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
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AUSGAR TECHNOLOGIES,INC. 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/2004

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)
AUSGAR TECHNOLOGIES, INC.

10721 TREENA STREET, SUITE 100
SAN DIEGO, CA 92131

2b Employer Identification Number (EIN)
51-0465751

2c Plan Sponsor's telephone number
858-444-8232

2d Business code (see instructions)
541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2020	ELAINE M. RAMIREZ
	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**	233
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)**	118
a(2) Total number of active participants at the end of the plan year	**6a(2)**	115
b Retired or separated participants receiving benefits	**6b**	6
c Other retired or separated participants entitled to future benefits	**6c**	75
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	196
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	196
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	196
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	18
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 2G 2J 2F 3D 2T

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) [X] 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) [X] 1 **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
AUSGAR TECHNOLOGIES,INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
51-0465751

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0467907	68322	336478-01	15	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1024489
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	680777
c	Additions: (1) Contributions deposited during the year	7c(1)	33592		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	9814		
	(4) Transferred from separate account	7c(4)	363161		
	(5) Other (specify below)	7c(5)	34684		
	▶ LOAN REPAYMENT(S), FORFEITURES				
	(6)Total additions			7c(6)	441251
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1122028
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	36258		
	(2) Administration charge made by carrier	7e(2)	1209		
	(3) Transferred to separate account	7e(3)	60072		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	97539
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1024489

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
AUSGAR TECHNOLOGIES,INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
51-0465751

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

GREAT-WEST LIFE & ANNUITY

8515 EAST ORCHARD RD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	27258	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

SAN DIEGO PENSION CONSULTANTS

9665 CHESAPEAKE DR. STE 201
SAN DIEGO, CA 92123

(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?
13	TPA	2925	Yes [X] No [ ]	Yes [ ] No [X]	10000	Yes [ ] No [X]

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

ADVISED ASSETS GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	8276	Yes [ ] No [X]	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
SAN DIEGO PENSION CONSULTANTS	13	10000

(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.
GREAT-WEST LIFE & ANNUITY INS. CO 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
AUSGAR TECHNOLOGIES,INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
51-0465751

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	105361	126506
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	215525	217353
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9561241	11327843
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	680777	1024489
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10562904	12696191
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10562904	12696191

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)	514781	
	(B) Participants	2a(1)(B)	868126	
	(C) Others (including rollovers)	2a(1)(C)	21077	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1403984
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	343	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	11390	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11733
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	397545	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		397545
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1832866
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3646128
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1463459	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1463459
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		19322
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	27511	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2549	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		30060
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1512841
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2133287
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ 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: LEVITZACKS CERTIFIED PUBLIC ACCOUNT **(2)** EIN: 95-3159181

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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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
AUSGAR TECHNOLOGIES,INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
51-0465751

Part I Distributions

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

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

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

EIN(s): 84-0467907

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_____

AUSGAR Technologies, Inc. 401(k) Profit Sharing Plan

Financial Statements and Supplemental Schedule

Years Ended December 31, 2019 and 2018

LEVITZACKS
CERTIFIED PUBLIC ACCOUNTANTS

VICTOR G. RAMSAUER, CPA
SUSAN L. WATSON, ARM
CRISTANNE M. LEITNER, MS, CPA
THOMAS E. REX, CPA
KIM W. UFFORD, CPA, CFF, ABV, ASA
BRUCE A. STRUMLAUF, MS, CPA
DANIEL I. LAVIS, MPA, CPA
MICHAEL C. FRIEDMAN, CPA

THERESA M. DROUILLARD,CPA
(RETIRED)

INDEPENDENT AUDITOR'S REPORT

To the Plan Committee of the
AUSGAR Technologies, Inc. 401(k) Profit Sharing Plan
San Diego, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of AUSGAR Technologies, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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



Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of Assets (Held at End of Year) as of December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



San Diego, California
October 2, 2020

AUSGAR Technologies, Inc. 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
Assets:		
Investments in registered investment companies, at fair value	$ 11,327,843	$ 9,561,241
Guaranteed interest fund, at contract value	1,024,489	680,777
Participant notes receivable	217,353	215,525
Company contributions receivable	126,506	105,361
Net assets available for benefits	$ 12,696,191	$ 10,562,904

See accompanying notes to financial statements.

AUSGAR Technologies, Inc. 401(k) Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2019 and 2018

	2019	2018
Additions to net assets:		
Participant contributions	$ 868,126	$ 909,164
Company contributions	514,781	518,198
Rollover contributions	21,077	10,915
Interest income on participant notes	11,390	10,135
Interest and dividend income	397,888	397,472
Net realized and unrealized gain (loss) in fair value of investments	1,832,866	(1,009,300)
Total additions	3,646,128	836,584
Deductions from net assets:		
Benefits paid to participants	1,482,781	3,457,817
Administrative expenses	30,060	51,644
Total deductions	1,512,841	3,509,461
Net increase (decrease) in net assets	2,133,287	(2,672,877)
Net assets available for benefits:		
Beginning of year	10,562,904	13,235,781
End of year	$ 12,696,191	$ 10,562,904

See accompanying notes to financial statements.

Note 1. DESCRIPTION OF THE PLAN

The following description of the AUSGAR Technologies, Inc., 401(K) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General

The Plan is a defined-contribution plan covering substantially all employees of AUSGAR Technologies, Inc., (the Company) who have reached the age of 21. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA). The Plan operated as a safe harbor plan for the years ended December 31, 2019 and 2018 which exempts the Plan from anti-discrimination requirements by mandating that the Company make minimum contributions to all participant accounts. The Company serves as the sponsor of the Plan. The Plan is administered by trustees consisting of one or more persons appointed by the Board of Directors of the Company.

Contributions

Each year, participants may contribute a portion of annual compensation, up to limits specified in the Internal Revenue Code. Participants may contribute all or part of their 401(k) contributions as Roth Contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (Rollover Contributions). The Company may make discretionary matching contributions to the Plan.

The Company elected to make Safe Harbor contributions for the years ending December 31, 2019 and 2018. The Safe Harbor contributions are equal to 3% of the eligible participants compensation. The Safe Harbor contributions for December 31, 2019 and 2018, were $388,275 and $412,837, respectively.

The Company may also elect to contribute a discretionary matching contribution and a profit sharing contribution. The amount is determined each year. For the years ended December 31, 2019 and 2018, the Company made profit sharing contributions, net of forfeitures, of $126,506 and $105,361, respectively. There were no discretionary matching contributions made for 2019 or 2018.

Note 1. DESCRIPTION OF THE PLAN (continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's discretionary matching contributions, discretionary safe harbor contributions, and discretionary profit sharing contributions. The allocation of Company profit sharing contributions is determined by the Company subject to a general non-discrimination test. Each participant has an individual investment account and is credited with the earnings from that account.

Benefits

Upon termination of service, attainment of normal retirement age, disability or death, the participant will receive the value of the vested interest in his or her account as a lump-sum distribution or other distribution methods elected by the participant. Participants may also be eligible to request a distribution from their vested portion of their elective deferral and Roth contribution accounts in the event of undue financial hardship subject to certain conditions and limitations as defined in the Plan.

Vesting

Participants are immediately vested in their own contributions and the Company's safe harbor contributions, plus actual earnings thereon. Vesting in the Company's discretionary matching and profit-sharing portion of their accounts is based on continuous years of service. A participant is 100% vested after six years of credited service, attainment of normal retirement age, death or disability.

Notes Receivable from Participants

Participants may borrow a minimum of $1,000 and a maximum of the lesser of 50% of their vested account balance or $50,000 reduced by the highest outstanding loan balance in the participant's account during the prior twelve-month period. Notes receivable from participants bear a reasonable rate of interest determined by the plan administrator based on prevailing interest rates by a person in the business of lending money for loans which would be made under similar circumstances. The interest rate is fixed for the duration of the loan. Additionally, all loans are secured by the participant's vested interest in the Plan. Loans to participants must be repaid within 5 years unless the loan qualifies as a home loan, as defined by the Plan. Interest rates on outstanding participant loans ranged from 4.25% to 6.5% at December 31, 2019. Interest rates on outstanding participant loans ranged from 4.25% to 6.25% at December 31, 2018.

Note 1. DESCRIPTION OF THE PLAN (continued)

Investments

The Plan allows participants to direct their account balance to any combination of a variety of investment funds. The number of such funds and the type of investments therein may be changed at any time by the Plan. Participants may change their investment options at any time.

Forfeitures

Forfeitures of non-vested Company contributions may be used to pay administrative expenses or reduce the Company's contributions. Total forfeitures in 2019 and 2018 were $26,413 and $49,032, respectively. Forfeitures of $25,054 and $56,900 were used to reduce Company contributions in 2019 and 2018, respectively.

Administrative Expenses

Certain administrative expenses of the Plan are paid by the Company.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants become 100% vested in their account balance.

Note 2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

Investments in registered investment companies are valued at fair value based on the net asset value of shares held by the Plan at year end.

Investments in the guaranteed interest fund are stated at contract value as estimated by the custodian. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

Purchases and sales of investments are recorded on a settlement date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold during the year as well as held at year end.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Delinquent participant loans are reclassified as a distribution based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Note 3. FAIR VALUE MEASUREMENTS

FASB ASC 820-10 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1 Fair Value Measurements

Fair values are based on publicly quoted prices in active markets for identical assets. The fair value of investments in registered investment companies is based on the publicly quoted net asset value of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements

Fair values are based on observable inputs other than publicly quoted prices in active markets for identical assets.

Level 3 Fair Value Measurements

Fair values are based on unobservable inputs used for valuing the asset.

	Fair Value Measurements as of December 31, 2019 Using:			
	Level 1	Level 2	Level 3	Total
Investments in registered investment companies	$ 11,327,843	$ -	$ -	$11,327,843
Total investments measured at fair value	$ 11,327,843	$ -	$ -	$11,327,843

	Fair Value Measurements as of December 31, 2018 Using:			
	Level 1	Level 2	Level 3	Total
Investments in registered investment companies	$ 9,561,241	$ -	$ -	$ 9,561,241
Total investments measured at fair value	$ 9,561,241	$ -	$ -	$ 9,561,241

Note 4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan holds a group annuity contract with Great-West Life & Annuity Insurance Company. The Guaranteed Interest Fund is a general account product. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest credit rate, as stated in the contract, and prevailing market conditions. Interest crediting rate is reset quarterly.

As described in Note 2, because the investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. Contract value, as reported to the Plan by Great-West Life & Annuity Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer all or a portion of their investment at contract value. Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Note 5. INFORMATION SUPPLIED BY PLAN CUSTODIANS

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC for the years ended December 31, 2019 and 2018.

	2019	2018
Investments in registered investment companies	$ 11,327,843	$ 9,561,241
Guaranteed interest fund	1,024,489	680,777
Participant notes receivable	217,353	215,525
Net realized and unrealized gain (loss) in fair value of investments	1,832,866	(1,009,300)
Interest and dividend income	397,888	397,472
Interest income on participant notes	11,390	10,135

Note 6. PARTY-IN-INTEREST

Certain expenses of the Plan are paid for by the Company. The Company is the sponsor of the Plan and, therefore, these transactions qualify as party-in-interest. The most significant of these costs paid by the Company are the salaries for the employees responsible for plan administration and fees paid to a third-party administrator.

Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC function as custodian and investment manager for the Plan assets, disburse benefit payments, and execute all investment transactions. As a result, certain investment transactions qualify as party-in-interest transactions.

Note 7. FEDERAL INCOME TAX STATUS

The Plan is operated under the terms of a standardized prototype plan. The prototype plan received a determination letter from the Internal Revenue Service dated March 31, 2014, indicating that the plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The prototype plan has been amended since receipt of the determination letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 7. FEDERAL INCOME TAX STATUS (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for an uncertain position if it is not more likely than not that the position would be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2016.

Note 8. SUBSEQUENT EVENTS

Subsequent events were evaluated for accrual and disclosure through October 2, 2020, which is the date the 2019 financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

Schedule of Assets (Held at End of Year)
Attachment to Schedule H (Form 5500) - Line 4i (Part IV)
Plan Name: AUSGAR Technologies, Inc., 401(k) Profit Sharing Plan
Plan Year: 1/1/19 - 12/31/19
EIN: 51-0465751
Plan No: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	**Description of investment including maturity date rate of interest, collateral, par or maturity value**	**Cost**	**Current Value**
	AMERICAN FUNDS 2020 TRGT DATE RETIRE R6	Mutual Funds	$ -	$ 2,096
	AMERICAN FUNDS 2025 TRGT DATE RETIRE R6	Mutual Funds	$ -	$ 3,098
	AMERICAN FUNDS 2030 TRGT DATE RETIRE R6	Mutual Funds	$ -	$ 209,761
	AMERICAN FUNDS 2035 TRGT DATE RETIRE R6	Mutual Funds	$ -	$ 8,694
	AMERICAN FUNDS 2040 TRGT DATE RETIRE R6	Mutual Funds	$ -	$ 5,658
	AMERICAN FUNDS 2045 TRGT DATE RETIRE R6	Mutual Funds	$ -	$ 16,500
	AMERICAN FUNDS 2055 TRGT DATE RETIRE R6	Mutual Funds	$ -	$ 2,692
	AMERICAN FUNDS NEW WORLD R6	Mutual Funds	$ -	$ 13,138
	AMERICAN FUNDS SMALLCAP WORLD R6	Mutual Funds	$ -	$ 26,068
	BLACKROCK HEALTH SCIENCES OPPS INST	Mutual Funds	$ -	$ 266,042
	COHEN & STEERS REAL ESTATE SECURITIES Z	Mutual Funds	$ -	$ 150,819
	COLUMBIA SELIGMAN COMMS & INFO INSTL 2	Mutual Funds	$ -	$ 250,896
	EATON VANCE ATLANTA CAPITAL SMID-CAP R6	Mutual Funds	$ -	$ 317,364
	FRANKLIN UTILITIES R6	Mutual Funds	$ -	$ 155,549
	INVESCO DIVERSIFIED DIVIDEND R6	Mutual Funds	$ -	$ 151,960
	JANUS HENDERSON BALANCED N	Mutual Funds	$ -	$ 64,203
	LORD ABBETT HIGH YIELD R6	Mutual Funds	$ -	$ 106,259
	NEUBERGER BERMAN GENESIS R6	Mutual Funds	$ -	$ 180,246
	PARNASSUS ENDEAVOR INSTITUTIONAL	Mutual Funds	$ -	$ 410,038
	PGIM TOTAL RETURN BOND Z	Mutual Funds	$ -	$ 606,645
	PIMCO INCOME INSTL	Mutual Funds	$ -	$ 505,714
	TOCQUEVILLE INTERNATIONAL VALUE	Mutual Funds	$ -	$ 963,770
	UNDISCOVERED MGRS BEHAVIORAL VALUE R6	Mutual Funds	$ -	$ 25,107
	VANGUARD 500 INDEX ADMIRAL	Mutual Funds	$ -	$ 1,078,459
	VANGUARD INTERM-TERM BOND INDEX ADM	Mutual Funds	$ -	$ 90,671
	VANGUARD MID CAP INDEX FUND - ADMIRAL	Mutual Funds	$ -	$ 154,880
	VANGUARD SMALL CAP INDEX ADM	Mutual Funds	$ -	$ 249,992
	VANGUARD TARGET RETIREMENT 2015 INV	Mutual Funds	$ -	$ 896,553
	VANGUARD TARGET RETIREMENT 2020 INV	Mutual Funds	$ -	$ 6,216
	VANGUARD TARGET RETIREMENT 2025 INV	Mutual Funds	$ -	$ 119,762
	VANGUARD TARGET RETIREMENT 2030 INV	Mutual Funds	$ -	$ 863,741
	VANGUARD TARGET RETIREMENT 2035 INV	Mutual Funds	$ -	$ 751,376
	VANGUARD TARGET RETIREMENT 2040 INV	Mutual Funds	$ -	$ 267,973
	VANGUARD TARGET RETIREMENT 2045 INV	Mutual Funds	$ -	$ 743,502
	VANGUARD TARGET RETIREMENT 2050 INV	Mutual Funds	$ -	$ 411,490
	VANGUARD TARGET RETIREMENT 2055 INV	Mutual Funds	$ -	$ 2,732
	VANGUARD TARGET RETIREMENT 2060 INV	Mutual Funds	$ -	$ 18,454
	VANGUARD TARGET RETIREMENT INCOME INV	Mutual Funds	$ -	$ 206,845
	VANGUARD TOTAL WORLD STOCK INDEX ADMIRAL	Mutual Funds	$ -	$ 691,511
	VANGUARD TOTAL WORLD STOCK INDEX INV	Mutual Funds	$ -	$ -
	VANGUARD WELLESLEY INCOME ADM	Mutual Funds	$ -	$ 59,531
	VICTORY SYCAMORE ESTABLISHED VALUE R6	Mutual Funds	$ -	$ 271,837
*	GUARANTEED INTEREST FUND	Guaranteed Interest Contract	$ -	$ 1,024,489
	PARTICIPANT LOANS	Interest Rates (4.25%-6.5%)	$ -	$ 217,353
	* Represents a party-in-interest to the Plan for which a statutory exemption exists.			

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

AUSGAR Technologies, Inc. 401(k) Profit Sharing Plan

01-JAN-19 to 31-DEC-19

23-JAN-20 12:13:29

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3GWGIF	33,938.44	0.000000	189	(56,900.00)	0.000000	1	(56,900.00)	SERIES
IRRCTX	2,086.22	161.252631	34	(0.62)	(0.047831)	4	(0.62)	SERIES
IRFDTX	346.16	25.982710	22	(7.73)	(0.570935)	43	(7.66)	SERIES
IRFETX	44,516.76	3,010.686852	83	(391.13)	(26.928232)	12	(396.62)	SERIES
IRFFTX	8,011.69	513.248041	176	292.06	18.728673	161	170.15	SERIES
IRFGTX	1,185.79	74.216406	102	(9.16)	(0.602260)	83	(9.20)	SERIES
IRFHTX	13,516.78	861.234900	170	(10,716.15)	(642.585070)	95	(10,035.75)	SERIES
IRFKTX	2,291.18	118.054258	122	(0.33)	(0.017571)	187	(0.24)	SERIES
IVTINX	30,823.77	2,256.381438	157	(44,992.25)	(3,214.058335)	53	(42,588.76)	SERIES
IVTXVX	71,780.68	4,742.725349	65	(1,935.77)	(129.876656)	16	(1,902.75)	SERIES
IVTWNX	212.39	6.517029	6	(1,192.32)	(37.022717)	13	(1,058.58)	SERIES
IVTTVX	21,752.50	1,144.468936	157	(8,309.18)	(430.275674)	91	(7,765.49)	SERIES
IVTHRX	174,848.01	5,008.242258	494	(25,710.35)	(706.380325)	191	(21,248.21)	SERIES
IVTTHX	111,153.64	5,192.166705	570	(35,416.26)	(1,653.816922)	330	(31,971.80)	SERIES
IVFORX	45,168.84	1,227.346767	190	(7,940.05)	(227.225529)	84	(7,013.02)	SERIES
IVTIVX	62,984.63	2,707.489109	384	(68,513.97)	(2,891.105429)	408	(57,319.93)	SERIES
IVFIFX	56,682.50	1,521.992022	276	(63,305.54)	(1,564.885784)	290	(52,430.85)	SERIES
IVFFVX	961.78	23.721079	16	(9,608.08)	(238.689859)	77	(8,105.75)	SERIES
IVTTSX	13,147.61	365.978800	156	(15.95)	(0.448745)	55	(15.37)	SERIES
IRNWGX	6,652.13	100.588880	202	(43,257.57)	(617.546203)	268	(38,624.21)	SERIES
IRLLGX	33,850.83	597.593045	4964	(84,742.33)	(1,497.343711)	5792	(84,423.72)	SERIES
ITIVFX	169,560.00	10,869.871994	5693	(167,534.48)	(10,812.372134)	7968	(169,888.73)	SERIES
IVTWAX	780,621.42	28,806.422061	3096	(129,548.02)	(4,695.160843)	3267	(126,950.23)	SERIES
IVTWSX	153,640.25	5,158.584695	4108	(771,191.67)	(25,004.524798)	4968	(709,230.73)	SERIES
ISHSSX	39,276.22	626.047531	571	(16,279.74)	(263.379009)	992	(14,115.49)	SERIES
ICSZIX	48,979.18	2,871.102857	6391	(81,895.52)	(4,846.922824)	6803	(73,818.82)	SERIES
ISCMIX	80,975.99	982.980578	737	(133,484.75)	(1,466.827947)	1297	(101,534.91)	SERIES
IFUFRX	47,120.80	2,200.209442	374	(57,145.86)	(2,614.240967)	460	(47,812.39)	SERIES
IUBVFX	31,292.68	499.522920	2478	(48,606.27)	(788.850474)	2624	(52,788.53)	SERIES
IVSMAX	160,624.24	2,156.191075	4990	(307,868.59)	(4,147.467808)	5909	(284,455.53)	SERIES
IERASX	59,748.02	1,599.552195	2407	(15,838.66)	(464.024249)	993	(14,180.22)	SERIES
INRGSX	200,509.99	3,457.668918	4489	(66,621.07)	(1,139.095265)	4258	(64,452.98)	SERIES
IVIMAX	49,640.74	249.570702	3452	(232,776.84)	(1,134.612164)	7055	(206,803.48)	SERIES
IVEVRX	85,416.79	2,166.743058	3317	(4,307.16)	(114.293905)	1343	(4,396.75)	SERIES
ILCEFX	129,974.33	6,488.026973	6550	(48,819.65)	(2,572.986175)	2605	(50,628.80)	SERIES
IPFPWX	22,290.42	637.053252	456	(23,644.68)	(713.868476)	1603	(24,909.71)	SERIES
IVFIAX	164,442.03	616.735155	5863	(537,666.40)	(1,969.095963)	9587	(453,193.99)	SERIES
IJABNX	57,357.43	1,669.321604	4773	(33,849.33)	(980.288460)	3385	(32,372.87)	SERIES
IVWIAX	55,710.10	877.983278	5344	(23,049.24)	(360.937510)	3041	(22,379.65)	SERIES
ILHYVX	24,627.90	3,340.862466	730	(47,832.61)	(6,432.582513)	805	(48,640.21)	SERIES
IPIMIX	124,180.67	10,348.415703	6880	(138,057.49)	(11,499.972076)	4767	(139,330.37)	SERIES
IPDBZX	197,665.91	13,609.783634	9075	(100,384.49)	(6,953.080459)	6274	(99,098.43)	SERIES
IVBILX	72,457.69	6,256.484206	6329	(132,175.50)	(11,472.158209)	5540	(128,352.74)	SERIES
IGWGIF	397,498.31	0.000000	507	(40,638.94)	0.000000	1243	(40,638.94)	SERIES
5% TRANSACTIONS								
IVTWAX	626,754.00	23,153.084599	201	0.00	0.000000	0	0.00	26-JUL-19
IVTWSX	0.00	0.000000	0	(626,754.00)	(20,126.973151)	201	(572,682.65)	26-JUL-19

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

AUSGAR Technologies, Inc. 401(k) Profit Sharing Plan

01-JAN-19 to 31-DEC-19

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE

LEGEND

INVESTMENT OPTION:

3GWGIF	Guaranteed Interest Fund
IRFDTX	American Funds 2025 Trgt Date Retire R6
IRFFTX	American Funds 2035 Trgt Date Retire R6
IRFHTX	American Funds 2045 Trgt Date Retire R6
IVTINX	Vanguard Target Retirement Income Inv
IVTWNX	Vanguard Target Retirement 2020 Inv
IVTHRX	Vanguard Target Retirement 2030 Inv
IVFORX	Vanguard Target Retirement 2040 Inv
IVFIFX	Vanguard Target Retirement 2050 Inv
IVTTSX	Vanguard Target Retirement 2060 Inv
IRLLGX	American Funds SMALLCAP World R6
IVTWAX	Vanguard Total World Stock Index Admiral
ISHSSX	BlackRock Health Sciences Opps Instl
ISCMIX	Columbia Seligman Comms & Info Instl 2
IUBVFX	Undiscovered Mgrs Behavioral Value R6
IERASX	Eaton Vance Atlanta Capital SMID-Cap R6
IVIMAX	Vanguard Mid Cap Index Fund - Admiral
ILCEFX	Invesco Diversified Dividend R6
IVFIAX	Vanguard 500 Index Admiral
IVWIAX	Vanguard Wellesley Income Adm
IPIMIX	PIMCO Income Instl
IVBILX	Vanguard Interm-Term Bond Index Adm
IRRCTX	American Funds 2020 Trgt Date Retire R6
IRFETX	American Funds 2030 Trgt Date Retire R6
IRFGTX	American Funds 2040 Trgt Date Retire R6
IRFKTX	American Funds 2055 Trgt Date Retire R6
IVTXVX	Vanguard Target Retirement 2015 Inv
IVTTVX	Vanguard Target Retirement 2025 Inv
IVTTHX	Vanguard Target Retirement 2035 Inv
IVTIVX	Vanguard Target Retirement 2045 Inv
IVFFVX	Vanguard Target Retirement 2055 Inv
IRNWGX	American Funds New World R6
ITIVFX	Tocqueville International Value
IVTWSX	Vanguard Total World Stock Index Inv
ICSZIX	Cohen & Steers Real Estate Securities Z
IFUFRX	Franklin Utilities R6
IVSMAX	Vanguard Small Cap Index Adm
INRGSX	Neuberger Berman Genesis R6
IVEVRX	Victory Sycamore Established Value R6
IPFPWX	Parnassus Endeavor Institutional
IJABNX	Janus Henderson Balanced N
ILHYVX	Lord Abbett High Yield R6
IPDBZX	PGIM Total Return Bond Z
IGWGIF	Guaranteed Interest Fund

Schedule of Assets (Held at End of Year)
Attachment to Schedule H (Form 5500) - Line 4i (Part IV)
Plan Name: AUSGAR Technologies, Inc., 401(k) Profit Sharing Plan
Plan Year: 1/1/19 - 12/31/19
EIN: 51-0465751
Plan No: 001

(a)	(b)	(c)	(d)	(e)
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	VANGUARD TARGET RETIREMENT 2040 INV	Mutual Funds	$ -	$ 267,973
	VANGUARD TARGET RETIREMENT 2045 INV	Mutual Funds	$ -	$ 743,502
	VANGUARD TARGET RETIREMENT 2050 INV	Mutual Funds	$ -	$ 411,490
	VANGUARD TARGET RETIREMENT 2055 INV	Mutual Funds	$ -	$ 2,732
	VANGUARD TARGET RETIREMENT 2060 INV	Mutual Funds	$ -	$ 18,454
	VANGUARD TARGET RETIREMENT INCOME INV	Mutual Funds	$ -	$ 206,845
	VANGUARD TOTAL WORLD STOCK INDEX ADMIRAL	Mutual Funds	$ -	$ 691,511
	VANGUARD TOTAL WORLD STOCK INDEX INV	Mutual Funds	$ -	$ -
	VANGUARD WELLESLEY INCOME ADM	Mutual Funds	$ -	$ 59,531
	VICTORY SYCAMORE ESTABLISHED VALUE R6	Mutual Funds	$ -	$ 271,837
*	GUARANTEED INTEREST FUND	Guaranteed Interest Contract	$ -	$ 1,024,489
	PARTICIPANT LOANS	Interest Rates (4.25%-6.5%)	$ -	$ 217,353
	* Represents a party-in-interest to the Plan for which a statutory exemption exists.			