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| Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF. | 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 <u>01/01/2019</u> and ending <u>12/31/2019</u> | | |
| A This return/report is for: | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan | |
| B This return/report is | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) | |
| C Check box if filing under: | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description) | |

| | | |
|--|---|---|
| Part II Basic Plan Information —enter all requested information | | |
| 1a Name of plan <u>DATA ABSTRACT SOLUTIONS, INC. CASH BALANCE PLAN</u> | 1b Three-digit plan number (PN) ► | <u>002</u> |
| 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) <u>DATA ABSTRACT SOLUTIONS, INC.</u> <u>6001 NE 109TH AVENUE</u> <u>VANCOUVER, WA 98662</u> | | 1c Effective date of plan <u>01/01/2017</u> 2b Employer Identification Number (EIN) <u>20-4040822</u> 2c Sponsor's telephone number <u>360-573-5131</u> 2d Business code (see instructions) <u>518210</u> |
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 | |
| 5a Total number of participants at the beginning of the plan year | 5a | <u>9</u> |
| b Total number of participants at the end of the plan year | 5b | <u>8</u> |
| c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 5c | |
| d(1) Total number of active participants at the beginning of the plan year | 5d(1) | <u>9</u> |
| d(2) Total number of active participants at the end of the plan year | 5d(2) | <u>8</u> |
| e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 5e | <u>1</u> |

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. | 09/21/2020 | MICHELLE KAUFFMAN |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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 4225681. (See instructions.)

Part III Financial Information

| 7 Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
|--|--------------|------------------------------|------------------------|
| a Total plan assets | 7a | 170147 | 272405 |
| b Total plan liabilities | 7b | | |
| c Net plan assets (subtract line 7b from line 7a) | 7c | 170147 | 272405 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| a Contributions received or receivable from: | | | |
| (1) Employers | 8a(1) | 76905 | |
| (2) Participants | 8a(2) | 0 | |
| (3) Others (including rollovers) | 8a(3) | 0 | |
| b Other income (loss) | 8b | 25383 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 102288 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 0 | |
| e Certain deemed and/or corrective distributions (see instructions) ... | 8e | 0 | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 30 | |
| g Other expenses | 8g | 0 | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 30 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | 102258 |
| j Transfers to (from) the plan (see instructions) | 8j | | |

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1C 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

| 10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | <input checked="" type="checkbox"/> | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | <input checked="" type="checkbox"/> | |
| c Was the plan covered by a fidelity bond? | 10c | <input checked="" type="checkbox"/> | | 40000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | <input checked="" type="checkbox"/> | |
| e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | | <input checked="" type="checkbox"/> | |
| f Has the plan failed to provide any benefit when due under the plan? | 10f | | <input checked="" type="checkbox"/> | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | | <input checked="" type="checkbox"/> | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | |

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 12 below..... ☒ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

| 13c(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) PN(s) |
|--------------------------------|----------------------|---------------------|
| | | |

| | | |
|--|--|---|
| SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | 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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | |
|---|---|
| A Name of plan <u>DATA ABSTRACT SOLUTIONS, INC. CASH BALANCE PLAN</u> | B Three-digit plan number (PN) ▶ <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DATA ABSTRACT SOLUTIONS, INC.</u> | D Employer Identification Number (EIN) <u>20-4040822</u> |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

| | |
|--|--|
| Part I | Basic Information |
| 1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u> | |
| 2 Assets: | |
| a Market value | 2a <u>169995</u> |
| b Actuarial value | 2b <u>169995</u> |
| 3 Funding target/participant count breakdown | |
| a For retired participants and beneficiaries receiving payment..... | (1) Number of participants <u>0</u> (2) Vested Funding Target <u>0</u> (3) Total Funding Target <u>0</u> |
| b For terminated vested participants..... | <u>0</u> <u>0</u> <u>0</u> |
| c For active participants | <u>9</u> <u>152207</u> <u>152207</u> |
| d Total..... | <u>9</u> <u>152207</u> <u>152207</u> |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | |
| a Funding target disregarding prescribed at-risk assumptions | 4a |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | 4b |
| 5 Effective interest rate | 5 <u>5.38</u> % |
| 6 Target normal cost..... | 6 <u>66661</u> |

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | |
|---|--|--|
| SIGN HERE | | <u>09/15/2020</u> |
| Signature of actuary | | Date |
| <u>DAVID DOUGHERTY, F.S.A.</u> | | <u>20-03926</u> |
| Type or print name of actuary | | Most recent enrollment number |
| <u>DAVID DOUGHERTY, LLC</u> | | <u>503-260-1644</u> |
| Firm name | | Telephone number (including area code) |
| <u>480 KALEETAN PL NE</u> <u>BAINBRIDGE ISLAND, WA 98110</u> | | |
| Address of the firm | | |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2019
v. 190130

Part II Beginning of Year Carryover and Prefunding Balances

| | (a) Carryover balance | (b) Prefunding balance |
|--|-----------------------|------------------------|
| 7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 Interest on line 9 using prior year's actual return of <u>-7.81</u> % | 0 | 0 |
| 11 Prior year's excess contributions to be added to prefunding balance: | | |
| a Present value of excess contributions (line 38a from prior year) | | 8983 |
| b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.57</u> % | | 500 |
| b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c Total available at beginning of current plan year to add to prefunding balance | | 9483 |
| d Portion of (c) to be added to prefunding balance | | 0 |
| 12 Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

Part III Funding Percentages

| | | |
|--|-----------|----------|
| 14 Funding target attainment percentage | 14 | 111.68 % |
| 15 Adjusted funding target attainment percentage | 15 | 111.68 % |
| 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 114.03 % |
| 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 09/15/2020 | 76905 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals ▶ | | | 18(b) | 76905 | 18(c) 0 |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

| | | |
|---|------------|-------|
| a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 70325 |

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year | | | |
|--|---------|---------|---------|
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| | | | |

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

| | | | | |
|---|--|------------------------|------------------------|---|
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 3.74 % | 2nd segment: 5.35 % | 3rd segment: 6.11 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | | 21b 1 |
| 22 Weighted average retirement age | | | | 22 65 |
| 23 Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | | |

Part VI Miscellaneous Items

| | |
|---|---|
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | 27 |

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|-----------|---|
| 28 Unpaid minimum required contributions for all prior years | 28 | 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | 29 | 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | 30 | 0 |

Part VIII Minimum Required Contribution For Current Year

| | | | |
|--|---------------------|--------------------|---------------|
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6)..... | 31a | 66661 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 17788 | |
| 32 Amortization installments: | Outstanding Balance | | Installment |
| a Net shortfall amortization installment | 0 | 0 | |
| b Waiver amortization installment | 0 | 0 | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | 33 | | |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | 34 | 48873 | |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 |
| 36 Additional cash requirement (line 34 minus line 35) | 36 | 48873 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | 70325 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 21452 | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 0 | |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | 39 | 0 | |
| 40 Unpaid minimum required contributions for all years | 40 | 0 | |

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

| | |
|--|---|
| 41 If an election was made to use PRA 2010 funding relief for this plan: | |
| a Schedule elected | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years |
| b Eligible plan year(s) for which the election in line 41a was made | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

Schedule SB, Line 26 – Schedule of Active Participant Data

| Age | Years of credited service: | | | | | | | | | | All Service |
|----------|----------------------------|--------|--------|----------|----------|----------|----------|----------|----------|---------|-------------|
| | Under 1 | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up | |
| Under 25 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 25 to 29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 to 34 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 35 to 39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40 to 44 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 45 to 49 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 50 to 54 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 55 to 59 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| 60 to 64 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 65 to 69 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 70 & up | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| All Ages | 0 | 5 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**Actuarial Value of Assets**

Market Value.

Funding Target Discount Rates

The plan sponsor has elected to value plan liabilities using the segment rates for the month of December preceding the valuation date. The rates for December 2018, are:

| | |
|--------------|-------|
| Years 0-5: | 3.74% |
| Years 6-20: | 5.35% |
| Years 21 on: | 6.11% |

Mortality

Pre-retirement: None assumed.

Post-retirement: IRS 2019 Static Mortality Table.

Turnover

None assumed.

Disability

None assumed.

Retirement

100% at age 65.

Compensation for Target Normal Cost

Compensation estimates provided by the plan sponsor, if available. Otherwise, the prior year's compensation increased by 5.0%.

Assumed Form of Payment

Lump sum.

Expenses

None. Non-investment plan expenses are assumed to be paid by the plan sponsor.

Change in Non-Prescribed Assumptions Since Last Valuation

None.

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Short Form Annual Return/Report of Small Employee
Benefit Plan**This form is required to be filed under sections 104 and 4065 of the Employee Retirement
Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal
Revenue Code (the Code).▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**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 single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a one-participant plan ☐ a foreign plan
- B** This return/report is:
- ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** Check box if filing under:
- ☒ Form 5558 ☐ automatic extension ☐ DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

| | | |
|--|--------------|---|
| 1a Name of plan Data Abstract Solutions, Inc. Cash Balance Plan | | 1b Three-digit plan number (PN) ▶ 002 |
| 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) Data Abstract Solutions, Inc. 6001 NE 109th Avenue Vancouver WA 98662 | | 1c Effective date of plan 01/01/2017 2b Employer Identification Number (EIN) 20-4040822 2c Sponsor's telephone number 360-573-5131 2d Business code (see instructions) 518210 |
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 |
| 5a Total number of participants at the beginning of the plan year | 5a | 9 |
| b Total number of participants at the end of the plan year | 5b | 8 |
| c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 5c | |
| d(1) Total number of active participants at the beginning of the plan year | 5d(1) | 9 |
| d(2) Total number of active participants at the end of the plan year | 5d(2) | 8 |
| e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 5e | 1 |

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 | <i>Michelle Kauffman</i> | 9/21/20 | Michelle Kauffman |
| | 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 |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2019)
v.190130

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- c** 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 4225681. (See instructions.)

Part III Financial Information

| 7 Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| a Total plan assets | 7a | 170,147 | 272,405 |
| b Total plan liabilities | 7b | | |
| c Net plan assets (subtract line 7b from line 7a) | 7c | 170,147 | 272,405 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| a Contributions received or receivable from: | | | |
| (1) Employers | 8a(1) | 76,905 | |
| (2) Participants | 8a(2) | 0 | |
| (3) Others (including rollovers) | 8a(3) | 0 | |
| b Other income (loss) | 8b | 25,383 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 102,288 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 0 | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | 0 | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 30 | |
| g Other expenses | 8g | 0 | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 30 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | 102,258 |
| j Transfers to (from) the plan (see instructions) | 8j | | |

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1C 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

| 10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | |
| c Was the plan covered by a fidelity bond? | 10c | X | | 40,000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | X | |
| e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | | X | |
| f Has the plan failed to provide any benefit when due under the plan? | 10f | | X | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | | X | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | |

| | | |
|---|--|---|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF. | OMB No. 1210-0110 2019 This Form is Open to Public Inspection |
|---|--|---|

| | |
|---|---|
| For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u> | |
| ► Round off amounts to nearest dollar. | |
| ► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. | |
| A Name of plan Data Abstract Solutions, Inc. Cash Balance Plan | B Three-digit plan number (PN) <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Data Abstract Solutions, Inc. | D Employer Identification Number (EIN) 20-4040822 |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

| Part I Basic Information | | | |
|--|----------------------------|---------------------------|--------------------------|
| 1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u> | | | |
| 2 Assets: | | | |
| a Market value..... | 2a | 169,995 | |
| b Actuarial value | 2b | 169,995 | |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment | 0 | 0 | 0 |
| b For terminated vested participants | 0 | 0 | 0 |
| c For active participants | 9 | 152,207 | 152,207 |
| d Total | 9 | 152,207 | 152,207 |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/> | | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | |
| 5 Effective interest rate | 5 | 5.38% | |
| 6 Target normal cost | 6 | 66,661 | |

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | |
|---|--------------------------|---|
| SIGN HERE | Signature of actuary | <u>09/15/2020</u> Date |
| <u>David Dougherty, F.S.A.</u> Type or print name of actuary | | <u>2003926</u> Most recent enrollment number |
| <u>David Dougherty, LLC</u> Firm name | | <u>503-260-1644</u> Telephone number (including area code) |
| <u>480 Kaleetan Pl NE</u> <u>Bainbridge Island WA 98110</u> Address of the firm | | |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

1

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)..... **31a** 66,661**b** Excess assets, if applicable, but not greater than line 31a **31b** 17,788**32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment..... 0 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 48,873

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement..... 0 0 0**36** Additional cash requirement (line 34 minus line 35)..... **36** 48,873**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 70,325**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 21,452**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB, Part V - Summary of Plan Provisions**Definitions**

Accrued Benefit: A participant's Hypothetical Account as of a specified date. Any annuity will be the Actuarial Equivalent of the participant's vested interest in his or her Hypothetical Account. Lump sum distributions will equal the participant's vested Hypothetical Account.

Actuarial Equivalence: Determined using 3.0% interest and post-retirement mortality according to the §417(e)(3) Applicable Mortality Table that applies to distributions with the annuity starting date.

Compensation: Form W-2 compensation, including certain elective deferrals. In 2019, compensation is limited to \$280,000 under §401(a)(17). Compensation prior to the date an employee becomes a Participant is not considered for benefit purposes.

Contribution Credits: 40.00% of Compensation for each participant who is named David Kauffman or Michelle Kauffman, and 3.00% of Compensation for each other participant. Amounts are credited on the last day of each Plan Year. For the 2018 plan year, the contribution credit for all participants was 0% (Amendment No. 1).

Early Retirement Age: None.

Effective Date: January 1, 2017.

Eligibility Computation Period: The initial 12-month period beginning on an employee's date of hire. The second and subsequent periods are Plan Years beginning with the first Plan Year which begins prior to the employee's first anniversary of his or her date of hire.

Hypothetical Account: An account maintained for each participant equal to the sum of Contribution Credits and Interest Credits, and reduced by the Actuarial Equivalent of any distributed benefits.

Interest Credits: 5.0% applied to the Hypothetical Account as of the beginning of the Plan Year. Interest Credits are added on the last day of the Plan Year. Effective January 1, 2019, the interest credits are 3.0% (Amendment No. 1).

Normal Form of Retirement Benefit: A Qualified Joint and Survivor Annuity payable for the life of the participant with a 50% spouse survivor benefit after the participant's death.

Normal Retirement Age: 65.

Plan Year: Twelve months ending each December 31.

Qualified Pre-Retirement Survivor Annuity: An annuity for the life of the deceased participant's spouse equal to (a) the same benefit that would be payable if the participant had retired with a Qualified Joint and Survivor Annuity on the day before death, or (b) if the participant dies before the earliest retirement age, the amount that would be payable if the participant had terminated employment on the date of death, survived to the earliest retirement age, retired with a Qualified Joint and Survivor Annuity, and died the next day.

Year of Service: For eligibility, an Eligibility Computation Period in which an employee works 1,000 or more hours. For vesting, a Plan Year in which an employee works 1,000 or more hours, not including years prior to the Effective Date.

Schedule SB, Part V - Summary of Plan Provisions (continued)**Participation**

Eligible employees enter the plan on the January 1st or July 1st coincident or next following their attainment of age 21 and completion of one (1) Year of Service. Non-resident aliens with no U.S. earned income, and Joshua Kannal are not eligible to participate in the Plan.

Eligibility for a Contribution Credit

Eligible participants receive a contribution credit if they complete at least 1,000 hours of service during the Plan Year, unless they terminate service due to retirement, death or disability, in which case they receive a contribution credit regardless of the number of hours of service completed during the Plan Year.

Retirement Benefit

A monthly accrued benefit equal to 1/12th of the Actuarial Equivalent of the participant's Hypothetical Account. A participant who elects not to receive the Normal Form of Retirement Benefit may elect an optional lump sum.

Disability Benefit

None.

Pre-Retirement Death Benefit

If a married participant dies prior to an annuity starting date, the surviving spouse will receive a Qualified Pre-Retirement Survivor Annuity. The Participant's beneficiary will be entitled to the remaining value of the accrued benefit, reduced by the actuarial equivalent of the Qualified Pre-Retirement Survivor Annuity.

Termination Benefit

A Normal Form of Retirement Benefit, or an optional lump sum, will be payable within a reasonable time after a participant's termination of employment, but in no event later than the earlier of his or her Normal Retirement Date or Required Beginning Date. If the vested value of the Accrued Benefit is less than or equal to \$5,000, the benefit will be paid as a lump sum without the participant's consent.

Vesting

A participant will be 100% vested upon reaching his or her Normal Retirement Age or death or disability prior to termination of employment. All other participants will vest according to the following schedule:

| <u>Years of Service</u> | <u>Vested Interest</u> |
|-------------------------|------------------------|
| 0-2 | 0% |
| 3 | 100% |