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
SUMMIT 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/1997

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)
SUMMIT INTERCONNECT, INC.

220 NORTH CRESCENT WAY, SUITE B
ANAHEIM, CA 92801

2b Employer Identification Number (EIN)
81-1924376

2c Plan Sponsor's telephone number
714-635-2870

2d Business code (see instructions)
335900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2020	LORRAINE AMAR
	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**	358
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)**	322
a(2) Total number of active participants at the end of the plan year	**6a(2)**	622
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	33
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	656
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	656
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	155
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 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
SUMMIT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
81-1924376

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	1306	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

(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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AB SM CAP GRTH A - ALLIANCEBERNSTE 13-2624428	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ABF MID CAP VAL INV - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM CENT OC AGGR INV - AMERICAN CEN 44-0619208	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS HIGH YLD R5 - INVESCO CANADA 5140 YONGE STREET, SUITE 900 TORONTO, ON M2N 6 CA	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H ENTERPRISE T - JANUS SERVICES 43-1804048	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H SH TERM BOND T - JANUS SERVICE 43-1804048	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIXIS AEW GF RE Y - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIF SHORT TERM INC A - PRINCIPAL S 711 HIGH STREET DES MOINES, IA 50392	0.30%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO REAL RTN BD AD - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP VALUE ADVISOR - T. ROWE PRICE 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WF SM CO GROWTH ADM - DST ASSET MA	430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WF SPL SM CP VAL ADM - DST ASSET M	430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.35%

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

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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
SUMMIT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
81-1924376

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	132005	453131
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	53401	172279
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2542970	5012627
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	2728376	5638037
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
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	2728376	5638037

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)	0	
	(B) Participants	2a(1)(B)	460263	
	(C) Others (including rollovers)	2a(1)(C)	2178559	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2638822
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5008	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	6637	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11645
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	237029	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		237029
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		423510
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		3311006
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	374632	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		374632
f Corrective distributions (see instructions)	2f		24393
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	1014	
(4) Other	2i(4)	1306	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2320
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		401345
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2909661
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: HALL & COMPANY CPAS, INC. **(2)** EIN: 33-0941617

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		350000
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
SUMMIT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
81-1924376

Part I Distributions

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

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

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

EIN(s): 04-6568107

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_____

SUMMIT 401(k) PLAN

FINANCIAL STATEMENTS

AND SUPPLEMENTARY INFORMATION

December 31, 2019 and 2018

HALL&COMPANY *Certified Public Accountants, Inc.*
TAX, FINANCIAL AND MANAGEMENT CONSULTING SERVICES

SUMMIT 401(k) PLAN

December 31, 2019 and 2018

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HALL&COMPANY *Certified Public Accountants, Inc.*
TAX, FINANCIAL AND MANAGEMENT CONSULTING SERVICES

111 PACIFICA, SUITE 300
IRVINE, CA 92618
(949) 910-HALL (4255)
FAX (949) 910-4256
WWW.HALLCPAS.COM

Independent Auditors' Report

The Plan Administrator and Participants of
Summit 401(k) Plan
Anaheim, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Summit 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, the related statement of changes in net assets available for benefits for the year ended December 31, 2019, 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee/custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee/custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the respective trustee/custodians as of December 31, 2019 and 2018 and for the year ended December 31, 2019, that the information provided to the Plan administrator by the trustee/custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matters

The supplemental schedule of Schedule H, line 4I—Schedule of Assets Held (At End of Year) as of and December 31, 2019 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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 this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee/custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Hall & Company

Irvine, California
October 8, 2020

SUMMIT 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

ASSETS	2019	2018
INVESTMENTS, AT FAIR VALUE		
Mutual funds	5,012,627	$ 2,542,970
Money market funds	453,131	132,005
TOTAL INVESTMENTS	5,465,758	2,674,975
RECEIVABLES		
Participant contribution receivable	-	7,146
Corrective contribution	57	-
Notes receivable from participants	172,279	53,401
TOTAL RECEIVABLES	172,336	60,547
Total Assets	5,638,094	2,735,522
LIABILITIES		
Corrective distributions	9,350	-
Total Liabilities	9,350	-
NET ASSETS AVAILABLE FOR BENEFITS	5,628,744	$ 2,735,522

See accompanying notes to financial statements.

SUMMIT 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2019

ADDITIONS		
INVESTMENT INCOME		
Net appreciation in fair value of investments	$	423,510
Dividend		237,029
TOTAL INVESTMENT INCOME		660,539
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS		6,637
INTEREST ON INTEREST-BEARING CASH		5,008
CONTRIBUTIONS		
Participants		453,127
Employer		57
Rollover		2,178,559
TOTAL ADDITIONS		3,303,927
DEDUCTIONS		
Benefits paid to participants		374,632
Corrective distributions		33,743
Administrative expenses		2,330
TOTAL DEDUCTIONS		410,705
NET INCREASE		2,893,222
NET ASSETS AVAILABLE FOR BENEFITS, January 1		2,735,522
NET ASSETS AVAILABLE FOR BENEFITS, December 31	$	5,628,744

See accompanying notes to financial statements.

NOTE 1 - SUMMARY OF THE PLAN

Plan Description

The following description of the Summit 401(k) Plan, formerly known as the APT/KCA 401(K) Plan, (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was effective on March 1, 1997 and qualifies as a defined contribution retirement Plan for KCA Electronics, Inc. and APT Electronics, Inc. In April 2016 the KCA Electronics, Inc. merged with Marcel Electronics International and formed Summit Interconnect, Inc. In July 2016, APT Electronics, Inc. ceased participating in the Plan. On December 7, 2018, Summit Interconnect, Inc. acquired Streamline Circuits Inc., a leading manufacturer of high-quality printed circuit boards. On July 31, 2019, Streamline Circuit's 401(k) plan was terminated and allowed their participants to begin participating in the Plan on August 1, 2019. For the years ended December 31, 2019 and 2018, Summit Interconnect, Inc. (the "Company") is the Plan sponsor. This Plan was established for the purpose of providing retirement benefits to eligible employees in accordance with the Plan. The Plan is intended to satisfy the provisions of Section 401(a) of the Internal Revenue Code ("IRC") of 1986, as amended. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Administration

The Plan is administered by the Company. Fidelity Management Trust Company ("Fidelity") is the trustee and assets custodian of the Plan.

Participant Eligibility

Each of the Company's employees is eligible to participate in the 401(k) Plan if they have completed 3 months of service and attained age 21. Once the eligibility requirements have been met, employees may enroll in the Plan on the first day of the next month. Employees are eligible to receive matching contributions if they make 401(k) deferrals. In order to be eligible for the discretionary employer contributions the employee must have completed 1,000 hours of service during the Plan year and be employed on the last day of the Plan year.

Contributions

The Company's eligible employees may contribute up to the 402(g) limit and/or the ADP test limit for highly compensated employees. The 402(g) limit for 2019 was $19,000. In addition, all eligible employees who have attained age 50 before the close of the Plan year are eligible to make catch-up contributions of up to $6,000 in accordance with, and subject to the limitations of Code Section 414(v).

NOTE 1 - SUMMARY OF THE PLAN (CONTINUED)

Contributions (Continued)

The Company may make a discretionary matching and/or profit-sharing contributions equal to an amount determined by the Company to eligible employees. For the years ended December 31, 2019 and 2018, the Company did not make discretionary contributions.

Investment of Plan Funds

A participant may invest his or her respective share of all employee and employer contributions into any of the investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's allocation of (a) the Company's matching contribution, (b) the Company's discretionary profit-sharing contribution, (c) the participant's contribution and, (d) Plan earnings.

Allocation of Investment Activity

The net increase or decrease in such values resulting from fund income and allocated expenses, if any, are apportioned to each participant's account in proportion to the value of the participant's account as compared to the investment fund as a whole.

Vesting

Participants are one hundred percent (100%) vested in their contributions plus actual earnings thereon. Participants become vested in their Company matching contributions and Company discretionary profit-sharing account and any earnings as follows:

Years of Service	Vested Interest (%)
Less than one year of service	0
After one but less than two years of service	20
After two but less than three years of service	40
After three but less than four years of service	60
After four but less than five years of service	80
After five years of service or more	100

Forfeitures

Amounts forfeited from terminating participants' non-vested portion of their Company matching contribution account and Company discretionary profit-sharing contribution account and earnings on Company contributions are used first to reduce administrative expenses, then to reduce matching and discretionary profit-sharing contributions. There were no forfeitures of non-vested accounts as of December 31, 2019 and 2018 that are included in the cash accounts.

NOTE 1 - SUMMARY OF THE PLAN (CONTINUED)

Payment of Benefits

Retired or terminated participants receive the vested portion of their Company contributions and earnings on their Company contributions and one hundred percent (100%) of their pre-tax contribution as soon as administratively possible following retirement, termination or upon becoming disabled.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of one-half of the participant's vested account balance, $50,000, or the limitations set by the Tax Reform Act of 1986 and Section 408(b) of ERISA. The notes are to be repaid through payroll withholding over a period of five years or longer if the loan is used to acquire a principal residence under hardship circumstances.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America ("GAAP") and in accordance with the Plan agreement.

Administrative Expenses

Plan administrative expenses are paid by the Plan, unless paid by the Company.

Cash and Cash Equivalents

For the purposes of the Statement of Net Assets Available for Benefit, the Plan considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

Accounting Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. The current interest rates on existing loans range from 5.5% to 7.5%.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Non-Discrimination for Employee and Employer Contributions

The Plan, as required by the IRC, performs annual tests between highly compensated participants versus non-highly compensated participants to ensure that highly compensated participants are not disproportionately favored under the Plan.

If the Plan fails the tests, it must refund excess deferral contributions or make a Qualified Non-Election Contribution ("QNEC") for the non-highly compensated employees. Excess contributions that are refunded within two and a half months of the Plan year end are accrued as a liability on the statement of net assets available for benefits. Excess contributions of $9,350 and $0 were accrued for the years ended December 31, 2019 and 2018, respectively.

Payment of Benefits

The Plan does not accrue non-distributed benefits related to participants who have withdrawn from the Plan but recognizes such benefits as a deduction from net assets in the period in which such benefits are paid.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians.

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.

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 hierarchy under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("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.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

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;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset 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 fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Mutual Funds

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds are held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at the price. The mutual funds held by the Plan are deemed to be actively traded and are classified as level 1 investments.

Money Market Funds

These investments have an object to earn interest for shareholders while maintaining a NAV of $1 per share. The portfolio comprises short-term, or less than one year, securities representing high-quality, liquid debt and monetary instruments.

The money market funds held by the Plan are deemed to be actively traded and are classified as level 1 investments.

The Plan's investments (including investments bought, sold and held during the year) appreciated $423,510 for the year ended December 31, 2019.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN CUSTODIAN

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. All of the 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 appreciation (depreciation) 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 Fidelity, the trustee/custodian of the Plan.

NOTE 4 - INCOME TAX STATUS

The Internal Revenue Service issued a favorable opinion in a letter dated January 25, 2012 that stated that the Volume Submitter Profit Sharing Plan adopted by the Company, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has since been amended and restated. The trustee/custodian, Plan sponsor, and Plan administrator are not aware of any course of action or series of events that have occurred that would adversely affect the qualified status of the Plan. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination participants will become one hundred percent (100%) vested in their accounts.

NOTE 6 - PARTY IN INTEREST TRANSACTIONS

For the plan year ended December 31, 2019, all Plan investments were managed by Fidelity, the trustee of the Plan, and therefore, these transactions qualified as party-in-interest transactions. For the year ended December 31, 2019, fees paid by the Plan to Fidelity for the contract administration services amounted to $2,330. All party-in-interest transactions qualify for statutory exemption.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan invested in various investment securities in 2019. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 8 - FAIR VALUE OF FINANCIAL STATEMENTS (ASC 820)

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 Fair Value
Assets:				
Mutual funds	$ 5,012,627	$ -	$ -	$ 5,012,627
Money market funds	453,131	-	-	453,131
Total assets	$ 5,465,758	$ -	$ -	$ 5,465,758

	Assets at Fair Value As of December 31, 2018			
	Level 1	Level 2	Level 3	Total Fair Value
Assets:				
Mutual funds	$ 2,542,970	$ -	$ -	$ 2,542,970
Money market funds	132,005	-	-	132,005
Total assets	$ 2,674,975	$ -	$ -	$ 2,674,975

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The information contained in the financial statements does not agree to the information contained in the Form 5500 as of and for the years ended December 31, 2019 and 2018. The difference is due to the recording of employee contribution receivable.

The following is a reconciliation of net assets available for benefits per the financial statement to Form 5500 for 2019 and 2018:

	2019	2018
Net assets available for benefits per the financial statements	$ 5,628,744	$ 2,735,522
Accrual of employee contributions	-	(7,136)
Accrual of employer contributions	(57)	
Accrual of corrective distributions	9,350	-
Net assets available for benefits per the Form 5500	$ 5,638,037	$ 2,728,386

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of additions and deductions to net assets available for plan benefits per the financial statements to Form 5500 for the year ended December 31, 2019:

	2019
Participant contributions per the financial statements	$ 453,127
Accrual of employee contributions - prior year	7,136
Participant contributions per the Form 5500	$ 460,263

	2019
Employer contributions per the financial statements	$ 57
Accrual of employee contributions - current year	(57)
Participant contributions per the Form 5500	$ -

	2019
Corrective distributions per the financial statements	33,743
Accrual for corrective distributions - current year	(9,350)
Accrual for corrective distributions - prior year	-
Corrective distributions per the Form 5500	$ 24,393

NOTE 10 - PROHIBITED TRANSACTIONS

For the plan year ended December 31, 2019, the Plan did not use the plan definition of compensation for some employees which resulted in miscalculated employee contributions of $114. The employer will contribute 50% of the funds to the Plan in 2020. This mistake is considered a prohibited transaction by the Internal Revenue Service (“IRS”) and DOL and may be subject to penalties and interest.

NOTE 11 - SUBSEQUENT EVENTS

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. The COVID-19 pandemic and resulting global disruptions have caused significant economic uncertainty and volatility in financial markets. As a result, the Plan's various investment securities have incurred significant volatility in fair value since December 31, 2019. The impact of COVID-19 continues to evolve rapidly, and the Company is not able at this time to estimate its full impact on the Plan's financial statements.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security ("CARES") Act was signed into law. CARES Act distribution provision allows the Plan's participants to take a COVID-19 related distribution up to $100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020. CARES Act temporary loan repayment deferral provision allows qualified Plan participants who have Plan loan repayments to defer such repayments until December 31, 2020. As of the date of the financial statements, the Plan has not adopted the distribution provision or the temporary loan repayment deferral provision of the CARES Act.

The Plan has evaluated and determined that no other events have occurred subsequent to the date of the statement of net assets available for benefits through October 8, 2020, the date which the financial statements were available to be issued, which require recording or disclosure in these financial statements.

SUPPLEMENTARY INFORMATION

SUMMIT 401(k) PLAN

SCHEDULE I

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Plan FEIN#: 81-1924376; Plan #001

December 31, 2019

(a)	Identity of Issuer (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Fidelity Investments	FID Overseas	**	$ 1,367
*	Fidelity Investments	FID Balanced Fund	**	68,234
*	Fidelity Investments	FID Blue Chip GR	**	159,661
*	Fidelity Investments	FID Large Cap Stock	**	9,119
*	Fidelity Investments	FID Freedom Income	**	28,372
*	Fidelity Investments	FID Freedom 2010	**	365,137
*	Fidelity Investments	FID Freedom 2020	**	934,907
*	Fidelity Investments	FID Freedom 2030	**	857,299
*	Fidelity Investments	FID Freedom 2040	**	437,589
*	Fidelity Investments	FID Total Bond	**	52,523
*	Fidelity Investments	FID Freedome 2005	**	235
*	Fidelity Investments	FID Freedom 2015	**	75,502
*	Fidelity Investments	FID Freedom 2025	**	599,909
*	Fidelity Investments	FID Freedom 2035	**	637,500
*	Fidelity Investments	FID Freedon 2045	**	149,566
*	Fidelity Investments	FID Freedom 2050	**	22,968
*	Fidelity Investments	FID International Growth	**	50,311
*	Fidelity Investments	FID US Bond Index Fund	**	44,296
*	Fidelity Investments	FID 500 Index Fund	**	60,293
*	Fidelity Investments	FID Freedom 2055	**	17,537
*	Fidelity Investments	FID Emerging Markets Index Fund	**	16,950
*	Fidelity Investments	FID Mid Cap Index Fund	**	14,144
*	Fidelity Investments	FID Real Estate	**	9,185
*	Fidelity Investments	FID Small Cap Index Fund	**	10,989
*	Fidelity Investments	FID Extended Market Index Fund	**	6,562
*	Fidelity Investments	FID Freedom 2060	**	6,967
*	Fidelity Investments	FID Government Money Market Fund	**	453,131
	Natixis	AEW Global Focused Real Estate	**	2,453
	AB	Small Cap Growth Portfolio	**	14,061
	Invesco	High Yield	**	473
	Janus Investment Fund	Janus Enterprise Fund Class T	**	195,816
	American Century Investments	Investments One Choice Portfolio	**	1,822
	T. Rowe Price	T. Rowe Price Value Fund Advisor	**	129,575
	Wells Fargo Asset Management	Small Company Growth	**	13,747
	Pimco	Real Return	**	10,142
	American Beacon	Mid-Cap Value Fund	**	5,589
	Principal	Short-Term Income	**	1,827
				$ 5,465,758
	Notes Receivable from Participants	Interest Rate at 5.50% to 7.50%		$ 172,279

* Denotes a party-in-interest as defined by ERISA.
** Cost of participant-directed investments is not required to be disclosed.

SUMMIT 401(k) PLAN

SCHEDULE II

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT CONTRIBUTIONS
Plan FEIN#: 81-1924376; Plan #001

For the Year Ended December 31, 2019

Participant Contributions Transferred Late to Plan for Plan Year	**Total that Constitute Nonexempt Prohibited Transactions**			**Total Fully Corrected Under VFCP and PTE 2002-51**
Check here if late participant loan repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$57	$ -	$ 57	$ -	$ -

SUMMIT 401(k) PLAN

FINANCIAL STATEMENTS

AND SUPPLEMENTARY INFORMATION

December 31, 2019 and 2018

HALL&COMPANY *Certified Public Accountants, Inc.*
TAX, FINANCIAL AND MANAGEMENT CONSULTING SERVICES

SUMMIT 401(k) PLAN

December 31, 2019 and 2018

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HALL&COMPANY *Certified Public Accountants, Inc.*
TAX, FINANCIAL AND MANAGEMENT CONSULTING SERVICES

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WWW.HALLCPAS.COM

Independent Auditors' Report

The Plan Administrator and Participants of
Summit 401(k) Plan
Anaheim, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Summit 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, the related statement of changes in net assets available for benefits for the year ended December 31, 2019, 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee/custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee/custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the respective trustee/custodians as of December 31, 2019 and 2018 and for the year ended December 31, 2019, that the information provided to the Plan administrator by the trustee/custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matters

The supplemental schedule of Schedule H, line 4I—Schedule of Assets Held (At End of Year) as of and December 31, 2019 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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 this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee/custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Hall & Company

Irvine, California
October 8, 2020

SUMMIT 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

ASSETS	2019	2018
INVESTMENTS, AT FAIR VALUE		
Mutual funds	5,012,627	$ 2,542,970
Money market funds	453,131	132,005
TOTAL INVESTMENTS	5,465,758	2,674,975
RECEIVABLES		
Participant contribution receivable	-	7,146
Corrective contribution	57	-
Notes receivable from participants	172,279	53,401
TOTAL RECEIVABLES	172,336	60,547
Total Assets	5,638,094	2,735,522
LIABILITIES		
Corrective distributions	9,350	-
Total Liabilities	9,350	-
NET ASSETS AVAILABLE FOR BENEFITS	5,628,744	$ 2,735,522

See accompanying notes to financial statements.

SUMMIT 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2019

ADDITIONS		
INVESTMENT INCOME		
Net appreciation in fair value of investments	$	423,510
Dividend		237,029
TOTAL INVESTMENT INCOME		660,539
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS		6,637
INTEREST ON INTEREST-BEARING CASH		5,008
CONTRIBUTIONS		
Participants		453,127
Employer		57
Rollover		2,178,559
TOTAL ADDITIONS		3,303,927
DEDUCTIONS		
Benefits paid to participants		374,632
Corrective distributions		33,743
Administrative expenses		2,330
TOTAL DEDUCTIONS		410,705
NET INCREASE		2,893,222
NET ASSETS AVAILABLE FOR BENEFITS, January 1		2,735,522
NET ASSETS AVAILABLE FOR BENEFITS, December 31	$	5,628,744

See accompanying notes to financial statements.

NOTE 1 - SUMMARY OF THE PLAN

Plan Description

The following description of the Summit 401(k) Plan, formerly known as the APT/KCA 401(K) Plan, (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was effective on March 1, 1997 and qualifies as a defined contribution retirement Plan for KCA Electronics, Inc. and APT Electronics, Inc. In April 2016 the KCA Electronics, Inc. merged with Marcel Electronics International and formed Summit Interconnect, Inc. In July 2016, APT Electronics, Inc. ceased participating in the Plan. On December 7, 2018, Summit Interconnect, Inc. acquired Streamline Circuits Inc., a leading manufacturer of high-quality printed circuit boards. On July 31, 2019, Streamline Circuit's 401(k) plan was terminated and allowed their participants to begin participating in the Plan on August 1, 2019. For the years ended December 31, 2019 and 2018, Summit Interconnect, Inc. (the "Company") is the Plan sponsor. This Plan was established for the purpose of providing retirement benefits to eligible employees in accordance with the Plan. The Plan is intended to satisfy the provisions of Section 401(a) of the Internal Revenue Code ("IRC") of 1986, as amended. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Administration

The Plan is administered by the Company. Fidelity Management Trust Company ("Fidelity") is the trustee and assets custodian of the Plan.

Participant Eligibility

Each of the Company's employees is eligible to participate in the 401(k) Plan if they have completed 3 months of service and attained age 21. Once the eligibility requirements have been met, employees may enroll in the Plan on the first day of the next month. Employees are eligible to receive matching contributions if they make 401(k) deferrals. In order to be eligible for the discretionary employer contributions the employee must have completed 1,000 hours of service during the Plan year and be employed on the last day of the Plan year.

Contributions

The Company's eligible employees may contribute up to the 402(g) limit and/or the ADP test limit for highly compensated employees. The 402(g) limit for 2019 was $19,000. In addition, all eligible employees who have attained age 50 before the close of the Plan year are eligible to make catch-up contributions of up to $6,000 in accordance with, and subject to the limitations of Code Section 414(v).

NOTE 1 - SUMMARY OF THE PLAN (CONTINUED)

Contributions (Continued)

The Company may make a discretionary matching and/or profit-sharing contributions equal to an amount determined by the Company to eligible employees. For the years ended December 31, 2019 and 2018, the Company did not make discretionary contributions.

Investment of Plan Funds

A participant may invest his or her respective share of all employee and employer contributions into any of the investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's allocation of (a) the Company's matching contribution, (b) the Company's discretionary profit-sharing contribution, (c) the participant's contribution and, (d) Plan earnings.

Allocation of Investment Activity

The net increase or decrease in such values resulting from fund income and allocated expenses, if any, are apportioned to each participant's account in proportion to the value of the participant's account as compared to the investment fund as a whole.

Vesting

Participants are one hundred percent (100%) vested in their contributions plus actual earnings thereon. Participants become vested in their Company matching contributions and Company discretionary profit-sharing account and any earnings as follows:

Years of Service	Vested Interest (%)
Less than one year of service	0
After one but less than two years of service	20
After two but less than three years of service	40
After three but less than four years of service	60
After four but less than five years of service	80
After five years of service or more	100

Forfeitures

Amounts forfeited from terminating participants' non-vested portion of their Company matching contribution account and Company discretionary profit-sharing contribution account and earnings on Company contributions are used first to reduce administrative expenses, then to reduce matching and discretionary profit-sharing contributions. There were no forfeitures of non-vested accounts as of December 31, 2019 and 2018 that are included in the cash accounts.

NOTE 1 - SUMMARY OF THE PLAN (CONTINUED)

Payment of Benefits

Retired or terminated participants receive the vested portion of their Company contributions and earnings on their Company contributions and one hundred percent (100%) of their pre-tax contribution as soon as administratively possible following retirement, termination or upon becoming disabled.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of one-half of the participant's vested account balance, $50,000, or the limitations set by the Tax Reform Act of 1986 and Section 408(b) of ERISA. The notes are to be repaid through payroll withholding over a period of five years or longer if the loan is used to acquire a principal residence under hardship circumstances.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America ("GAAP") and in accordance with the Plan agreement.

Administrative Expenses

Plan administrative expenses are paid by the Plan, unless paid by the Company.

Cash and Cash Equivalents

For the purposes of the Statement of Net Assets Available for Benefit, the Plan considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

Accounting Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

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Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. The current interest rates on existing loans range from 5.5% to 7.5%.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Non-Discrimination for Employee and Employer Contributions

The Plan, as required by the IRC, performs annual tests between highly compensated participants versus non-highly compensated participants to ensure that highly compensated participants are not disproportionately favored under the Plan.

If the Plan fails the tests, it must refund excess deferral contributions or make a Qualified Non-Election Contribution ("QNEC") for the non-highly compensated employees. Excess contributions that are refunded within two and a half months of the Plan year end are accrued as a liability on the statement of net assets available for benefits. Excess contributions of $9,350 and $0 were accrued for the years ended December 31, 2019 and 2018, respectively.

Payment of Benefits

The Plan does not accrue non-distributed benefits related to participants who have withdrawn from the Plan but recognizes such benefits as a deduction from net assets in the period in which such benefits are paid.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians.

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.

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 hierarchy under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("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.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

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;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset 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 fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Mutual Funds

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds are held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at the price. The mutual funds held by the Plan are deemed to be actively traded and are classified as level 1 investments.

Money Market Funds

These investments have an object to earn interest for shareholders while maintaining a NAV of $1 per share. The portfolio comprises short-term, or less than one year, securities representing high-quality, liquid debt and monetary instruments.

The money market funds held by the Plan are deemed to be actively traded and are classified as level 1 investments.

The Plan's investments (including investments bought, sold and held during the year) appreciated $423,510 for the year ended December 31, 2019.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN CUSTODIAN

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. All of the 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 appreciation (depreciation) 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 Fidelity, the trustee/custodian of the Plan.

NOTE 4 - INCOME TAX STATUS

The Internal Revenue Service issued a favorable opinion in a letter dated January 25, 2012 that stated that the Volume Submitter Profit Sharing Plan adopted by the Company, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has since been amended and restated. The trustee/custodian, Plan sponsor, and Plan administrator are not aware of any course of action or series of events that have occurred that would adversely affect the qualified status of the Plan. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination participants will become one hundred percent (100%) vested in their accounts.

NOTE 6 - PARTY IN INTEREST TRANSACTIONS

For the plan year ended December 31, 2019, all Plan investments were managed by Fidelity, the trustee of the Plan, and therefore, these transactions qualified as party-in-interest transactions. For the year ended December 31, 2019, fees paid by the Plan to Fidelity for the contract administration services amounted to $2,330. All party-in-interest transactions qualify for statutory exemption.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan invested in various investment securities in 2019. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 8 - FAIR VALUE OF FINANCIAL STATEMENTS (ASC 820)

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 Fair Value
Assets:				
Mutual funds	$ 5,012,627	$ -	$ -	$ 5,012,627
Money market funds	453,131	-	-	453,131
Total assets	$ 5,465,758	$ -	$ -	$ 5,465,758

	Assets at Fair Value As of December 31, 2018			
	Level 1	Level 2	Level 3	Total Fair Value
Assets:				
Mutual funds	$ 2,542,970	$ -	$ -	$ 2,542,970
Money market funds	132,005	-	-	132,005
Total assets	$ 2,674,975	$ -	$ -	$ 2,674,975

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The information contained in the financial statements does not agree to the information contained in the Form 5500 as of and for the years ended December 31, 2019 and 2018. The difference is due to the recording of employee contribution receivable.

The following is a reconciliation of net assets available for benefits per the financial statement to Form 5500 for 2019 and 2018:

	2019	2018
Net assets available for benefits per the financial statements	$ 5,628,744	$ 2,735,522
Accrual of employee contributions	-	(7,136)
Accrual of employer contributions	(57)	
Accrual of corrective distributions	9,350	-
Net assets available for benefits per the Form 5500	$ 5,638,037	$ 2,728,386

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of additions and deductions to net assets available for plan benefits per the financial statements to Form 5500 for the year ended December 31, 2019:

	2019
Participant contributions per the financial statements	$ 453,127
Accrual of employee contributions - prior year	7,136
Participant contributions per the Form 5500	$ 460,263

	2019
Employer contributions per the financial statements	$ 57
Accrual of employee contributions - current year	(57)
Participant contributions per the Form 5500	$ -

	2019
Corrective distributions per the financial statements	33,743
Accrual for corrective distributions - current year	(9,350)
Accrual for corrective distributions - prior year	-
Corrective distributions per the Form 5500	$ 24,393

NOTE 10 - PROHIBITED TRANSACTIONS

For the plan year ended December 31, 2019, the Plan did not use the plan definition of compensation for some employees which resulted in miscalculated employee contributions of $114. The employer will contribute 50% of the funds to the Plan in 2020. This mistake is considered a prohibited transaction by the Internal Revenue Service (“IRS”) and DOL and may be subject to penalties and interest.

NOTE 11 - SUBSEQUENT EVENTS

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. The COVID-19 pandemic and resulting global disruptions have caused significant economic uncertainty and volatility in financial markets. As a result, the Plan's various investment securities have incurred significant volatility in fair value since December 31, 2019. The impact of COVID-19 continues to evolve rapidly, and the Company is not able at this time to estimate its full impact on the Plan's financial statements.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security ("CARES") Act was signed into law. CARES Act distribution provision allows the Plan's participants to take a COVID-19 related distribution up to $100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020. CARES Act temporary loan repayment deferral provision allows qualified Plan participants who have Plan loan repayments to defer such repayments until December 31, 2020. As of the date of the financial statements, the Plan has not adopted the distribution provision or the temporary loan repayment deferral provision of the CARES Act.

The Plan has evaluated and determined that no other events have occurred subsequent to the date of the statement of net assets available for benefits through October 8, 2020, the date which the financial statements were available to be issued, which require recording or disclosure in these financial statements.

SUPPLEMENTARY INFORMATION

SUMMIT 401(k) PLAN

SCHEDULE I

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Plan FEIN#: 81-1924376; Plan #001

December 31, 2019

(a)	Identity of Issuer (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Fidelity Investments	FID Overseas	**	$ 1,367
*	Fidelity Investments	FID Balanced Fund	**	68,234
*	Fidelity Investments	FID Blue Chip GR	**	159,661
*	Fidelity Investments	FID Large Cap Stock	**	9,119
*	Fidelity Investments	FID Freedom Income	**	28,372
*	Fidelity Investments	FID Freedom 2010	**	365,137
*	Fidelity Investments	FID Freedom 2020	**	934,907
*	Fidelity Investments	FID Freedom 2030	**	857,299
*	Fidelity Investments	FID Freedom 2040	**	437,589
*	Fidelity Investments	FID Total Bond	**	52,523
*	Fidelity Investments	FID Freedome 2005	**	235
*	Fidelity Investments	FID Freedom 2015	**	75,502
*	Fidelity Investments	FID Freedom 2025	**	599,909
*	Fidelity Investments	FID Freedom 2035	**	637,500
*	Fidelity Investments	FID Freedon 2045	**	149,566
*	Fidelity Investments	FID Freedom 2050	**	22,968
*	Fidelity Investments	FID International Growth	**	50,311
*	Fidelity Investments	FID US Bond Index Fund	**	44,296
*	Fidelity Investments	FID 500 Index Fund	**	60,293
*	Fidelity Investments	FID Freedom 2055	**	17,537
*	Fidelity Investments	FID Emerging Markets Index Fund	**	16,950
*	Fidelity Investments	FID Mid Cap Index Fund	**	14,144
*	Fidelity Investments	FID Real Estate	**	9,185
*	Fidelity Investments	FID Small Cap Index Fund	**	10,989
*	Fidelity Investments	FID Extended Market Index Fund	**	6,562
*	Fidelity Investments	FID Freedom 2060	**	6,967
*	Fidelity Investments	FID Government Money Market Fund	**	453,131
	Natixis	AEW Global Focused Real Estate	**	2,453
	AB	Small Cap Growth Portfolio	**	14,061
	Invesco	High Yield	**	473
	Janus Investment Fund	Janus Enterprise Fund Class T	**	195,816
	American Century Investments	Investments One Choice Portfolio	**	1,822
	T. Rowe Price	T. Rowe Price Value Fund Advisor	**	129,575
	Wells Fargo Asset Management	Small Company Growth	**	13,747
	Pimco	Real Return	**	10,142
	American Beacon	Mid-Cap Value Fund	**	5,589
	Principal	Short-Term Income	**	1,827
				$ 5,465,758
	Notes Receivable from Participants	Interest Rate at 5.50% to 7.50%		$ 172,279

* Denotes a party-in-interest as defined by ERISA.
** Cost of participant-directed investments is not required to be disclosed.

SUMMIT 401(k) PLAN

SCHEDULE II

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT CONTRIBUTIONS
Plan FEIN#: 81-1924376; Plan #001

For the Year Ended December 31, 2019

Participant Contributions Transferred Late to Plan for Plan Year	**Total that Constitute Nonexempt Prohibited Transactions**			**Total Fully Corrected Under VFCP and PTE 2002-51**
Check here if late participant loan repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$57	$ -	$ 57	$ -	$ -