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
GROUND SERVICES INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2017

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)
GROUND SERVICES INTERNATIONAL

5950 HAZELTINE NATIONAL DRIVE
ORLANDO, FL 32832

2b Employer Identification Number (EIN)
20-8137064

2c Plan Sponsor's telephone number
734-947-4090

2d Business code (see instructions)
481000

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.	05/01/2020	LISA BELL
	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**	3310
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)**	3309
a(2) Total number of active participants at the end of the plan year	**6a(2)**	3475
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	501
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3976
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	3976
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1984
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	226
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 3H

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)	[ ] Insurance	**(1)**	[ ] 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)** [ ] 0 **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
GROUND SERVICES INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-8137064

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

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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)

PAYCHEX, INC.

911 PANORAMA TRAIL S
ROCHESTER, NY 14625

16-1124166

(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	RECORDKEEPER	14286	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

(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 [ ]

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
(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.	

(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.	

(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
GROUND SERVICES INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-8137064

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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	459712	21469
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3926	21948
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	1265	65135
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	715910	2883519
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	1180813	2992071
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	154358
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	154358
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1180813	2837713

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)	724819	
	(B) Participants	2a(1)(B)	1272297	
	(C) Others (including rollovers)	2a(1)(C)	32304	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2029420
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	242	
	(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)	1061	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1303
	(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)	120608	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		120608
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-352416
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1798915
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	118007	
(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)		118007
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	24008	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		24008
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		142015
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1656900
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)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SCHLAUPITZ MADHAVAN **(2)** EIN: 75-3148637

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		16008
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		3000000
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		X	

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
GROUND SERVICES INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-8137064

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): 16-1470238

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):



GROUND SERVICES INTERNATIONAL 401(k) PROFIT SHARING PLAN AND TRUST PLAN NUMBER 001

AUDITED FINANCIAL STATEMENTS

Year Ended
December 31, 2018

GROUND SERVICES INTERNATIONAL 401(k) PROFIT SHARING PLAN AND TRUST
PLAN NUMBER 001

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Schlaupitz Madhavan
AUDIT | TAX | ADVISORS

Independent Auditor's Report

To Plan Management of the
Ground Services International 401(k) Profit Sharing Plan and Trust
Plan Number 001

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ground Services International 401(k) Profit Sharing Plan and Trust (Plan Number 001) (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018, and the related statements of changes in net assets available for benefits for the year 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 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 on the 2018 Financial Statements

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 4, which was certified by Mid Atlantic 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 year ended December 31, 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2018 Financial Statements

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.

Report on Compiled 2017 Financial Statements

Plan management is responsible for the accompanying financial statements of Ground Services International 401(k) Profit Sharing Plan and Trust, which comprises the statement of net assets available for benefits as of December 31, 2017. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by Plan management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statement.

Other Matter

The supplemental schedules of delinquent participant contributions and assets (held at end of year), as of 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 is 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.

Schlaupitz Madhavan, P.C.

April 29, 2020

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018 AND 2017

	2018	2017
ASSETS		
Participant directed investments, at fair value		
Money market fund	$ 21,948	$ 3,926
Mutual funds	2,883,519	715,910
Total participant directed investments, at fair value	2,905,467	719,836
Receivables:		
Employer contributions	21,469	459,712
Notes receivable - participants	65,135	1,265
Total receivables	86,604	460,977
Total Assets	**$ 2,992,071**	**$ 1,180,813**
Liabilities		
Excess contributions payable (equal to total liabilities)	154,358	-
Net assets available for benefits	**$ 2,837,713**	**$ 1,180,813**

The accompanying notes are an integral part of these financial statements

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2018

Additions	
Additions to net assets attributed to:	
Investment income:	
Dividends and interest	$ 120,850
Interest - notes receivable from participants	1,061
Contributions:	
Participants	1,272,297
Employer	724,819
Rollovers	32,304
Total contributions	2,029,420
Total additions	2,151,331
Deductions from net assets attributed to:	
Net depreciation in fair value on investments	352,416
Benefits paid to participants or beneficiaries	118,007
Administration expenses and other expenses	24,008
Total deductions	494,431
Net increase	1,656,900
Net assets available for benefits - beginning of year	1,180,813
Net assets available for benefits - end of year	**$ 2,837,713**

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2018 (AUDITED) AND AS OF DECEMBER 31, 2017 (COMPILED)

NOTE 1 – PLAN DESCRIPTION

The Following description of Ground Services International 401(k) Profit Sharing Plan and Trust (Plan Number 001) (the "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 plan covering substantially all employees of Ground Services International (the "Company") and the adopting employers of the Plan, who have completed six consecutive months of service, and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – Each year, participants may contribute an amount equal to a specified percentage between 1% and 92% (in increments of 1%) of eligible compensation, as defined in the Plan, not to exceed limits imposed by the Internal Revenue Code. Salary deferrals consist of pre-tax and Roth 401(k) contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover).

The Plan was effective January 1, 2017. From the effective date of the Plan through April 30, 2018, newly eligible participants were automatically in the Plan under a Qualified Automatic Contribution Arrangement (QACA) unless they affirmatively elected not to participate in the Plan. Automatically enrolled participants had their deferral rate set at 3 percent of eligible compensation and their contributions invested in a designated fund until changed by the participant. For the period January 1, 2017 through April 30, 2018, the Company made safe harbor matching contributions equal to 100% up to the first 1% of the participant's elective deferral percentage plus 50% of the participant's elective deferral percentage greater than 1% but less than or equal to 5% of such participant's elective deferral percentage. Effective May 1, 2018, Plan management amended the Plan to remove the automatic enrollment provision. Additionally, Plan management replaced the safe harbor matching contribution with an employer matching contribution equal to 50% of the participant's elective deferral percentage less than or equal to 10%. In addition, from the effective date of the Plan, a discretionary profit sharing contribution and/or a discretionary qualified non-elective contribution may be contributed at the option of Plan management to eligible participants. During the year ended December 31, 2018, the Company made safe harbor matching contributions of $319,205 and employer matching contributions of $405,614. The Company did not make any discretionary profit sharing contributions and discretionary qualified non-elective contribution in 2018.

Participants direct the investment of all contributions into various investment options offered by the Plan. The Plan currently offers a money market fund and various mutual funds.

Participant Accounts - Each participant's account is credited with the participant's contributions, the Company's safe harbor matching contribution, the employer matching contribution, and allocations of (a) the Company's discretionary profit sharing contribution (when made), (b) the Company's discretionary qualified non-elective contribution (when made), and (c) Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan and Plan losses. Allocations are based on participants' compensation, account balances, or specific participant transactions as defined by the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2018 (AUDITED) AND AS OF DECEMBER 31, 2017 (COMPILED)

NOTE 1 – PLAN DESCRIPTION (CONTINUED)

Vesting - Participants are immediately vested in their contributions and any qualified non-elective contributions plus actual earnings thereon. Vesting in the Company's safe harbor matching contribution, employer matching contribution, and the Company's discretionary profit sharing portions of their accounts are based on years of continuous service.

The safe harbor matching contributions were QACA ADP test safe harbor contributions in which participants were 100% vested after two years of vesting service. Vesting in the employers matching contribution portion of their accounts plus earnings thereon is based on years of continuous service beginning at 25 percent after two years of service and increasing 25 percent for each year of continuous service thereafter. The participant is 100 percent vested in employer matching contributions after five years of credited service. Vesting in the Company's discretionary profit sharing contribution portion of their accounts plus earnings thereon is based on years of continuous service beginning at 20 percent after two years of service and increasing 20 percent for each year of continuous service thereafter. The participant is 100 percent vested in the Company's discretionary profit sharing contribution after six years of credited service.

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of $1,000 up to maximum equal to the lessor of $50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account. The loan interest is determined on the day the loan is issued and is set at the prime rate plus 1%. As of December 31, 2018, effective rates ranged from 5.25% to 6.25%. Principal and interest is paid ratably through payroll deductions.

Excess Contributions Payable – Amounts payable to the Company for excess matching contributions. These are recorded as a liability with a corresponding reduction to employer contributions.

Payment of Benefits - Distributions are payable upon the retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installment payments over a designated period of time. A participant who has attained age 59½ may request a withdrawal of all or a portion of his or her vested account balance or various installment annuities.

Forfeited Accounts – At December 31, 2018, forfeited nonvested accounts totaled $4,966. These accounts may first be used to pay administrative expenses of the Plan and then used to restore participant's individual accounts (if any). Any remaining forfeitures may be used to reduce the Company's contribution or reallocated to participant accounts on a pro-rata basis as defined in the Plan agreement. During the year ended December 31, 2018, $13,789 was used to pay certain administrative expenses of the Plan. There were no forfeited nonvested accounts at December 31, 2017.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements of the Plan are prepared using the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan management to make estimates and assumptions that affect the reported amount of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2018 (AUDITED) AND AS OF DECEMBER 31, 2017 (COMPILED)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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. The Plan administrator determines the Plan's valuation policies. See Note 3 for discussion of fair value measurements.

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 aggregate gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants – Note receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2018 and 2017, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Payment of Benefits - Benefits are recorded when paid.

Expenses – Certain expenses of the maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments. Fees for custodial and record keeping services are paid by the Plan. Fees for the administration of notes receivables from participants and distribution costs are charged directly to the participant's account.

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Plan management determines the Plan's valuation policies. Although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority.

Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1).

Level 3 inputs are unobservable and have the lowest priority.

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2018 (AUDITED) AND AS OF DECEMBER 31, 2017 (COMPILED)

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan uses appropriate valuation techniques based on he available inputs to measure the fair value of its investment. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented.

Level 1 Fair Value Measurements:

Money market fund: Shares held in the money market fund are comprised of short term, high quality money market securities issued by the U.S. government. The compositions of the securities is structured to maintain a value of $1 per share.

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 fund 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.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2018 and 2017.

	Fair Value Measurements at the End of the Reporting Period Using:	
	Fair Value	Quoted Prices in Actvie Markets for Identical Asset (Level 1)
December 31, 2018		
Money market fund	$ 21,948	$ 21,948
Mutual funds	2,883,519	2,883,519
	$ 2,905,467	$ 2,905,467
December 31, 2017		
Money market fund	$ 3,926	$ 3,926
Mutual funds	715,910	715,910
	$ 719,836	$ 719,836

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2018 (AUDITED) AND AS OF DECEMBER 31, 2017 (COMPILED)

NOTE 4 –INFORMATION CERTIFIED BY THE TRUSTEE

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mid Atlantic Trust Company, as trustee, has certified the completeness and accuracy of the investment information reflected on (1) the accompanying statements of net assets available for benefits as of December 31, 2018 and 2017, and (2) the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2018. Mid Atlantic Trust Company has also certified the completeness and accuracy of the investments reflected in Schedule H, line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2018.

NOTE 5 – RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST

Fees paid by the Plan for investment management services are included in net depreciation in fair value of investments, as they are paid through revenue sharing rather than a direct payment. The Plan made direct payments to the trustee, record keeper and investment advisor totaling $24,008, for the year ended December 31, 2018, which was not covered by revenue sharing. All these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, 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 Plan termination, participants would become 100% vested in all employer contributions.

NOTE 7 – TAX STATUS

The Plan is based on the Prototype Non-Standardized Profit Sharing Plan (Prototype Plan) of Paychex Inc, which received an opinion letter from the Internal Revenue Service (IRS) dated April 10, 2014, stating that the Prototype Plan was designed in accordance with the provisions of the Internal Revenue Code (IRC). The Plan has not filed for its own determination letter from the IRS. The Plan has been amended since the date of the opinion letter. However, the Plan management believes the Plan is designed to operate in compliance with the applicable requirements of the IRC. Therefore, Plan management believes the Plan is qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positons taken by the Plan and recognize a tax liability for any uncertain position 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.

NOTE 8 – 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 statement of net assets available for benefits.

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2018 (AUDITED) AND AS OF DECEMBER 31, 2017 (COMPILED)

NOTE 9 – SUBSEQUENT EVENTS

In preparing the accompanying financial statements, Plan management has evaluated for potential recognition or disclosure, significant events or transactions that occurred during the period subsequent to December 31, 2018, through April 29, 2020, the date these financial statements were available to be issued.

Subsequent to December 31, 2018, Plan management amended the Plan to remove the employer matching contribution provision equal to 50% of the participant's elective deferral percentage less than or equal to 10% beginning in April 2020.

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4a – SCHEUDLE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
EIN 20-8137064, PLAN NUMBER: 001
DECEMBER 31, 2018

Participant contributions transferred late to plan	Total that constitute nonexempt prohibited transactions			
Check here if late participant loan repayments are included: ☐	Contributions not corrected	Contributions Corrected outside VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
May 18, 2018	$ 5,536	$ -	$ -	$ -
May 25, 2018	5,168	-	-	-
June 1, 2018	5,304	-	-	-
Total	$ 16,008	$ -	$ -	$ -

SCHEDULE H, LINE 4i – SCHEUDLE OF ASSETS HELD AT END OF YEAR
EIN 20-8137064, PLAN NUMBER: 001
DECEMBER 31, 2018

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Money Market Fund:			
	Vanguard	Vanguard Federal Money Market Fund Investor Shares		$ 21,948
	Mutual Funds:			
	Dimensional Fund Advisors	DFA U.S. Small Cap Value Portfolio Institutional Class		1,535
	Dimensional Fund Advisors	DFA Real Estate Securities Portfolio Institutional Class		12,688
	Dimensional Fund Advisors	DFA U.S. Small Cap Portfolio Institutional Class		5,265
	Delaware Funds	Delaware Value Fund Institutional Class		8,744
	Parnassus	Parnassus Mid Cap Fund Institutional Shares		229
	Parnassus	Parnassus Endeavor Fund Investor Shares		9,669
	Parnassus	Parnassus Core Equity Fund - Institutional Shares		2,242
	Vanguard	Vanguard Mid-Cap Growth Index Fund Admiral Shares		9,188
	Vanguard	Vanguard 500 Index Fund Admiral Shares		17,011
	Vanguard	Vanguard Total Stock Market Index Fund Admiral Shares		5,275
	Victory	Victory Sycamore Established Value Fund Class I		5,305
	Virtus	Virtus KAR Small-Cap Growth Fund Class I		10,625
	Dimensional Fund Advisors	DFA International Small Company Portfolio Institutional Class		5,742
	American Funds	American Funds EuroPacific Growth Fund Class R-6		5,169
	American Funds	American Funds International Growth And Income Fund Class R-6		14,009
	American Funds	American Funds New World Fund Class R-6		37,286
	Pear Tree Funds	Pear Tree Polaris Foreign Value Fund Class Institutional		5,281
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	Lord Abbett	Lord Abbett Short Duration Income Fund Class R6		1,887
	Lord Abbett	Lord Abbett High Yield Fund Class R6		1,114
	Metropolitan West Funds	Metropolitan West Total Return Bond Fund Class I		3,445
	PIMCO	PIMCO Long Duration Total Return Fund Class I-2		4,327
	Franklin Templeton	Templeton Global Bond Fund Advisor Class		3,466
	T. Rowe Price	T. Rowe Price Retirement I 2005 Fund I Class		8,088
	T. Rowe Price	T, Rowe Price Retirement I 2010 Fund I Class		2,123
	T. Rowe Price	T. Rowe Price Retirement I 2015 Fund I Class		46,226
	T. Rowe Price	T. Rowe Price Retirement I 2020 Fund I Class		129,865
	T. Rowe Price	T. Rowe Price Retirement I 2025 Fund I Class		248,708
	T. Rowe Price	T. Rowe Price Retirement I 2030 Fund I Class		367,028
	T. Rowe Price	T. Rowe Price Retirement I 2035 Fund I Class		252,376

Column (a) includes an "*" if there is a party-in-interest as defined by ERISA.
Column (d) is blank as all investments are participant directed.

SCHEDULE H, LINE 4i – SCHEUDLE OF ASSETS HELD AT END OF YEAR
EIN 20-8137064, PLAN NUMBER: 001
DECEMBER 31, 2018

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Mutual Funds (Continued):			
	T. Rowe Price	T. Rowe Price Retirement I 2040 Fund I Class		241,392
	T. Rowe Price	T. Rowe Price Retirement I 2045 Fund I Class		316,597
	T. Rowe Price	T. Rowe Price Retirement I 2050 Fund I Class		317,948
	T. Rowe Price	T. Rowe Price Retirement I 2055 Fund I Class		423,190
	T. Rowe Price	T. Rowe Price Retirement I 2060 Fund I Class		283,762
	Vanguard	Vanguard LifeStrategy Conservative Growth Fund Investor Shares		1,890
	Vanguard	Vanguard LifeStrategy Income Fund Investor Shares		172
	Vanguard	Vanguard LifeStrategy Moderate Growth Fund Investor		17,946
	Vanguard	Vanguard LifeStrategy Growth Fund Investor Shares		47,469
	Subtotal - Mutual Funds			2,883,519
*	Participant Loans	Notes Receivable - Participants Bearing Interest rates of 5.25% to 6.25%	-0-	65,135
	Total			$ 2,970,602

Column (a) includes an "*" if there is a party-in-interest as defined by ERISA.
Column (d) is blank as all investments are participant directed.



GROUND SERVICES INTERNATIONAL 401(k) PROFIT SHARING PLAN AND TRUST PLAN NUMBER 001

AUDITED FINANCIAL STATEMENTS

Year Ended
December 31, 2018

GROUND SERVICES INTERNATIONAL 401(k) PROFIT SHARING PLAN AND TRUST
PLAN NUMBER 001

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FINANCIAL STATEMENTS

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Schlaupitz Madhavan
AUDIT | TAX | ADVISORS

Independent Auditor's Report

To Plan Management of the
Ground Services International 401(k) Profit Sharing Plan and Trust
Plan Number 001

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ground Services International 401(k) Profit Sharing Plan and Trust (Plan Number 001) (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018, and the related statements of changes in net assets available for benefits for the year 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 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 on the 2018 Financial Statements

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 4, which was certified by Mid Atlantic 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 year ended December 31, 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2018 Financial Statements

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.

Report on Compiled 2017 Financial Statements

Plan management is responsible for the accompanying financial statements of Ground Services International 401(k) Profit Sharing Plan and Trust, which comprises the statement of net assets available for benefits as of December 31, 2017. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by Plan management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statement.

Other Matter

The supplemental schedules of delinquent participant contributions and assets (held at end of year), as of 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 is 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.

Schlaupitz Madhavan, P.C.

April 29, 2020

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018 AND 2017

	2018	2017
ASSETS		
Participant directed investments, at fair value		
Money market fund	$ 21,948	$ 3,926
Mutual funds	2,883,519	715,910
Total participant directed investments, at fair value	2,905,467	719,836
Receivables:		
Employer contributions	21,469	459,712
Notes receivable - participants	65,135	1,265
Total receivables	86,604	460,977
Total Assets	**$ 2,992,071**	**$ 1,180,813**
Liabilities		
Excess contributions payable (equal to total liabilities)	154,358	-
Net assets available for benefits	**$ 2,837,713**	**$ 1,180,813**

The accompanying notes are an integral part of these financial statements

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2018

Additions	
Additions to net assets attributed to:	
Investment income:	
Dividends and interest	$ 120,850
Interest - notes receivable from participants	1,061
Contributions:	
Participants	1,272,297
Employer	724,819
Rollovers	32,304
Total contributions	2,029,420
Total additions	2,151,331
Deductions from net assets attributed to:	
Net depreciation in fair value on investments	352,416
Benefits paid to participants or beneficiaries	118,007
Administration expenses and other expenses	24,008
Total deductions	494,431
Net increase	1,656,900
Net assets available for benefits - beginning of year	1,180,813
Net assets available for benefits - end of year	**$ 2,837,713**

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2018 (AUDITED) AND AS OF DECEMBER 31, 2017 (COMPILED)

NOTE 1 – PLAN DESCRIPTION

The Following description of Ground Services International 401(k) Profit Sharing Plan and Trust (Plan Number 001) (the "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 plan covering substantially all employees of Ground Services International (the "Company") and the adopting employers of the Plan, who have completed six consecutive months of service, and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – Each year, participants may contribute an amount equal to a specified percentage between 1% and 92% (in increments of 1%) of eligible compensation, as defined in the Plan, not to exceed limits imposed by the Internal Revenue Code. Salary deferrals consist of pre-tax and Roth 401(k) contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover).

The Plan was effective January 1, 2017. From the effective date of the Plan through April 30, 2018, newly eligible participants were automatically in the Plan under a Qualified Automatic Contribution Arrangement (QACA) unless they affirmatively elected not to participate in the Plan. Automatically enrolled participants had their deferral rate set at 3 percent of eligible compensation and their contributions invested in a designated fund until changed by the participant. For the period January 1, 2017 through April 30, 2018, the Company made safe harbor matching contributions equal to 100% up to the first 1% of the participant's elective deferral percentage plus 50% of the participant's elective deferral percentage greater than 1% but less than or equal to 5% of such participant's elective deferral percentage. Effective May 1, 2018, Plan management amended the Plan to remove the automatic enrollment provision. Additionally, Plan management replaced the safe harbor matching contribution with an employer matching contribution equal to 50% of the participant's elective deferral percentage less than or equal to 10%. In addition, from the effective date of the Plan, a discretionary profit sharing contribution and/or a discretionary qualified non-elective contribution may be contributed at the option of Plan management to eligible participants. During the year ended December 31, 2018, the Company made safe harbor matching contributions of $319,205 and employer matching contributions of $405,614. The Company did not make any discretionary profit sharing contributions and discretionary qualified non-elective contribution in 2018.

Participants direct the investment of all contributions into various investment options offered by the Plan. The Plan currently offers a money market fund and various mutual funds.

Participant Accounts - Each participant's account is credited with the participant's contributions, the Company's safe harbor matching contribution, the employer matching contribution, and allocations of (a) the Company's discretionary profit sharing contribution (when made), (b) the Company's discretionary qualified non-elective contribution (when made), and (c) Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan and Plan losses. Allocations are based on participants' compensation, account balances, or specific participant transactions as defined by the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2018 (AUDITED) AND AS OF DECEMBER 31, 2017 (COMPILED)

NOTE 1 – PLAN DESCRIPTION (CONTINUED)

Vesting - Participants are immediately vested in their contributions and any qualified non-elective contributions plus actual earnings thereon. Vesting in the Company's safe harbor matching contribution, employer matching contribution, and the Company's discretionary profit sharing portions of their accounts are based on years of continuous service.

The safe harbor matching contributions were QACA ADP test safe harbor contributions in which participants were 100% vested after two years of vesting service. Vesting in the employers matching contribution portion of their accounts plus earnings thereon is based on years of continuous service beginning at 25 percent after two years of service and increasing 25 percent for each year of continuous service thereafter. The participant is 100 percent vested in employer matching contributions after five years of credited service. Vesting in the Company's discretionary profit sharing contribution portion of their accounts plus earnings thereon is based on years of continuous service beginning at 20 percent after two years of service and increasing 20 percent for each year of continuous service thereafter. The participant is 100 percent vested in the Company's discretionary profit sharing contribution after six years of credited service.

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of $1,000 up to maximum equal to the lessor of $50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account. The loan interest is determined on the day the loan is issued and is set at the prime rate plus 1%. As of December 31, 2018, effective rates ranged from 5.25% to 6.25%. Principal and interest is paid ratably through payroll deductions.

Excess Contributions Payable – Amounts payable to the Company for excess matching contributions. These are recorded as a liability with a corresponding reduction to employer contributions.

Payment of Benefits - Distributions are payable upon the retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installment payments over a designated period of time. A participant who has attained age 59½ may request a withdrawal of all or a portion of his or her vested account balance or various installment annuities.

Forfeited Accounts – At December 31, 2018, forfeited nonvested accounts totaled $4,966. These accounts may first be used to pay administrative expenses of the Plan and then used to restore participant's individual accounts (if any). Any remaining forfeitures may be used to reduce the Company's contribution or reallocated to participant accounts on a pro-rata basis as defined in the Plan agreement. During the year ended December 31, 2018, $13,789 was used to pay certain administrative expenses of the Plan. There were no forfeited nonvested accounts at December 31, 2017.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements of the Plan are prepared using the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan management to make estimates and assumptions that affect the reported amount of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2018 (AUDITED) AND AS OF DECEMBER 31, 2017 (COMPILED)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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. The Plan administrator determines the Plan's valuation policies. See Note 3 for discussion of fair value measurements.

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 aggregate gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants – Note receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2018 and 2017, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Payment of Benefits - Benefits are recorded when paid.

Expenses – Certain expenses of the maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments. Fees for custodial and record keeping services are paid by the Plan. Fees for the administration of notes receivables from participants and distribution costs are charged directly to the participant's account.

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Plan management determines the Plan's valuation policies. Although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority.

Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1).

Level 3 inputs are unobservable and have the lowest priority.

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2018 (AUDITED) AND AS OF DECEMBER 31, 2017 (COMPILED)

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan uses appropriate valuation techniques based on he available inputs to measure the fair value of its investment. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented.

Level 1 Fair Value Measurements:

Money market fund: Shares held in the money market fund are comprised of short term, high quality money market securities issued by the U.S. government. The compositions of the securities is structured to maintain a value of $1 per share.

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 fund 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.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2018 and 2017.

	Fair Value Measurements at the End of the Reporting Period Using:	
	Fair Value	Quoted Prices in Actvie Markets for Identical Asset (Level 1)
December 31, 2018		
Money market fund	$ 21,948	$ 21,948
Mutual funds	2,883,519	2,883,519
	$ 2,905,467	$ 2,905,467
December 31, 2017		
Money market fund	$ 3,926	$ 3,926
Mutual funds	715,910	715,910
	$ 719,836	$ 719,836

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2018 (AUDITED) AND AS OF DECEMBER 31, 2017 (COMPILED)

NOTE 4 –INFORMATION CERTIFIED BY THE TRUSTEE

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mid Atlantic Trust Company, as trustee, has certified the completeness and accuracy of the investment information reflected on (1) the accompanying statements of net assets available for benefits as of December 31, 2018 and 2017, and (2) the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2018. Mid Atlantic Trust Company has also certified the completeness and accuracy of the investments reflected in Schedule H, line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2018.

NOTE 5 – RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST

Fees paid by the Plan for investment management services are included in net depreciation in fair value of investments, as they are paid through revenue sharing rather than a direct payment. The Plan made direct payments to the trustee, record keeper and investment advisor totaling $24,008, for the year ended December 31, 2018, which was not covered by revenue sharing. All these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, 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 Plan termination, participants would become 100% vested in all employer contributions.

NOTE 7 – TAX STATUS

The Plan is based on the Prototype Non-Standardized Profit Sharing Plan (Prototype Plan) of Paychex Inc, which received an opinion letter from the Internal Revenue Service (IRS) dated April 10, 2014, stating that the Prototype Plan was designed in accordance with the provisions of the Internal Revenue Code (IRC). The Plan has not filed for its own determination letter from the IRS. The Plan has been amended since the date of the opinion letter. However, the Plan management believes the Plan is designed to operate in compliance with the applicable requirements of the IRC. Therefore, Plan management believes the Plan is qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positons taken by the Plan and recognize a tax liability for any uncertain position 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.

NOTE 8 – 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 statement of net assets available for benefits.

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2018 (AUDITED) AND AS OF DECEMBER 31, 2017 (COMPILED)

NOTE 9 – SUBSEQUENT EVENTS

In preparing the accompanying financial statements, Plan management has evaluated for potential recognition or disclosure, significant events or transactions that occurred during the period subsequent to December 31, 2018, through April 29, 2020, the date these financial statements were available to be issued.

Subsequent to December 31, 2018, Plan management amended the Plan to remove the employer matching contribution provision equal to 50% of the participant's elective deferral percentage less than or equal to 10% beginning in April 2020.

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4a – SCHEUDLE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
EIN 20-8137064, PLAN NUMBER: 001
DECEMBER 31, 2018

Participant contributions transferred late to plan	Total that constitute nonexempt prohibited transactions			
Check here if late participant loan repayments are included: ☐	Contributions not corrected	Contributions Corrected outside VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
May 18, 2018	$ 5,536	$ -	$ -	$ -
May 25, 2018	5,168	-	-	-
June 1, 2018	5,304	-	-	-
Total	$ 16,008	$ -	$ -	$ -

SCHEDULE H, LINE 4i – SCHEUDLE OF ASSETS HELD AT END OF YEAR
EIN 20-8137064, PLAN NUMBER: 001
DECEMBER 31, 2018

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Money Market Fund:			
	Vanguard	Vanguard Federal Money Market Fund Investor Shares		$ 21,948
	Mutual Funds:			
	Dimensional Fund Advisors	DFA U.S. Small Cap Value Portfolio Institutional Class		1,535
	Dimensional Fund Advisors	DFA Real Estate Securities Portfolio Institutional Class		12,688
	Dimensional Fund Advisors	DFA U.S. Small Cap Portfolio Institutional Class		5,265
	Delaware Funds	Delaware Value Fund Institutional Class		8,744
	Parnassus	Parnassus Mid Cap Fund Institutional Shares		229
	Parnassus	Parnassus Endeavor Fund Investor Shares		9,669
	Parnassus	Parnassus Core Equity Fund - Institutional Shares		2,242
	Vanguard	Vanguard Mid-Cap Growth Index Fund Admiral Shares		9,188
	Vanguard	Vanguard 500 Index Fund Admiral Shares		17,011
	Vanguard	Vanguard Total Stock Market Index Fund Admiral Shares		5,275
	Victory	Victory Sycamore Established Value Fund Class I		5,305
	Virtus	Virtus KAR Small-Cap Growth Fund Class I		10,625
	Dimensional Fund Advisors	DFA International Small Company Portfolio Institutional Class		5,742
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	Lord Abbett	Lord Abbett High Yield Fund Class R6		1,114
	Metropolitan West Funds	Metropolitan West Total Return Bond Fund Class I		3,445
	PIMCO	PIMCO Long Duration Total Return Fund Class I-2		4,327
	Franklin Templeton	Templeton Global Bond Fund Advisor Class		3,466
	T. Rowe Price	T. Rowe Price Retirement I 2005 Fund I Class		8,088
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	T. Rowe Price	T. Rowe Price Retirement I 2015 Fund I Class		46,226
	T. Rowe Price	T. Rowe Price Retirement I 2020 Fund I Class		129,865
	T. Rowe Price	T. Rowe Price Retirement I 2025 Fund I Class		248,708
	T. Rowe Price	T. Rowe Price Retirement I 2030 Fund I Class		367,028
	T. Rowe Price	T. Rowe Price Retirement I 2035 Fund I Class		252,376

Column (a) includes an "*" if there is a party-in-interest as defined by ERISA.
Column (d) is blank as all investments are participant directed.

SCHEDULE H, LINE 4i – SCHEUDLE OF ASSETS HELD AT END OF YEAR
EIN 20-8137064, PLAN NUMBER: 001
DECEMBER 31, 2018

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Mutual Funds (Continued):			
	T. Rowe Price	T. Rowe Price Retirement I 2040 Fund I Class		241,392
	T. Rowe Price	T. Rowe Price Retirement I 2045 Fund I Class		316,597
	T. Rowe Price	T. Rowe Price Retirement I 2050 Fund I Class		317,948
	T. Rowe Price	T. Rowe Price Retirement I 2055 Fund I Class		423,190
	T. Rowe Price	T. Rowe Price Retirement I 2060 Fund I Class		283,762
	Vanguard	Vanguard LifeStrategy Conservative Growth Fund Investor Shares		1,890
	Vanguard	Vanguard LifeStrategy Income Fund Investor Shares		172
	Vanguard	Vanguard LifeStrategy Moderate Growth Fund Investor		17,946
	Vanguard	Vanguard LifeStrategy Growth Fund Investor Shares		47,469
	Subtotal - Mutual Funds			2,883,519
*	Participant Loans	Notes Receivable - Participants Bearing Interest rates of 5.25% to 6.25%	-0-	65,135
	Total			$ 2,970,602

Column (a) includes an "*" if there is a party-in-interest as defined by ERISA.
Column (d) is blank as all investments are participant directed.