fund	Mutual Fund	**	1,483,116
*	Vanguard Target Retirement 2050 Fund	Mutual Fund	**	918,728
*	Vanguard Target Retirement 2055 Fund	Mutual Fund	**	750,177
*	Vanguard Target Retirement 2060 Fund	Mutual Fund	**	203,729
*	Vanguard Target Retirement Income	Mutual Fund	**	217,479
*	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual Fund	**	147,590
*	Vanguard Total International Stock Index Fund Admiral Shares	Mutual Fund	**	298,258
*	Vanguard Total Stock Market Index Fund Admiral Shares	Mutual Fund	**	1,165,573
	Participant Loans	4.25% - 9.25%	-0-	95,892
	Total			$ 45,474,622

* Party in interest

** The cost of participant directed investments is not required to be disclosed.

See accompanying notes.

Altran North America 401(k) Plan

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2018

EIN # 04-2924909

Plan # 001

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	American Funds Capital World Growth and Inc Fund; Class R-5	Mutual Fund	**	$ 210,521
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Altran North America 401(k) Plan

Schedule H, Line 4a-Schedule of Delinquent Participant Contributions

December 31, 2017

EIN # 04-2924909

Plan # 001

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Altran North America 401(k) Plan

Schedule H, Line 4a-Schedule of Delinquent Participant Contributions

December 31, 2016

EIN # 04-2924909

Plan # 001

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