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
VALTECH 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/22/1998

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)
VALTECH SOLUTIONS, INC.

7200 BISHOP ROAD
#280
PLANO, TX 75024

2b Employer Identification Number (EIN)
27-3548024

2c Plan Sponsor's telephone number
972-789-1200

2d Business code (see instructions)
541513

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.	10/14/2020	LAURENT PRETET
	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 VALTECH TECHNOLOGIES, INC.
c Plan Name

4b EIN 52-2107729

4d PN

5 Total number of participants at the beginning of the plan year	**5**	188
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)**	126
a(2) Total number of active participants at the end of the plan year	**6a(2)**	141
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	64
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	205
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	205
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	145
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(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
VALTECH 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
27-3548024

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19	RECORDKEEPER	70925	Yes [X] No [ ]	Yes [X] No [ ]	1381	Yes [ ] No [X]

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

CECILCO

14881 QUORUM DRIVE, SUITE 340
DALLAS, TX 75254

(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 17	ADMINISTRATOR	1775	Yes [X] No [ ]	Yes [ ] No [X]	15200	Yes [ ] No [X]

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

PROSPERA FINANCIAL SERVICES, INC.

5429 LBJ FRWY, SUITE 400
DALLAS, TX 75240

75-1832551

(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?
27 52	BROKER-DEALER		Yes [X] No [ ]	Yes [X] No [ ]	15888	Yes [ ] No [X]

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
NATIONWIDE	15	1381

(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.
CECILCO 14881 QUORUM DRIVE SUITE 340 DALLAS, TX 75254	RECORDKEEPER

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CECILCO	13	15200

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	THIRD PARTY ADMINISTRATOR

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PROSPERA FINANCIAL SERVICES	27	15888

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	INVESTMENT ADVISORY

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

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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
VALTECH 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
27-3548024

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)		
(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)	138291	164283
(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)	14198	53088
(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)	4651022	7409438
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4803511	7626809
	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		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4803511	7626809

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)	128989	
	(B) Participants	2a(1)(B)	926519	
	(C) Others (including rollovers)	2a(1)(C)	785123	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1840631
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2382	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)	2445	
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4827
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(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)		
	(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)		

		(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)		1256156
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3101614
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	246126	
(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)		246126
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	32190	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		32190
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		278316
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2823298
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: PRICEKUBECKA, LLC **(2)** EIN: 75-2783074

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		5000000
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
VALTECH 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
27-3548024

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): 31-4156830

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_____

Valtech 401(k) Savings Plan
Audited Financial Statements
and
Supplementary Data

December 31, 2019 and 2018

PriceKubecka®, PLLC
Certified Public Accountants

PK

pricekubecka.com

Valtech 401(k) Savings Plan

December 31, 2019 and 2018

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PriceKubecka, PLLC
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Valtech 401(k) Savings Plan
Dallas, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Valtech 401(k) Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then 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.

Auditor's 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 Nationwide Life Insurance Company, the custodian of the plan, except for comparing such information with the related information included in the 2019 financial statements. We have been informed by the plan administrator that the custodian holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2019 and 2018 and as of and for the year ended December 31, 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

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16775 Addison Road, Suite 500
Addison, TX 75001
pricekubecka.com

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 on the 2019 financial statements. Accordingly, we do not express an opinion on the accompanying 2019 financial statements.

Other Matter – Supplemental Schedules

The supplemental schedule of Schedule H, line 4i – Schedule of Assets Held for Investment Purposes as of 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.

Other Matter—2018 Financial Statements

The financial statements of the plan as of December 31, 2018 were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the custodian. Their report, dated September 24, 2019, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter—Restatement of 2018 Financial Statements

As part of our audit of the 2019 financial statements, we also audited the adjustments described in Note 2 that were applied to restate the 2018 financial statements. In our opinion, such adjustments are appropriate and have been properly applied. We were not engaged to audit, review, or apply any procedures to the 2018 financial statements of the Plan other than with respect to the adjustment(s), and accordingly, we do not express an opinion or any other form of assurance on the 2018 financial statements as a whole.

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

The form and content of the information included in the 2019 financial statements and supplemental schedules, other than that derived from the information certified by the 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.

PriceKubecka, PLLC

PriceKubecka, PLLC
Addison, Texas

September 23, 2020

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Addison, TX 75001
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Valtech 401(k) Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	Restated 2018
Investments at fair value	$ 7,573,721	$ 4,789,313
Receivables:		
Employer contributions	189,372	128,989
Notes receivable from participants	53,088	14,198
Total receivables	242,460	143,187
Total Assets	7,816,181	4,932,500
Net Assets Available for Benefits	$ 7,816,181	$ 4,932,500

See accompanying independent auditors' report and notes to financial statements.

Valtech 401(k) Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2019

	2019
Additions to Net Assets:	
Investment income (loss):	
Net appreciation (depreciation) in fair value of investments	$ 1,122,402
Interest	2,864
Dividends	173,829
Total investment income (loss)	1,299,095
Interest income on notes receivable from participants	2,445
Contributions:	
Participants	926,519
Employer	189,372
Rollover	785,123
Total Contributions	1,901,014
Total Additions	3,202,554
Deductions from Net Assets:	
Benefits paid to participants	246,126
Administrative expenses	72,747
Total Deductions	318,873
Increase (Decrease) in Net Assets	2,883,681
Net Assets Available for Benefits - Beginning of Year	4,932,500
Net Assets Available for Benefits - End of Year	$ 7,816,181

See accompanying independent auditors' report and notes to financial statements.

Valtech 401(k) Savings Plan
Notes to Financial Statements
December 31, 2019 and 2018

Note 1 – Description of Plan

The following description of Valtech 401(k) Savings Plan (the Plan) (the Plan) provides only general information. Participants should refer to the Plan Agreement or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established by Valtech Solutions, Inc. (the Plan Sponsor and Company) under the provisions of Section 401(a) of the United States Internal Revenue Code (the IRC), which includes a qualified cash or deferred arrangement as described in section 401(k) of the IRC, for the benefit of eligible employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as well as certain provisions of the federal income tax laws.

Employees are eligible to participate in the Plan except for the following:

- Leased employees
- Non-Resident Aliens
- Members of collective bargaining agreements

There are no age or service requirements. Employees may enter the Plan immediately.

Contributions

The Plan is funded through employee elective deferrals and Company contributions. Each year, a highly compensated participant may elect to contribute a portion of their pre-tax compensation up to 15%, subject to certain maximum limitations imposed by Section 402(g) of the Internal Revenue Code (IRC). Non-highly compensated employees can contribute a portion of their pre-tax compensation up to 85%, subject to the same IRC limitation. Participants direct the investment of their contributions into various investment options offered by the Plan.

At the discretion of the plan administrator, participants may be permitted to deposit or "rollover" into the Plan distributions they have received from other plans and certain IRAs. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Contributions are not to exceed the limits imposed by Section 402(g) of the IRC.

The Company may make company matching and nonelective contributions which will be allocated in accordance with the plan document provisions. Participants must complete 1,000 hours of service and be employed on the last day of the year to be eligible to receive company matching and nonelective contributions.

Note 1 – Description of Plan (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, allocation of company contributions, and Plan earnings or losses and charged with an allocation of administrative expenses. Allocations may be charged based on either the size of the participant's account balance or equally to each participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100% vested in their elective deferrals including catch-up contributions, rollover contributions from other plans, and actual earnings thereon. The method for crediting vesting service for company matching and nonelective contributions is based on vesting periods of service. Participants are credited with a period of service for 1,000 hours of service. A participant is always 100% vested in their company matching and nonelective contributions if they are employed on or after their Normal Retirement Age or if they terminate employment on account of their death or disability.

Participants are vested in company matching and nonelective contributions based on the following schedule:

Periods of Service	Percentage Vested
Less than 1	0%
1	33%
2	66%
3	100%

Forfeited Accounts

Forfeitures represent unvested portions of terminated participants' accounts. At any time when accounts are forfeited, these accounts will be used to pay administrative expenses, supplement company contributions, or restore eligible rehire forfeiture account balances. At December 31, 2019 and 2018, forfeited accounts totaled $0 and $3,032, respectively. During 2019, forfeited non-vested accounts of $6,587 were used to supplement company contributions.

Investment Options

Upon enrollment in the Plan, a participant may direct the contributions made to the Plan, for or on behalf of the participant, to any one or more of the investment funds determined at the discretion of the Plan Administrator and Plan Sponsor and in such multiples as the participant prescribes. A participant may change his or her investment direction with respect to future contributions or redirect the investment of his or her account balances.

Note 1 – Description of Plan (Continued)

Notes Receivable from Participants

Participants who are active employees may borrow against their vested account balances a minimum of $1,000 up to a maximum amount equal to the lesser of 50% of their vested account balance or $50,000. The loans, in the form of promissory notes, are secured by the balances in the participant's account, and bear interest at reasonable rates, which are commensurate with local prevailing rates as determined by the Plan Administrator. A participant may have one loan outstanding at any one time. Principal and interest are paid ratably through payroll deductions and generally repaid within five years, or twenty years for loans used for the purchase of a primary residence.

Benefits Paid to Participants

On termination of service, disability, or retirement, a participant is entitled to receive a distribution equal to the value of the participant's vested interest in his or her account. Distribution of a deceased participant's account will be made to the designated beneficiary. Additionally, under certain circumstances, the Plan allows for financial hardship and in-service withdrawals.

Plan Expenses

The Plan's expenses are paid by either the Plan or the Company, as provided by the plan document. Expenses paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation/depreciation of fair value of investments.

Termination of the Plan

Although the Company intends to maintain the Plan indefinitely, the Company reserves the right to terminate the Plan at any time subject to the provisions of ERISA. Upon termination, no further contributions will be made to the Plan and all amounts credited to the participant's account will become 100% vested. The Company will direct the distribution of the participant's account in a manner permitted by the Plan as soon as practicable.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Note 2 – Summary of Significant Accounting Policies (Continued)

Correction of Errors

The Plan has restated its previously issued 2018 financial statements to accurately reflect the 2018 employee deferrals and employer contribution receivables remitted to the Plan in 2019. The accompanying financial statements for 2019 have been restated to reflect the corrections.

	As Originally Reported	As Restated	Effect of Change
Investments at fair value	$ 4,789,313	$ 4,789,313	$ -
Receivables - Employer Contributions	-	128,989	128,989
Receivables - Participant Contributions	2,690	-	(2,690)
Notes receivable from participants	14,198	14,198	-
Total Assets	4,806,201	4,932,500	126,299
Net Assets Available for Benefits	$ 4,806,201	$ 4,932,500	$ 126,299

Use of Estimates

Preparing the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect 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.

Reclassification

Certain reclassifications have been made to the 2018 financial statement presentation to correspond to the current year's format. Total net assets available for benefits are unchanged due to these reclassifications.

Investment Valuation and Income Recognition

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. See Note 4 for discussion of fair value measurements. Interest and other income are recorded on the accrual basis. Purchases and sales of investments are recorded on the trade-date basis. Dividends are recorded on the ex-dividend date. The net appreciation (depreciation) of investments, including realized gains and losses on sales during the year and current changes in unrealized appreciation (depreciation) in the market value of investments held at year end, is presented in the statement of changes in net assets available for benefits.

Note 2 – Summary of Significant Accounting Policies (Continued)

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 they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. If a participant ceases to make scheduled repayments and the Plan administrator deems the participant note receivable to be in default, the participant note receivable balance is reduced and a benefit payment recorded.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Subsequent events were evaluated through September 23, 2020, which is the date the financial statements were available to be issued. See Note 10 for further information on subsequent events.

Note 3 – Information Certified by Custodian

The Plan Administrator elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator limited auditing procedures with respect to the investments certified by Nationwide Life Insurance Company, the custodian of the Plan, which included total investments as of December 31, 2019 and 2018, and the total investment income for the year ended December 31, 2019, and all information included in the supplemental schedule Form 5500, Schedule H, line 4i – Schedule of Assets Held for Investment Purposes at End of Year.

Note 3 – Information Certified by Custodian (Continued)

The following investment information was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by the custodian of the Plan, as of December 31, 2019 and 2018 and for the year ended December 31, 2019:

	2019	2018
Investment values certified by the custodian	$ 7,573,721	$ 4,789,313
Notes receivable from participants certified by the custodian	$ 53,088	$ 14,198

	Year ended December 31, 2019
Investment income certified by the custodian:	
Net appreciation (depreciation) in fair value of investments	$ 1,122,402
Interest	$ 2,864
Dividends	$ 173,829
Interest on notes receivable from participants certified by the custodian	$ 2,445

Note 4 – Fair Value Measurements

The Financial Accounting Standards Board's Accounting Standards Codification (ASC) Topic 820, Fair Value Measurement, establishes a framework for measuring fair value. The framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC Topic 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
    - Quoted prices for similar assets or liabilities in active markets;
    - Quoted prices for identical or similar assets or liabilities in inactive markets;
    - Inputs other than quoted prices that are observable for the asset or liability; and
    - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

  If the asset or liability has a specified (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.

Note 4 – Fair Value Measurements (Continued)

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There are three general valuation techniques that may be used to measure fair value, as described below:

A) Market approach – Uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. Prices may be indicated by pricing guides, sale transactions, market trades, or other sources;

B) Cost approach – Based on the amount that currently would be required to replace the service capacity of an asset (replacement cost); and

C) Income approach – Uses valuation techniques to convert future amounts to a single present amount based on current market expectations about the future amounts (includes present value techniques and option-pricing models). Net present value is an income approach where a stream of expected cash flows is discounted at an appropriate market interest rate.

The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Interest Bearing Cash

Interest bearing cash is valued at the market value of cash held by the Plan at year end.

Pooled Separate Accounts

Pooled separate accounts are valued using the net asset value (NAV) of units held by the Plan at year end. The NAV is determined by the custodian of the fund and is based upon the fair value of the underlying assets held by the fund. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end based on quoted market prices.

Note 4 – Fair Value Measurements (Continued)

Below are the Plan's financial instruments carried at fair value on a recurring basis by the FASB ASC 820-10 fair value hierarchy levels:

	December 31, 2019			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash	$ 164,283	$ -	$ -	$ 164,283
	$ 164,283	$ -	$ -	
Assets measured at net asset value as practical expedient				7,409,438
			Investments at fair value	$ 7,573,721

	Fair Value	**Unfunded Commitment**	**Redemption Frequency**	**Redemption Notice Period**
Pooled Separate Accounts	$ 7,409,438	$ -	Daily	5 Days
Total	$ 7,409,438	$ -		

	December 31, 2018			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash	$ 138,291	$ -	$ -	$ 138,291
	$ 138,291	$ -	$ -	
Assets measured at net asset value as practical expedient				4,651,022
			Investments at fair value	$ 4,789,313

	Fair Value	**Unfunded Commitment**	**Redemption Frequency**	**Redemption Notice Period**
Pooled Separate Accounts	$ 4,651,022	$ -	Daily	5 Days
Total	$ 4,651,022	$ -		

Gains and losses, realized and unrealized, for the year ended December 31, 2019 are reported under net appreciation (depreciation) in fair value of investments on the accompanying statement of changes in net assets available for benefits.

Note 5 – Reportable Transactions

There were no reportable transactions, non-exempt transactions with parties-in-interest, or any other prohibited transactions that would require supplemental presentation under the DOL regulations during the year ended December 31, 2019.

Note 6 – Transactions with Parties-in-Interest

Parties-in-interest are defined under DOL Regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others. As such, transactions conducted with the custodian, third party administrator (the TPA), auditor, and the Company qualify as party-in-interest transactions.

Fees incurred by the plan for the investment management services are included in the net appreciation in fair value of the related investment, as they are paid through revenue sharing rather than a direct payment. During 2019, the Plan made direct payments of $72,700 for administration and advisory fees. The Plan sponsor pays directly any other fees related to the operation of the Plan.

Note 7 – 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 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 – Tax Status

The Plan sponsor adopted a prototype non-standardized profit sharing plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service dated March 31, 2014, which states that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law. The Plan is required to operate in conformity with the IRC to maintain its qualification. Management is not aware of any course of action or series of events that have occurred that might adversely affect the Plan’s qualified status.

GAAP requires plan management to evaluate tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. 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. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Generally, the statute of limitations for the IRS to assess taxes on a plan expires three (3) years from the due date of the return or the date on which it was filed, whichever is later.

Note 9 – Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits between the financial statements and Form 5500 as of December 31, 2019 and 2018:

	2019	Restated 2018
Net assets available for benefits per the financial statements	$ 7,816,181	$ 4,932,500
Less: Contributions receivable included in the financial statements	(189,372)	(128,989)
Net assets available for benefits per Schedule H of Form 5500	$ 7,626,809	$ 4,803,511

The following is a reconciliation of contributions between the financial statements and Form 5500 as of December 31, 2019:

	2019
Contributions per the financial statements	$ 1,901,014
Less: Employer contribution receivables, end of year	(189,372)
Add: Employercontribution receivables, beginning of year	128,989
Add: Adjustment to Net appreciation (depreciation) in fair value of investments	133,754
Total contributions per Form 5500	$ 1,840,631

The following is a reconciliation of deductions between the financial statements and Form 5500 as of December 31, 2019:

	2019
Deductions per the financial statements	$ 318,873
Less: Adjustment to Administrative Expenses	(40,557)
Total expenses per Form 5500	$ 278,316

Note 10 - Subsequent Events

SECURE Act

The plan has implemented the requirements of the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act) which was signed into law on December 19, 2019 and is effective for years beginning after December 31, 2019.

Note 10 - Subsequent Events (Continued)

COVID-19 and CARES Act

In March 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.

The Coronavirus Aid, Relief, and Economic Security ("CARES") Act was signed into law on March 27, 2020. The CARES Act allows certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, delay the commencement date for required minimum distributions, and 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.

The optional features within the CARES Act are currently being assessed but have not been implemented to date.

Other Plan Amendment

Effective January 1, 2020 highly compensated employees are now able to contribute up to 25% of their pay annually to the Plan. In addition, the Plan has removed the 20 year amortization option for residential loans from the loan policy.

Valtech 401(k) Savings Plan
EIN# 27-3548024 PN# 001
Exhibit A – Form 5500, Schedule H, line 4i - Schedule of Assets Held for Investment Purposes at End of Year
December 31, 2019

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Maturity Date, Rate, Collateral, Value	** (d) Cost	(e) Current Value
*	AmCent Eq Inc A	Pooled Separate Accounts	n/a	$ 15,142
*	AmFds EuroPacfc Gr R3	Pooled Separate Accounts	n/a	7,386
*	AB Hi Inc A	Pooled Separate Accounts	n/a	6,872
*	Invsco Intl Gr A	Pooled Separate Accounts	n/a	5,326
*	AmCent Infl Adj Bd R5	Pooled Separate Accounts	n/a	3,329
*	AmBcn Intl Eq Adv	Pooled Separate Accounts	n/a	266,820
*	JPM Cor Bd A	Pooled Separate Accounts	n/a	3,644
*	EV Emrg Mkt Local Inc A	Pooled Separate Accounts	n/a	71,390
*	Buf SmCap Rtl	Pooled Separate Accounts	n/a	5,151
*	BlkRk Ttl Rtn Inv A	Pooled Separate Accounts	n/a	37,244
*	Baron Ptnrs	Pooled Separate Accounts	n/a	12,094
*	DFA Emrg Mkt Cor Eq Inst	Pooled Separate Accounts	n/a	228,361
*	DFA Glbl RealEst Sec Inst	Pooled Separate Accounts	n/a	135,478
*	Emerald Bk Fin Inst	Pooled Separate Accounts	n/a	5,889
*	BlkRk Strat Inc Oppr Inv A	Pooled Separate Accounts	n/a	77,789
*	Col Sel LgCap Gr Inst2	Pooled Separate Accounts	n/a	190,078
*	Vngrd 500 Index Fd AS	Pooled Separate Accounts	n/a	849,812
*	Vngrd Bal Indx Adml	Pooled Separate Accounts	n/a	65,110
*	Vngrd Mid-Cap Idx Fd AS	Pooled Separate Accounts	n/a	382,918
*	Vngrd ST Bd Indx Adml	Pooled Separate Accounts	n/a	1,731
*	Vngrd Sm Cap Indx Fd AS	Pooled Separate Accounts	n/a	414,463
*	Vngrd Ttl Bnd Mkt ldx Adm	Pooled Separate Accounts	n/a	47,947
*	Vngrd Ttl IntlStkIndx Adml	Pooled Separate Accounts	n/a	66,442
*	Vngrd Val Indx Adml	Pooled Separate Accounts	n/a	6,431
*	Vngrd Ttl StMkt Indx Fd AS	Pooled Separate Accounts	n/a	111,987
*	Vngrd Eq Inc Adml	Pooled Separate Accounts	n/a	8,183
*	Vngrd Explr Adml	Pooled Separate Accounts	n/a	116,237
*	Vngrd GNMA Adml	Pooled Separate Accounts	n/a	129,595
*	Vngrd Hlth Care Adml	Pooled Separate Accounts	n/a	6,486
*	Vngrd MdCap Gr Indx Adml	Pooled Separate Accounts	n/a	8,622
*	Vngrd MdCap Val Indx Adml	Pooled Separate Accounts	n/a	9,192
*	PRIMECAP Odysy Gr	Pooled Separate Accounts	n/a	11,812

See accompanying independent auditors' report and notes to financial statements.

Valtech 401(k) Savings Plan
EIN# 27-3548024 PN# 001
Exhibit A – Form 5500, Schedule H, line 4i - Schedule of Assets Held for Investment Purposes at End of Year (Continued)
December 31, 2019

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Maturity Date, Rate, Collateral, Value	** (d) Cost	(e) Current Value
*	MSIF Glbl Oppr I	Pooled Separate Accounts	n/a	$ 20,985
*	DFA US LgCap Val Inst	Pooled Separate Accounts	n/a	255,203
*	DFA US Trgt Val Inst	Pooled Separate Accounts	n/a	141,235
*	DFA ST Govt	Pooled Separate Accounts	n/a	5,880
*	Vngrd Glbl Min Vol Adml	Pooled Separate Accounts	n/a	21,355
*	Vngrd Cnsmr Stpls Adml	Pooled Separate Accounts	n/a	3,650
*	JnsHndrsn GlblTech Innov N	Pooled Separate Accounts	n/a	37,546
*	PGIM Ttl Rtn Bd R6	Pooled Separate Accounts	n/a	221,831
*	JPM Eq Inc R5	Pooled Separate Accounts	n/a	222,255
*	JPM SmCap Gr R6	Pooled Separate Accounts	n/a	11,699
*	NW Loomis AllCap Gr R6	Pooled Separate Accounts	n/a	224,791
*	BlkRk Hi Yld Bd Inst	Pooled Separate Accounts	n/a	110,407
*	Fid 500 Indx	Pooled Separate Accounts	n/a	453,344
*	Fid Intl Indx	Pooled Separate Accounts	n/a	242,501
*	Fid US Bd Indx	Pooled Separate Accounts	n/a	136,045
*	Fed Hi Yld Tr Svc	Pooled Separate Accounts	n/a	6,723
*	FidAdv New Insghts A	Pooled Separate Accounts	n/a	2,585
*	NW Inv Dest Aggr R6	Pooled Separate Accounts	n/a	144,071
*	NW Inv Dest Cnsrv R6	Pooled Separate Accounts	n/a	70,935
*	NW Inv Dest Mod Cnsrv R6	Pooled Separate Accounts	n/a	63,407
*	NW Inv Dest Mod Aggr R6	Pooled Separate Accounts	n/a	775,262
*	NW Inv Dest Mod R6	Pooled Separate Accounts	n/a	173,728
*	GdmnScs Shrt Dur Govt Inst	Pooled Separate Accounts	n/a	1,590
*	Harbor Intl Gr Inv	Pooled Separate Accounts	n/a	272,766
*	Jensn Qulty Gr J	Pooled Separate Accounts	n/a	14,153
*	LrdAbt Fdmntl Eq A	Pooled Separate Accounts	n/a	22,105
*	NW S P 500 Indx R6	Pooled Separate Accounts	n/a	231,472
*	NW Dest 2045 A	Pooled Separate Accounts	n/a	9,094
*	NW Dest 2050 R6	Pooled Separate Accounts	n/a	6,002
*	Invsco Opp Devl Mkt A	Pooled Separate Accounts	n/a	5,440
*	Invsco Opp Glbl Oppr A	Pooled Separate Accounts	n/a	12,142
*	PIMCO Real Rtn Inst	Pooled Separate Accounts	n/a	128,151

See accompanying independent auditors' report and notes to financial statements.

Valtech 401(k) Savings Plan
EIN# 27-3548024 PN# 001
Exhibit A – Form 5500, Schedule H, line 4i - Schedule of Assets Held for Investment Purposes at End of Year (Continued)
December 31, 2019

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Maturity Date, Rate, Collateral, Value	**	(d) Cost	(e) Current Value
*	PIMCO Ttl Rtn Inst	Pooled Separate Accounts	n/a	$	9,111
*	AmFds New Econ R6	Pooled Separate Accounts	n/a		6,033
*	AmFds New Prspct R6	Pooled Separate Accounts	n/a		1,731
*	Col Seligman Glbl Tech A	Pooled Separate Accounts	n/a		6,084
*	Vngrd Hlth Care Inv	Pooled Separate Accounts	n/a		3,771
*	Vngrd Strat Eq Inv	Pooled Separate Accounts	n/a		4,311
*	Ivy Emrg Mkt Eq Y	Pooled Separate Accounts	n/a		1,722
*	Ivy Ltd Trm Bd Y	Pooled Separate Accounts	n/a		1,808
*	Ivy MdCap Gr Y	Pooled Separate Accounts	n/a		10,681
*	JnsHndrsn MdCap Val S	Pooled Separate Accounts	n/a		6,876
*	NW Gov Mny Mkt R6	Interest bearing cash	n/a		164,283
*	Notes receivable from participants	Bearing interest at 4.5%-6.5%	-		53,088
	Total assets held at End of Year			$	7,626,809

* A party-in-interest as defined by ERISA

** Not required for participant-directed transactions under an individual account plan

Valtech 401(k) Savings Plan
EIN# 27-3548024 PN# 001
Exhibit A – Form 5500, Schedule H, line 4i - Schedule of Assets Held for Investment Purposes at End of Year
December 31, 2019

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Maturity Date, Rate, Collateral, Value	** (d) Cost	(e) Current Value
*	AmCent Eq Inc A	Pooled Separate Accounts	n/a	$ 15,142
*	AmFds EuroPacfc Gr R3	Pooled Separate Accounts	n/a	7,386
*	AB Hi Inc A	Pooled Separate Accounts	n/a	6,872
*	Invsco Intl Gr A	Pooled Separate Accounts	n/a	5,326
*	AmCent Infl Adj Bd R5	Pooled Separate Accounts	n/a	3,329
*	AmBcn Intl Eq Adv	Pooled Separate Accounts	n/a	266,820
*	JPM Cor Bd A	Pooled Separate Accounts	n/a	3,644
*	EV Emrg Mkt Local Inc A	Pooled Separate Accounts	n/a	71,390
*	Buf SmCap Rtl	Pooled Separate Accounts	n/a	5,151
*	BlkRk Ttl Rtn Inv A	Pooled Separate Accounts	n/a	37,244
*	Baron Ptnrs	Pooled Separate Accounts	n/a	12,094
*	DFA Emrg Mkt Cor Eq Inst	Pooled Separate Accounts	n/a	228,361
*	DFA Glbl RealEst Sec Inst	Pooled Separate Accounts	n/a	135,478
*	Emerald Bk Fin Inst	Pooled Separate Accounts	n/a	5,889
*	BlkRk Strat Inc Oppr Inv A	Pooled Separate Accounts	n/a	77,789
*	Col Sel LgCap Gr Inst2	Pooled Separate Accounts	n/a	190,078
*	Vngrd 500 Index Fd AS	Pooled Separate Accounts	n/a	849,812
*	Vngrd Bal Indx Adml	Pooled Separate Accounts	n/a	65,110
*	Vngrd Mid-Cap Idx Fd AS	Pooled Separate Accounts	n/a	382,918
*	Vngrd ST Bd Indx Adml	Pooled Separate Accounts	n/a	1,731
*	Vngrd Sm Cap Indx Fd AS	Pooled Separate Accounts	n/a	414,463
*	Vngrd Ttl Bnd Mkt ldx Adm	Pooled Separate Accounts	n/a	47,947
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*	Vngrd Val Indx Adml	Pooled Separate Accounts	n/a	6,431
*	Vngrd Ttl StMkt Indx Fd AS	Pooled Separate Accounts	n/a	111,987
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*	Vngrd Explr Adml	Pooled Separate Accounts	n/a	116,237
*	Vngrd GNMA Adml	Pooled Separate Accounts	n/a	129,595
*	Vngrd Hlth Care Adml	Pooled Separate Accounts	n/a	6,486
*	Vngrd MdCap Gr Indx Adml	Pooled Separate Accounts	n/a	8,622
*	Vngrd MdCap Val Indx Adml	Pooled Separate Accounts	n/a	9,192
*	PRIMECAP Odysy Gr	Pooled Separate Accounts	n/a	11,812

See accompanying independent auditors' report and notes to financial statements.

Valtech 401(k) Savings Plan
EIN# 27-3548024 PN# 001
Exhibit A – Form 5500, Schedule H, line 4i - Schedule of Assets Held for Investment Purposes at End of Year (Continued)
December 31, 2019

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Maturity Date, Rate, Collateral, Value	** (d) Cost	(e) Current Value
*	MSIF Glbl Oppr I	Pooled Separate Accounts	n/a	$ 20,985
*	DFA US LgCap Val Inst	Pooled Separate Accounts	n/a	255,203
*	DFA US Trgt Val Inst	Pooled Separate Accounts	n/a	141,235
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*	JnsHndrsn GlblTech Innov N	Pooled Separate Accounts	n/a	37,546
*	PGIM Ttl Rtn Bd R6	Pooled Separate Accounts	n/a	221,831
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*	JPM SmCap Gr R6	Pooled Separate Accounts	n/a	11,699
*	NW Loomis AllCap Gr R6	Pooled Separate Accounts	n/a	224,791
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*	Fed Hi Yld Tr Svc	Pooled Separate Accounts	n/a	6,723
*	FidAdv New Insghts A	Pooled Separate Accounts	n/a	2,585
*	NW Inv Dest Aggr R6	Pooled Separate Accounts	n/a	144,071
*	NW Inv Dest Cnsrv R6	Pooled Separate Accounts	n/a	70,935
*	NW Inv Dest Mod Cnsrv R6	Pooled Separate Accounts	n/a	63,407
*	NW Inv Dest Mod Aggr R6	Pooled Separate Accounts	n/a	775,262
*	NW Inv Dest Mod R6	Pooled Separate Accounts	n/a	173,728
*	GdmnScs Shrt Dur Govt Inst	Pooled Separate Accounts	n/a	1,590
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*	Jensn Qulty Gr J	Pooled Separate Accounts	n/a	14,153
*	LrdAbt Fdmntl Eq A	Pooled Separate Accounts	n/a	22,105
*	NW S P 500 Indx R6	Pooled Separate Accounts	n/a	231,472
*	NW Dest 2045 A	Pooled Separate Accounts	n/a	9,094
*	NW Dest 2050 R6	Pooled Separate Accounts	n/a	6,002
*	Invsco Opp Devl Mkt A	Pooled Separate Accounts	n/a	5,440
*	Invsco Opp Glbl Oppr A	Pooled Separate Accounts	n/a	12,142
*	PIMCO Real Rtn Inst	Pooled Separate Accounts	n/a	128,151

See accompanying independent auditors' report and notes to financial statements.

Valtech 401(k) Savings Plan
EIN# 27-3548024 PN# 001
Exhibit A – Form 5500, Schedule H, line 4i - Schedule of Assets Held for Investment Purposes at End of Year (Continued)
December 31, 2019

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Maturity Date, Rate, Collateral, Value	**	(d) Cost	(e) Current Value
*	PIMCO Ttl Rtn Inst	Pooled Separate Accounts	n/a	$	9,111
*	AmFds New Econ R6	Pooled Separate Accounts	n/a		6,033
*	AmFds New Prspct R6	Pooled Separate Accounts	n/a		1,731
*	Col Seligman Glbl Tech A	Pooled Separate Accounts	n/a		6,084
*	Vngrd Hlth Care Inv	Pooled Separate Accounts	n/a		3,771
*	Vngrd Strat Eq Inv	Pooled Separate Accounts	n/a		4,311
*	Ivy Emrg Mkt Eq Y	Pooled Separate Accounts	n/a		1,722
*	Ivy Ltd Trm Bd Y	Pooled Separate Accounts	n/a		1,808
*	Ivy MdCap Gr Y	Pooled Separate Accounts	n/a		10,681
*	JnsHndrsn MdCap Val S	Pooled Separate Accounts	n/a		6,876
*	NW Gov Mny Mkt R6	Interest bearing cash	n/a		164,283
*	Notes receivable from participants	Bearing interest at 4.5%-6.5%	-		53,088
	Total assets held at End of Year			$	7,626,809

* A party-in-interest as defined by ERISA

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