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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MII ASSOCIATES' RETIREMENT SAVINGS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 010

1c Effective date of plan 12/10/1986

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)
MITEK USA, INC.

16023 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO 63017

2b Employer Identification Number (EIN)
43-1531931

2c Plan Sponsor's telephone number
314-434-1200

2d Business code (see instructions)
332900

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.	09/18/2020	LISA M TYREE
	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**	3188
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)**	2786
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2861
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	479
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3340
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	20
f Total. Add lines **6d** and **6e**.	**6f**	3360
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	3283
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	63
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3H 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] 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)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
MII ASSOCIATES' RETIREMENT SAVINGS 401(K) PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
MITEK USA, INC.

D Employer Identification Number (EIN)
43-1531931

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

VANGUARD

23-1945930

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

AMERICAN FUNDS

95-1411037

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

AMERICAN BEACON

75-2401150

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

JP MORGAN

13-2624428

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

BLACKROCK

04-6171663

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

DODGE & COX

94-1441976

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

BRANDES

33-0635360

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

STATE STREET GLOBAL ADVISORS

42-1704580

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

OAKMARK

04-3276558

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

SCHWAB FUNDS

94-3106735

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

IVY FUNDS

04-6006759

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

FIDELITY INVESTMENTS

06-1194217

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)

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 62 64	SERVICE PROVIDER	44541	Yes [X] No [ ]	Yes [X] No [ ]	0	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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
MII ASSOCIATES' RETIREMENT SAVINGS 401(K) PLAN

B Three-digit plan number (PN) ▶ 010

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MITEK USA, INC.

D Employer Identification Number (EIN)
43-1531931

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN FUND N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-6202499-001	C	17668647

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL INDEX NL SF CL C

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-166	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL SMALL CAP

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-180	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: S & P 500 (R) INDEX SL

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-306	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIRT 2010

b Name of sponsor of entity listed in (a): CHARLES SCHWAB

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625169-011	C	1914405

a Name of MTIA, CCT, PSA, or 103-12 IE: SIRT 2020

b Name of sponsor of entity listed in (a): CHARLES SCHWAB

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625169-013	C	12419831

a Name of MTIA, CCT, PSA, or 103-12 IE: SIRT 2030

b Name of sponsor of entity listed in (a): CHARLES SCHWAB

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625169-015	C	20789736

a Name of MTIA, CCT, PSA, or 103-12 IE: SIRT 2040

b Name of sponsor of entity listed in (a): CHARLES SCHWAB

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625169-017	C	14387467

a Name of MTIA, CCT, PSA, or 103-12 IE: SIRT 2050

b Name of sponsor of entity listed in (a): CHARLES SCHWAB

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625169-019	C	9100031

a Name of MTIA, CCT, PSA, or 103-12 IE: SIRT 2060

b Name of sponsor of entity listed in (a): CHARLES SCHWAB

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625169-022	C	2500216

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT ADVOCATE AGG

b Name of sponsor of entity listed in (a): TD AMERITRADE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-0937408-222	C	13891978

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT ADVOCATE CON

b Name of sponsor of entity listed in (a): TD AMERITRADE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-0937408-218	C	8554226

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT ADVOCATE MOD CON

b Name of sponsor of entity listed in (a): TD AMERITRADE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-0937408-219	C	9060381

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT ADVOCATE MOD AGG

b Name of sponsor of entity listed in (a): TD AMERITRADE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-0937408-221	C	47518732

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT ADVOCATE MOD

b Name of sponsor of entity listed in (a): TD AMERITRADE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-0937408-220	C	27170497

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL TR IRM CORE BD

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6567224-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB 2025

b Name of sponsor of entity listed in (a): CHARLES SCHWAB

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625169-007	C	710172

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB 2035

b Name of sponsor of entity listed in (a): CHARLES SCHWAB

c EIN-PN 81-0625169-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 893752

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB 2045

b Name of sponsor of entity listed in (a): CHARLES SCHWAB

c EIN-PN 81-0625169-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 787376

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB 2055

b Name of sponsor of entity listed in (a): CHARLES SCHWAB

c EIN-PN 81-0625169-020	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 265472

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB 2015

b Name of sponsor of entity listed in (a): CHARLES SCHWAB

c EIN-PN 81-0625169-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92092

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND

b Name of sponsor of entity listed in (a): INCOME RESEARCH + MANAGEMENT

c EIN-PN 04-2955404-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4250884

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
MII ASSOCIATES' RETIREMENT SAVINGS 401(K) PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
MITEK USA, INC.

D Employer Identification Number (EIN)
43-1531931

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	42000	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7295718	8138481
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	5908549	6313653
(9) Value of interest in common/collective trusts	1c(9)	181661817	191975895
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	48297852	79518852
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	243205936	285946881
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	243205936	285946881

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)	15081000	
	(B) Participants	2a(1)(B)	13056461	
	(C) Others (including rollovers)	2a(1)(C)	1689811	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		29827272
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	332120	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		332120
	(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)	985548	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		985548
	(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)		32413437
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		12816574
c Other income	2c		14917
d Total income. Add all **income** amounts in column (b) and enter total	2d		76389868
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	36051436	
(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)		36051436
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		34797
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	23641	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		23641
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		36109874
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		40279994
l Transfers of assets:			
(1) To this plan	2l(1)		2460951
(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) ☐ Unmodified **(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: SCHMERSAHL TRELOAR & CO **(2)** EIN: 43-1540459

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	
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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
MII ASSOCIATES' RETIREMENT SAVINGS 401(K) PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
MITEK USA, INC.

D Employer Identification Number (EIN)
43-1531931

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 41-6257133

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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

MII ASSOCIATES' RETIREMENT SAVINGS 401(K) PLAN

FINANCIAL STATEMENTS,
INDEPENDENT AUDITORS' REPORT
AND
SUPPLEMENTAL SCHEDULE,
FOR THE YEARS ENDED
DECEMBER 31, 2019 AND 2018

MII Associates' Retirement Savings 401(k) Plan

CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1 - 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 11
SUPPLEMENTAL SCHEDULE	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	12

SCHMERSAHL TRELOAR & CO.
Certified Public Accountants

Independent Auditors' Report

To the Plan Administrator of
MII Associates' Retirement Savings 401(k) Plan
Chesterfield, Missouri

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of MII Associates' Retirement Savings 401(k) Plan, (the "Plan) which comprise the statements of net assets available for plan benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 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 Notes C and D, which was certified by Wells Fargo Bank, N. A., 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 certifications from the trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2019 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is 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 schedule 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.

Schmersahl Treloar & Co.

St. Louis, Missouri
August 27, 2020

FINANCIAL STATEMENTS

MII Associates' Retirement Savings 401(k) Plan
STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS

	December 31,	
	2019	2018
ASSETS		
Investments at fair value	$ 271,494,747	$ 230,001,669
Receivables		
Employer's contribution	8,138,481	7,295,718
Notes receivable from participants	6,313,653	5,908,549
Total Receivables	14,452,134	13,204,267
Total Assets	285,946,881	243,205,936
Net Assets Available for Benefits	$ 285,946,881	$ 243,205,936

See accompanying notes to financial statements

MII Associates' Retirement Savings 401(k) Plan
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

	Years Ended December 31,	
	2019	2018
ADDITIONS		
Additions to net assets attributed to:		
Investment (loss) income:		
Net appreciation (depreciation) in fair value of investments	$ 45,230,011	$ (14,025,105)
Other income	14,917	4,621
Dividends	985,548	663,584
Total Investment (Loss) Income	46,230,476	(13,356,900)
Interest income on notes receivable from participants	332,120	281,332
Contributions:		
Participants	13,056,461	11,992,763
Rollovers	1,689,811	1,319,230
Employer	15,081,000	13,649,655
Total Contributions	29,827,272	26,961,648
Total Additions	76,389,868	13,886,080
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	36,051,436	15,924,015
Administration expenses	23,641	19,572
Deemed distributions	34,797	(2,258)
Total Deductions	36,109,874	15,941,329
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS PRIOR TO TRANSFERS	40,279,994	(2,055,249)
TRANSFERS INTO THE PLAN	2,460,951	-
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	42,740,945	(2,055,249)
NET ASSETS AVAILABLE FOR BENEFITS,		
Beginning of year	243,205,936	245,261,185
End of year	$ 285,946,881	$ 243,205,936

See accompanying notes to financial statements

A. DESCRIPTION OF PLAN

The following description of the MII Associates' Retirement Savings 401(k) Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General Information

The Plan is a defined contribution plan covering all eligible employees of MiTek USA, Inc. (the "Company") and affiliated entities, which are members of a controlled group of corporations which includes MiTek USA, Inc. Employees, excluding union employees, certain nonresident aliens, leased employees, reclassified employees, and certain individuals (as described below) of Benson Industries Inc., are eligible to participate upon meeting eligibility provisions of the Plan. Employees become eligible upon attainment of 21 years of age and after completing 90 days of service. Eligible employees may enter the Plan on the first entry date following the date requirements have been met. Entry dates are the first day of each month. The Plan was established by the Company on January 1, 1987 for the exclusive benefit of its employees and beneficiaries and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contractors, consultants, and employees of Benson Industries Inc. who are compensated on an hourly basis, paid on a weekly schedule and whose principal place of businesses are assembly locations in Pennsylvania, Arizona or Oregon are excluded from the Plan.

Contributions

Each year, participants may elect to contribute up to 100% eligible compensation, as defined in the Plan. 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 defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

This Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participates have their deferral rate set at 3% of eligible compensation that will increase by 1% each Plan year until the amount withheld reaches 5% of eligible compensation and their contributions invested in a designated target date fund until changed by the participant.

The Company will make a safe harbor matching contribution to the Plan equal to 100% of the first 3% and 50% of the next 2% of eligible compensation that a participant contributes to the plan, not to exceed 4% of the participant's eligible compensation. The Company may also make discretionary employer contributions, which will be determined based upon eligible compensation plus eligible compensation in excess of 66% of the Social Security Taxable Wage Base bears to the total compensation plus excess compensation of all eligible participants. The Company made discretionary contributions of $8,537,087 and $7,659,517 for the years ended December 31, 2019 and 2018, respectively. Contributions are subject to certain IRS limitations.

A. **DESCRIPTION OF PLAN** *(Continued)*

Participant Accounts
Each participant's account is credited with the participant's contributions and Company safe harbor matching contributions, as well as allocations of the Company's discretionary contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are vested immediately in their contributions plus actual earnings thereon. The Plan provides for vesting of the Company's discretionary contributions at a rate of 20% per year starting with the second year of service and becoming fully vested at six years of service.

Notes Receivable from Participants
Participants may borrow from their fund accounts a minimum amount of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. Loans are allowed to be repaid over terms up to 5 years. Loans for the purchase of an employee's primary residence are allowed to be repaid over terms up to 10 years. Interest rates on loans are based on the prime interest rate plus 1 percentage point determined at the time the loan is initiated. Principal and interest is paid ratably through payroll withholdings. A participant is limited to two loans outstanding at any one time and there is a required 12 month wait between loan requests.

Payment of benefits
On termination of service, death, disability, or retirement, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. Withdrawals made prior to age 59 ½ will incur an additional 10% tax penalty during the year in which they are withdrawn.

The Plan allows hardship withdrawals in the event the monies are required to pay a) expenses for medical care for an employee, employee's spouse, or dependents, b) costs directly related to the purchase of an employee's principal residence, c) tuition, related education fees, and room and board expenses for the next 12 months of post-secondary education for an employee, employee's spouse, children, or other dependents, d) amounts necessary to prevent eviction from principal residence or foreclosure on the mortgage of principal residence, e) payments for burial expenses for deceased parent, spouse, children, or dependents, or f) expenses for the repair of damage to principal residence that would qualify for the casualty loss deduction. In-service distributions can only be made from accounts which are 100% vested.

A. **DESCRIPTION OF PLAN** *(Continued)*

Forfeited Accounts
At December 31, 2019 and 2018, forfeited non-vested accounts totaled $345,609 and $376,701, respectively. These accounts will be used to reduce future employer contributions.

B. **SUMMARY OF ACCOUNTING POLICIES**

Basis of Accounting
The financial statements of the Plan are prepared on 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 requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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. 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018.

Payment of Benefits
Benefits are recorded when paid.

Expenses
Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financials statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events
In preparing these financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through August 27, 2020, the date the financial statements were available to be issued.

C. FAIR VALUE OF MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at the fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Cash and cash equivalents: Cash equivalents are short-term highly liquid investments that are readily convertible to known amounts of cash, with original maturities of three months or less.

Common collective trusts: Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The common collective trusts held by the Plan are deemed to be actively traded.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

C. **FAIR VALUE OF MEASUREMENTS** *(Continued)*

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

Assets at Fair Value as of December 31, 2019

	Level 1	Level 2	Level 3	Total
Mutual Funds	$79,518,852	$ -	$ -	$ 79,518,852
Cash and Cash Equivalents	-	-	-	-
Common Collective Trusts	-	191,975,895	-	191,975,895
Total	$79,518,852	$191,975,895	$ -	$271,494,747

Assets at Fair Value as of December 31, 2018

	Level 1	Level 2	Level 3	Total
Mutual Funds	$48,297,851	$ -	$ -	$ 48,297,851
Cash and Cash Equivalents	42,000	-	-	42,000
Common Collective Trusts	-	181,661,818	-	181,661,818
Total	$48,339,851	$181,661,818	$ -	$230,001,669

D. **CERTIFIED INVESTMENTS**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2019 and 2018, and net of appreciation in fair value of investments, interest and dividends for the year ended December 31, 2019, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Wells Fargo Bank, N. A.

The Plan's investments are held by bank-administered trust funds. Financial information relating to those investments is included in the accompanying financial statements based on information provided by the trustee. That information has not been examined by independent auditors.

E. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Wells Fargo Bank, N. A. Wells Fargo Bank N. A. is the plan record-keeper as defined by the Plan and, therefore, the investment transactions with Wells Fargo Bank, N. A. qualify as party-in-interest transactions.

F. TRANSFERS INTO THE PLAN

In January 2017, Mitek USA Inc. acquired Wrightsoft Corporation. Effective January 2, 2019, the Company approved to terminate the Wrightsoft Corporation 401(k) Plan and Trust. All participants in the Wrightsoft Corporation 401(k) Plan and Trust became 100 percent vested in that plan upon termination. An aggregate of $2,460,951, including loans of $28,685, was transferred into the Plan during the year ended December 31, 2019. There were no transfers into the plan during the year ended December 31, 2018.

G. 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, the rights of participants to benefits accrued to the date of termination will be non-forfeitable.

H. TAX STATUS OF PLAN

The Internal Revenue Service has determined and informed the Company by a letter dated April 6, 1995, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however there are currently no audits for any tax periods in progress.

I. RISKS AND UNCERTAINTIES

The Plan invests in various types of 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 the amounts reported in the Statement of Net Assets Available for Benefits.

J. SUBSEQUENT EVENT

As the spread of the COVID-19 coronavirus continues worldwide, economic uncertainties have arisen that are likely to negatively impact the Company's financial results. The ultimate impact will depend on future developments, which are highly uncertain and cannot be predicted, including the scope and duration of the pandemic and actions taken by governmental and nongovernmental authorities in response to the pandemic.

While the scope, duration, and full effects of COVID-19 are rapidly evolving and not fully known, the pandemic and related efforts to contain it have disrupted global economic activity, adversely affected the functioning of financial markets, lowered equity market valuations, impacted interest rates, increased economic and market uncertainty, and disrupted trade and supply chains. If these effects continue for a prolonged period or result in sustained economic stress or recession, such effects could have a material adverse impact on the Company and the Plan.

S U P P L E M E N T A L

S C H E D U L E

MII Associates' Retirement Savings 401(k) Plan
EIN: 43-1531931 PIN: 010 Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Wells Fargo	Retirement Advocate Mod Agg	N/A	$ 47,518,732
*	Wells Fargo	Retirement Advocate Moderate	N/A	27,170,497
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2030 I	N/A	20,789,736
*	Wells Fargo	Wells Fargo Stable Return Fund N	N/A	17,668,647
*	Wells Fargo	Fidelity 500 Index Fund	N/A	17,273,499
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2040 I	N/A	14,387,467
*	Wells Fargo	Retirement Advocate Aggress	N/A	13,891,978
*	Wells Fargo	American Funds Growth Fund of Amer R6	N/A	12,773,863
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2020 I	N/A	12,419,831
*	Wells Fargo	Dodge & Cox Stock	N/A	9,992,328
*	Wells Fargo	American Funds EuroPacific Growth R6	N/A	9,224,700
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2050 I	N/A	9,100,031
*	Wells Fargo	Retirement Advocate Mod Cons	N/A	9,060,381
*	Wells Fargo	Retirement Advocate Cons	N/A	8,554,226
*	Wells Fargo	Ivy Mid Cap Growth I	N/A	7,138,381
*	Wells Fargo	Vanguard Small Cap Growth Index Admrl	N/A	4,820,706
*	Wells Fargo	JPMorgan Mid Cap Value R6	N/A	4,264,108
*	Wells Fargo	IR+M Core Bond Collective Fund Class A	N/A	4,250,884
*	Wells Fargo	Vanguard Short-Term Treasury Adm	N/A	3,561,387
*	Wells Fargo	American Beacon Small Cap Value I	N/A	3,283,523
*	Wells Fargo	BlackRock Developed Real Est Idx K	N/A	2,548,523
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2060 I	N/A	2,500,216
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2010 I	N/A	1,914,405
*	Wells Fargo	Fidelity Small Cap Index Fund	N/A	1,715,650
*	Wells Fargo	Brandes Emerging Markets Value R6	N/A	1,597,471
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2035 I	N/A	893,752
*	Wells Fargo	Oakmark International Small Cap Investor	N/A	793,782
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2045 I	N/A	787,376
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2025 I	N/A	710,172
*	Wells Fargo	Fidelity International Index Fund	N/A	530,931
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2055 I	N/A	265,472
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2015 I	N/A	92,092
	Participant Loans	Interest rates ranging from 4.25% - 6.25%	N/A	6,313,653
				$ 277,808,400

See independent auditors' report and
accompanying notes to financial statements

MII ASSOCIATES' RETIREMENT SAVINGS 401(K) PLAN

FINANCIAL STATEMENTS,
INDEPENDENT AUDITORS' REPORT
AND
SUPPLEMENTAL SCHEDULE,
FOR THE YEARS ENDED
DECEMBER 31, 2019 AND 2018

MII Associates' Retirement Savings 401(k) Plan

CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1 - 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 11
SUPPLEMENTAL SCHEDULE	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	12

SCHMERSAHL TRELOAR & CO.
Certified Public Accountants

Independent Auditors' Report

To the Plan Administrator of
MII Associates' Retirement Savings 401(k) Plan
Chesterfield, Missouri

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of MII Associates' Retirement Savings 401(k) Plan, (the "Plan) which comprise the statements of net assets available for plan benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 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 Notes C and D, which was certified by Wells Fargo Bank, N. A., 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 certifications from the trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2019 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is 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 schedule 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.

Schmersahl Treloar & Co.

St. Louis, Missouri
August 27, 2020

FINANCIAL STATEMENTS

MII Associates' Retirement Savings 401(k) Plan
STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS

	December 31,	
	2019	2018
ASSETS		
Investments at fair value	$ 271,494,747	$ 230,001,669
Receivables		
Employer's contribution	8,138,481	7,295,718
Notes receivable from participants	6,313,653	5,908,549
Total Receivables	14,452,134	13,204,267
Total Assets	285,946,881	243,205,936
Net Assets Available for Benefits	$ 285,946,881	$ 243,205,936

See accompanying notes to financial statements

MII Associates' Retirement Savings 401(k) Plan
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

	Years Ended December 31,	
	2019	2018
ADDITIONS		
Additions to net assets attributed to:		
Investment (loss) income:		
Net appreciation (depreciation) in fair value of investments	$ 45,230,011	$ (14,025,105)
Other income	14,917	4,621
Dividends	985,548	663,584
Total Investment (Loss) Income	46,230,476	(13,356,900)
Interest income on notes receivable from participants	332,120	281,332
Contributions:		
Participants	13,056,461	11,992,763
Rollovers	1,689,811	1,319,230
Employer	15,081,000	13,649,655
Total Contributions	29,827,272	26,961,648
Total Additions	76,389,868	13,886,080
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	36,051,436	15,924,015
Administration expenses	23,641	19,572
Deemed distributions	34,797	(2,258)
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Beginning of year	243,205,936	245,261,185
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The Company will make a safe harbor matching contribution to the Plan equal to 100% of the first 3% and 50% of the next 2% of eligible compensation that a participant contributes to the plan, not to exceed 4% of the participant's eligible compensation. The Company may also make discretionary employer contributions, which will be determined based upon eligible compensation plus eligible compensation in excess of 66% of the Social Security Taxable Wage Base bears to the total compensation plus excess compensation of all eligible participants. The Company made discretionary contributions of $8,537,087 and $7,659,517 for the years ended December 31, 2019 and 2018, respectively. Contributions are subject to certain IRS limitations.

A. **DESCRIPTION OF PLAN** *(Continued)*

Participant Accounts
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A. **DESCRIPTION OF PLAN** *(Continued)*

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

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Payment of Benefits
Benefits are recorded when paid.

Expenses
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Subsequent Events
In preparing these financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through August 27, 2020, the date the financial statements were available to be issued.

C. FAIR VALUE OF MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at the fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Cash and cash equivalents: Cash equivalents are short-term highly liquid investments that are readily convertible to known amounts of cash, with original maturities of three months or less.

Common collective trusts: Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The common collective trusts held by the Plan are deemed to be actively traded.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

C. **FAIR VALUE OF MEASUREMENTS** *(Continued)*

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

Assets at Fair Value as of December 31, 2019

	Level 1	Level 2	Level 3	Total
Mutual Funds	$79,518,852	$ -	$ -	$ 79,518,852
Cash and Cash Equivalents	-	-	-	-
Common Collective Trusts	-	191,975,895	-	191,975,895
Total	$79,518,852	$191,975,895	$ -	$271,494,747

Assets at Fair Value as of December 31, 2018

	Level 1	Level 2	Level 3	Total
Mutual Funds	$48,297,851	$ -	$ -	$ 48,297,851
Cash and Cash Equivalents	42,000	-	-	42,000
Common Collective Trusts	-	181,661,818	-	181,661,818
Total	$48,339,851	$181,661,818	$ -	$230,001,669

D. **CERTIFIED INVESTMENTS**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2019 and 2018, and net of appreciation in fair value of investments, interest and dividends for the year ended December 31, 2019, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Wells Fargo Bank, N. A.

The Plan's investments are held by bank-administered trust funds. Financial information relating to those investments is included in the accompanying financial statements based on information provided by the trustee. That information has not been examined by independent auditors.

E. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Wells Fargo Bank, N. A. Wells Fargo Bank N. A. is the plan record-keeper as defined by the Plan and, therefore, the investment transactions with Wells Fargo Bank, N. A. qualify as party-in-interest transactions.

F. TRANSFERS INTO THE PLAN

In January 2017, Mitek USA Inc. acquired Wrightsoft Corporation. Effective January 2, 2019, the Company approved to terminate the Wrightsoft Corporation 401(k) Plan and Trust. All participants in the Wrightsoft Corporation 401(k) Plan and Trust became 100 percent vested in that plan upon termination. An aggregate of $2,460,951, including loans of $28,685, was transferred into the Plan during the year ended December 31, 2019. There were no transfers into the plan during the year ended December 31, 2018.

G. 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, the rights of participants to benefits accrued to the date of termination will be non-forfeitable.

H. TAX STATUS OF PLAN

The Internal Revenue Service has determined and informed the Company by a letter dated April 6, 1995, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however there are currently no audits for any tax periods in progress.

I. RISKS AND UNCERTAINTIES

The Plan invests in various types of 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 the amounts reported in the Statement of Net Assets Available for Benefits.

J. SUBSEQUENT EVENT

As the spread of the COVID-19 coronavirus continues worldwide, economic uncertainties have arisen that are likely to negatively impact the Company's financial results. The ultimate impact will depend on future developments, which are highly uncertain and cannot be predicted, including the scope and duration of the pandemic and actions taken by governmental and nongovernmental authorities in response to the pandemic.

While the scope, duration, and full effects of COVID-19 are rapidly evolving and not fully known, the pandemic and related efforts to contain it have disrupted global economic activity, adversely affected the functioning of financial markets, lowered equity market valuations, impacted interest rates, increased economic and market uncertainty, and disrupted trade and supply chains. If these effects continue for a prolonged period or result in sustained economic stress or recession, such effects could have a material adverse impact on the Company and the Plan.

S U P P L E M E N T A L

S C H E D U L E

MII Associates' Retirement Savings 401(k) Plan
EIN: 43-1531931 PIN: 010 Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Wells Fargo	Retirement Advocate Mod Agg	N/A	$ 47,518,732
*	Wells Fargo	Retirement Advocate Moderate	N/A	27,170,497
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2030 I	N/A	20,789,736
*	Wells Fargo	Wells Fargo Stable Return Fund N	N/A	17,668,647
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*	Wells Fargo	Retirement Advocate Aggress	N/A	13,891,978
*	Wells Fargo	American Funds Growth Fund of Amer R6	N/A	12,773,863
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2020 I	N/A	12,419,831
*	Wells Fargo	Dodge & Cox Stock	N/A	9,992,328
*	Wells Fargo	American Funds EuroPacific Growth R6	N/A	9,224,700
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2050 I	N/A	9,100,031
*	Wells Fargo	Retirement Advocate Mod Cons	N/A	9,060,381
*	Wells Fargo	Retirement Advocate Cons	N/A	8,554,226
*	Wells Fargo	Ivy Mid Cap Growth I	N/A	7,138,381
*	Wells Fargo	Vanguard Small Cap Growth Index Admrl	N/A	4,820,706
*	Wells Fargo	JPMorgan Mid Cap Value R6	N/A	4,264,108
*	Wells Fargo	IR+M Core Bond Collective Fund Class A	N/A	4,250,884
*	Wells Fargo	Vanguard Short-Term Treasury Adm	N/A	3,561,387
*	Wells Fargo	American Beacon Small Cap Value I	N/A	3,283,523
*	Wells Fargo	BlackRock Developed Real Est Idx K	N/A	2,548,523
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2060 I	N/A	2,500,216
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2010 I	N/A	1,914,405
*	Wells Fargo	Fidelity Small Cap Index Fund	N/A	1,715,650
*	Wells Fargo	Brandes Emerging Markets Value R6	N/A	1,597,471
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2035 I	N/A	893,752
*	Wells Fargo	Oakmark International Small Cap Investor	N/A	793,782
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2045 I	N/A	787,376
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2025 I	N/A	710,172
*	Wells Fargo	Fidelity International Index Fund	N/A	530,931
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2055 I	N/A	265,472
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2015 I	N/A	92,092
	Participant Loans	Interest rates ranging from 4.25% - 6.25%	N/A	6,313,653
				$ 277,808,400

See independent auditors' report and
accompanying notes to financial statements

MII ASSOCIATES' RETIREMENT SAVINGS 401(K) PLAN

FINANCIAL STATEMENTS,
INDEPENDENT AUDITORS' REPORT
AND
SUPPLEMENTAL SCHEDULE,
FOR THE YEARS ENDED
DECEMBER 31, 2019 AND 2018

MII Associates' Retirement Savings 401(k) Plan

CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1 - 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 11
SUPPLEMENTAL SCHEDULE	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	12

SCHMERSAHL TRELOAR & CO.
Certified Public Accountants

Independent Auditors' Report

To the Plan Administrator of
MII Associates' Retirement Savings 401(k) Plan
Chesterfield, Missouri

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of MII Associates' Retirement Savings 401(k) Plan, (the "Plan) which comprise the statements of net assets available for plan benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 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 Notes C and D, which was certified by Wells Fargo Bank, N. A., 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 certifications from the trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2019 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is 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 schedule 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.

Schmersahl Treloar & Co.

St. Louis, Missouri
August 27, 2020

FINANCIAL STATEMENTS

MII Associates' Retirement Savings 401(k) Plan
STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS

	December 31,	
	2019	2018
ASSETS		
Investments at fair value	$ 271,494,747	$ 230,001,669
Receivables		
Employer's contribution	8,138,481	7,295,718
Notes receivable from participants	6,313,653	5,908,549
Total Receivables	14,452,134	13,204,267
Total Assets	285,946,881	243,205,936
Net Assets Available for Benefits	$ 285,946,881	$ 243,205,936

See accompanying notes to financial statements

MII Associates' Retirement Savings 401(k) Plan
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

	Years Ended December 31,	
	2019	2018
ADDITIONS		
Additions to net assets attributed to:		
Investment (loss) income:		
Net appreciation (depreciation) in fair value of investments	$ 45,230,011	$ (14,025,105)
Other income	14,917	4,621
Dividends	985,548	663,584
Total Investment (Loss) Income	46,230,476	(13,356,900)
Interest income on notes receivable from participants	332,120	281,332
Contributions:		
Participants	13,056,461	11,992,763
Rollovers	1,689,811	1,319,230
Employer	15,081,000	13,649,655
Total Contributions	29,827,272	26,961,648
Total Additions	76,389,868	13,886,080
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	36,051,436	15,924,015
Administration expenses	23,641	19,572
Deemed distributions	34,797	(2,258)
Total Deductions	36,109,874	15,941,329
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS PRIOR TO TRANSFERS	40,279,994	(2,055,249)
TRANSFERS INTO THE PLAN	2,460,951	-
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	42,740,945	(2,055,249)
NET ASSETS AVAILABLE FOR BENEFITS,		
Beginning of year	243,205,936	245,261,185
End of year	$ 285,946,881	$ 243,205,936

See accompanying notes to financial statements

A. DESCRIPTION OF PLAN

The following description of the MII Associates' Retirement Savings 401(k) Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General Information

The Plan is a defined contribution plan covering all eligible employees of MiTek USA, Inc. (the "Company") and affiliated entities, which are members of a controlled group of corporations which includes MiTek USA, Inc. Employees, excluding union employees, certain nonresident aliens, leased employees, reclassified employees, and certain individuals (as described below) of Benson Industries Inc., are eligible to participate upon meeting eligibility provisions of the Plan. Employees become eligible upon attainment of 21 years of age and after completing 90 days of service. Eligible employees may enter the Plan on the first entry date following the date requirements have been met. Entry dates are the first day of each month. The Plan was established by the Company on January 1, 1987 for the exclusive benefit of its employees and beneficiaries and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contractors, consultants, and employees of Benson Industries Inc. who are compensated on an hourly basis, paid on a weekly schedule and whose principal place of businesses are assembly locations in Pennsylvania, Arizona or Oregon are excluded from the Plan.

Contributions

Each year, participants may elect to contribute up to 100% eligible compensation, as defined in the Plan. 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 defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

This Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participates have their deferral rate set at 3% of eligible compensation that will increase by 1% each Plan year until the amount withheld reaches 5% of eligible compensation and their contributions invested in a designated target date fund until changed by the participant.

The Company will make a safe harbor matching contribution to the Plan equal to 100% of the first 3% and 50% of the next 2% of eligible compensation that a participant contributes to the plan, not to exceed 4% of the participant's eligible compensation. The Company may also make discretionary employer contributions, which will be determined based upon eligible compensation plus eligible compensation in excess of 66% of the Social Security Taxable Wage Base bears to the total compensation plus excess compensation of all eligible participants. The Company made discretionary contributions of $8,537,087 and $7,659,517 for the years ended December 31, 2019 and 2018, respectively. Contributions are subject to certain IRS limitations.

A. **DESCRIPTION OF PLAN** *(Continued)*

Participant Accounts
Each participant's account is credited with the participant's contributions and Company safe harbor matching contributions, as well as allocations of the Company's discretionary contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are vested immediately in their contributions plus actual earnings thereon. The Plan provides for vesting of the Company's discretionary contributions at a rate of 20% per year starting with the second year of service and becoming fully vested at six years of service.

Notes Receivable from Participants
Participants may borrow from their fund accounts a minimum amount of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. Loans are allowed to be repaid over terms up to 5 years. Loans for the purchase of an employee's primary residence are allowed to be repaid over terms up to 10 years. Interest rates on loans are based on the prime interest rate plus 1 percentage point determined at the time the loan is initiated. Principal and interest is paid ratably through payroll withholdings. A participant is limited to two loans outstanding at any one time and there is a required 12 month wait between loan requests.

Payment of benefits
On termination of service, death, disability, or retirement, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. Withdrawals made prior to age 59 ½ will incur an additional 10% tax penalty during the year in which they are withdrawn.

The Plan allows hardship withdrawals in the event the monies are required to pay a) expenses for medical care for an employee, employee's spouse, or dependents, b) costs directly related to the purchase of an employee's principal residence, c) tuition, related education fees, and room and board expenses for the next 12 months of post-secondary education for an employee, employee's spouse, children, or other dependents, d) amounts necessary to prevent eviction from principal residence or foreclosure on the mortgage of principal residence, e) payments for burial expenses for deceased parent, spouse, children, or dependents, or f) expenses for the repair of damage to principal residence that would qualify for the casualty loss deduction. In-service distributions can only be made from accounts which are 100% vested.

A. **DESCRIPTION OF PLAN** *(Continued)*

Forfeited Accounts
At December 31, 2019 and 2018, forfeited non-vested accounts totaled $345,609 and $376,701, respectively. These accounts will be used to reduce future employer contributions.

B. **SUMMARY OF ACCOUNTING POLICIES**

Basis of Accounting
The financial statements of the Plan are prepared on 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 requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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. 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018.

Payment of Benefits
Benefits are recorded when paid.

Expenses
Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financials statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events
In preparing these financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through August 27, 2020, the date the financial statements were available to be issued.

C. FAIR VALUE OF MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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S U P P L E M E N T A L

S C H E D U L E

MII Associates' Retirement Savings 401(k) Plan
EIN: 43-1531931 PIN: 010 Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2019

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*	Wells Fargo	American Funds Growth Fund of Amer R6	N/A	12,773,863
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2020 I	N/A	12,419,831
*	Wells Fargo	Dodge & Cox Stock	N/A	9,992,328
*	Wells Fargo	American Funds EuroPacific Growth R6	N/A	9,224,700
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2050 I	N/A	9,100,031
*	Wells Fargo	Retirement Advocate Mod Cons	N/A	9,060,381
*	Wells Fargo	Retirement Advocate Cons	N/A	8,554,226
*	Wells Fargo	Ivy Mid Cap Growth I	N/A	7,138,381
*	Wells Fargo	Vanguard Small Cap Growth Index Admrl	N/A	4,820,706
*	Wells Fargo	JPMorgan Mid Cap Value R6	N/A	4,264,108
*	Wells Fargo	IR+M Core Bond Collective Fund Class A	N/A	4,250,884
*	Wells Fargo	Vanguard Short-Term Treasury Adm	N/A	3,561,387
*	Wells Fargo	American Beacon Small Cap Value I	N/A	3,283,523
*	Wells Fargo	BlackRock Developed Real Est Idx K	N/A	2,548,523
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2060 I	N/A	2,500,216
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2010 I	N/A	1,914,405
*	Wells Fargo	Fidelity Small Cap Index Fund	N/A	1,715,650
*	Wells Fargo	Brandes Emerging Markets Value R6	N/A	1,597,471
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2035 I	N/A	893,752
*	Wells Fargo	Oakmark International Small Cap Investor	N/A	793,782
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2045 I	N/A	787,376
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2025 I	N/A	710,172
*	Wells Fargo	Fidelity International Index Fund	N/A	530,931
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2055 I	N/A	265,472
*	Wells Fargo	Schwab Indexed Retirement Tr Fd 2015 I	N/A	92,092
	Participant Loans	Interest rates ranging from 4.25% - 6.25%	N/A	6,313,653
				$ 277,808,400

See independent auditors' report and
accompanying notes to financial statements