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
ASTC EMPLOYEE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2009

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)
APPLICATIONS SOFTWARE TECHNOLOGY LLC

4343 COMMERCE COURT
SUITE 701
LISLE, IL 60532

2b Employer Identification Number (EIN)
36-4038140

2c Plan Sponsor's telephone number
630-778-1180

2d Business code (see instructions)
541519

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	TERESA STANULA
	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**	338
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)**	222
a(2) Total number of active participants at the end of the plan year	**6a(2)**	250
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	150
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	400
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	400
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	357
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] 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)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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
ASTC EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
APPLICATIONS SOFTWARE TECHNOLOGY LLC

D Employer Identification Number (EIN)
36-4038140

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
AXA EQUITABLE LIFE 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
13-5570651	62944	91698297	0	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
0	0

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

JAMES BERTUCCI, CFP, CHFC, CLU
1751 LAKE COOK RD STE 400
DEERFIELD, IL 60015

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
0	0		3

(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	0
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 ▶

b	Balance at the end of the previous year			7b	2264606
c	Additions: (1) Contributions deposited during the year	7c(1)	217774		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	34122		
	(4) Transferred from separate account	7c(4)	232536		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	484432
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2749038
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	304		
	(3) Transferred to separate account	7e(3)	20318		
	(4) Other (specify below)	7e(4)	2728416		
	▶ LOANS- TRUSTEE TRANSFERRED TO ANOTHER CARRIER				
	(5) Total deductions			7e(5)	2749038
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

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)**	0
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			**10b**	

Specify nature of costs.

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
ASTC EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
APPLICATIONS SOFTWARE TECHNOLOGY LLC

D Employer Identification Number (EIN)
36-4038140

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	461	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
ASTC EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
APPLICATIONS SOFTWARE TECHNOLOGY LLC

D Employer Identification Number (EIN)
36-4038140

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3159710-202	C	1040844

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

A Name of plan
ASTC EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
APPLICATIONS SOFTWARE TECHNOLOGY LLC

D Employer Identification Number (EIN)
36-4038140

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	34328	38589
(2) Participant contributions	1b(2)	69496	77041
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	488653	574962
(9) Value of interest in common/collective trusts	1c(9)	0	1040844
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18671813	25154662
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2264607	
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	21528897	26886098
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	63657
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	63657
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21528897	26822441

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)	1186409	
	(B) Participants	2a(1)(B)	2500115	
	(C) Others (including rollovers)	2a(1)(C)	748730	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4435254
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	23909	
	(F) Other	2b(1)(F)	65366	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		89275
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	700164	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		700164
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3049999
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		8274692
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2848595	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	49496	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2898091
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	83057	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		83057
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2981148
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5293544
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PHILIP & RAE & ASSOCIATES **(2)** EIN: 27-0479293

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		719
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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
ASTC EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
APPLICATIONS SOFTWARE TECHNOLOGY LLC

D Employer Identification Number (EIN)
36-4038140

Part I Distributions

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

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

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

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

ASTC Employee 401(k) Plan
Supporting Details for Findings - Schedule 3
Missed Safe Harbor Contributions
ASTC Employee 401(k) Plan

	FIRST NAME	LAST NAME	MATCH PER AST PAYROLL TOTAL REPORT wp 10700	MATCH PER AXA TRUST REPORT	MATCH PER FIDELITY EXTRACT REPORT	TOTAL EMPLOYEE CONTRIBUTION PER PLAN	PER ADP 12/31/2018 AR	PER ADP 12/31/2019 AR	TOTAL CONTRIBUTION ACCRUAL BASIS	AJE	VARIANCE	COMMENTS
									-			
	Chanukya Kum	Adapa	$1,534.22	758.36	586.27	1,344.63		-	1,344.63	AJE 07	189.59	X Owe Distribution
	Timothy	Aguirre	$92.35	-		-		-	-	AJE 07	92.35	X Owe Distribution
	Jaiprakash	Darodkar	$3,600.00	2,447.50	870.00	3,317.50		145.00	3,462.50	AJE 07	137.50	X Owe Distribution
	Shelley	Fuce	$3,047.96	1,224.15	1,558.98	2,783.13		244.83	3,027.96	AJE 07	20.00	X Owe Distribution
	Doug	Hahn	$4,239.97	2,154.38	1,771.14	3,925.52		294.45	4,219.97	AJE 07	20.00	X Owe Distribution
	Jeff	Kost	$9,269.39	6,869.03	2,106.21	8,975.24		351.42	9,326.66		(57.27)	Jeff Kost shows a contribution on 2/20/2019 that was not identified on the clients detail reconcilation schedule and should be researched
	Sarah	Irene Major	$167.25	-	-	-			-	AJE 07	167.25	X Owe Distribution
	Shailaja	Kotagiri	$5,374.31	3,852.63	1,298.58	5,151.21	(209.76)	216.43	5,157.88	AJE 07	216.43	X Owe Distribution
TBF	Niken	Patel	$10,370.00	9,865.00	-	9,865.00		-	9,865.00	AJE 07	505.00	X Owe Distribution
	Deborah	Potts	$4,877.02	4,864.04	-	4,864.04	(283.69)	-	4,580.35	AJE 07	296.67	X Owe Distribution
	Vikram	Salvi	$2,977.70	745.01	1,480.02	2,225.03		246.67	2,471.70	AJE 07	506.00	X Owe Distribution
	Dianna	Sandeen	$1,773.35	650.04	979.98	1,630.02		163.33	1,793.35	AJE 07	(20.00)	X Overpaid
	Arun	Surendran	$3,075.00	1,435.00	1,230.00	2,665.00		205.00	2,870.00	AJE 07	205.00	X Owe Distribution
	Laurence	Talbot	$3,216.63	1,133.32	1,799.98	2,933.30		283.33	3,216.63		-	
	Daniel	Tinajero	$717.55	-	429.36	429.36		71.17	500.53	AJE 07	217.02	X Owe Distribution
	Hannah	Trigo	$1,275.01	1,149.74	183.69	1,333.43	(58.42)	-	1,275.01		-	
	Venkatakrishn	Veerasamy	$4,979.99	3,403.32	1,200.00	4,603.32	(183.33)	200.00	4,619.99	AJE 07	360.00	X Owe Distribution
	David	Vindiola	$402.37	228.75	173.62	402.37	-		402.37		-	
	Nina	Wade	$1,269.42	-	556.92	556.92		92.82	649.74	AJE 07	619.68	X Owe Distribution

Total AJE 07 **3,532.49**

ASTC EMPLOYEE 401(K) PLAN

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT

For the Years Ended
December 31, 2019 and 2018

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& ASSOCIATES, CPAs

Certified Public Accountants & Consultants

INDEPENDENT AUDITOR'S REPORT

The Plan Administrator
ASTC Employee 401(k) Plan

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of ASTC Employee 401(k) 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
Plan 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 investment information summarized in Note 4, which was certified by AXA Equitable Life Insurance Company, the record-keeper of the Plan, and Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from October 1, 2019 to December 31, 2019 and that AXA Equitable Life Insurance Company held the Plan's investment assets and executed investment transactions as of December 31, 2018 and for the period January 1, 2018 to September 30, 2019. The plan administrator has obtained certifications from the record-keeper and trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the record-keeper is complete and accurate.

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

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

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

Philip Rae & Associates

Naperville, Illinois
October 14, 2020

564 S. Washington Street, Suite 200 | Naperville, Illinois 60540
Phone: 630-505-3620 | Fax: 630-505-3621 | www.philiprae.com

A division of Marrone & Associates, P.C.
Members: American Institute of CPAs & Illinois CPA Society

December 31,	**2019**	2018
Assets:		
Participant-directed investments, at fair value	**$ 26,195,506**	$ 20,936,420
Receivables:		
Participant contributions	**77,041**	69,496
Employer contributions	**38,589**	34,328
Notes receivable from participants	**574,962**	488,653
Total Receivables	**690,592**	592,477
Total Assets	**26,886,098**	21,528,897
Liabilities:		
Excess contributions payable	**63,657**	-
Total Liabiities	**63,657**	-
Net Assets Available For Benefits	**$ 26,822,441**	$ 21,528,897

Year Ended December 31,	2019	2018
Additions to Net Assets Attributed to:		
Investment Income		
Net appreciation (depreciation) in fair value of investments	**$ 3,049,999**	$ (2,074,665)
Interest and dividends	**765,530**	924,382
Total Investment Income (Loss)	**3,815,529**	(1,150,283)
Interest income on notes receivable from participants	**23,909**	20,361
Contributions		
Employer	**1,101,249**	1,004,795
Participants	**2,500,115**	2,176,142
Rollovers	**748,730**	48,367
Employer qualified discretionary	**85,160**	-
Total Contributions	**4,435,254**	3,229,304
Total Additions	**8,274,692**	2,099,382
Deductions to Net Assets Attributed to:		
Benefits paid to participants	**2,848,595**	2,269,858
Other distributions	**49,496**	-
Investment fees and administrative expenses	**83,057**	87,384
Total Deductions	**2,981,148**	2,357,242
Net Increase (Decrease)	**5,293,544**	(257,860)
Net Assets Available for Benefits:		
Beginning of year	**21,528,897**	21,786,757
End of year	**$ 26,822,441**	$ 21,528,897

Note 1 – Description of the Plan

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

General and Amendment

The Plan is a defined contribution plan covering all non-union employees of Application Software Technology Corporation (the "Company") over 21 years of age who receive U.S source income. The plan was amended effective June 22, 2018 to allow eligible participants immediate entry into the Plan. Previously, newly eligible participants may enter the Plan on the first day of the Plan year or the first day of the 7th month of the Plan year coinciding with or next following date requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Effective October 1, 2019 the Plan was converted to a Fidelity Volume Submitter Plan and amended to exclude interns and temporary employees.

Contributions

Participants may elect to contribute a flat dollar or percentage of their compensation to the Plan each year, subject to limitations, as defined in the plan document. The Plan offers both pre-tax salary deferrals and Roth deferrals. Participants may also contribute amounts representing distributions from other qualified retirement plans or Individual Retirement Accounts by means of a "rollover" contribution. All contributions are participant directed. The Company, in its sole discretion, may make a matching contribution to each participant. The Plan is designed to qualify as a "Safe Harbor 401(k) Plan." The Company contributes 100% of the amount of the participant's elective deferrals that do not exceed 3% of the participant's compensation, plus 50% of the amount of the participant's elective deferrals that exceed 3% of the participant's compensation but do not exceed 5% of the participant's compensation.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions, Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Forfeited balances of terminated participants' non-vested accounts may be used to reduce future Company contributions.

Vesting

Participants' contributions, Safe Harbor contributions and earnings thereon are immediately fully vested. A participant's portion of the Company's contributions and related investment income vests according to the following schedule:

Full Years of Service	Vested Percentage
1 year	20%
2 years	40
3 years	60
4 years	80
5 years	100

Investment Options

The assets of the Plan, both employee and employer, are allocated to the various funds at the direction of the participant. The Plan offers various investments options. A participant may maintain their entire account in one of the funds or may elect to split their account amount the funds in accordance with the Plan.

Participants may change their investment direction of future contributions and may elect to transfer their existing account balances from one fund to another daily.

Payment of Benefits

On termination of services due to disability, retirement, or other reasons, a participant may elect to receive the value of the participant's vested interest as a single lump-sum distribution or installment payment. Installments are only permitted for required minimum distributions in accordance to law. For accounts with less than $5,000, there will be an automatic lump-sum distribution. On termination of services due to death, the distribution will be made pursuant to the election of the Participant or Beneficiary.

Note 1 – Description of the Plan (continued)

Notes Receivable from Participants
Participant loans are permitted in accordance with the Plan's established loan procedures as follows: All loans will be limited to 50% of the participant's vested account balance, provided such loan does not exceed $50,000. Loans are secured by a maximum of 50% of the participant's vested account balance. Loans shall bear an interest rate reasonable at the time of application, considering the purpose of the loan and the rate being charged by persons and institutions in the business of lending money. Principal and interest payments will be made semi-monthly through payroll withholding.

Forfeited Accounts
As of December 31, 2019 and 2018, forfeited non-vested accounts totaled $69,793 and $9,003, respectively. The account balances are used to reduce future employer contributions. During 2019, forfeitures included a $39,065 increase from the transfer of a safe harbor match from an in-eligible participant and employer contributions were reduced by $9,248 from forfeited accounts. No forfeited amounts were used to reduce company contributions during 2018.

Plan Termination
The Company anticipates that the Plan will continue without interruption but reserves the right to discontinue the Plan. In the event that the Plan is terminated, all participants shall be fully vested, and each participant will be entitled to a distribution equal to his or her contributions and his or her share of Company contributions, investment income and loss, and unrealized appreciation or depreciation in the fair value of investments.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment Valuation using Fair Value Measurements
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

Notes Receivable from Participants
Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2019 or 2018. If a participant ceases to make loan repayments and the plan administrator deems the participant note in default, the participant loan balance is reduced and a benefit payment is recorded.

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Payment of Benefits
Benefit distributions are recorded when paid.

Operating Expenses
Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements.

Reclassification of Prior Year Presentation
Certain prior year amounts have been reclassified for consistency with the current year presentation. These reclassifications had no effect on the reported net assets available for benefits.

Note 3 – Tax Status

The Plan is a tax-qualified retirement plan under Code Section 401(a), with a qualified cash or deferred arrangement under Code Section 401(k). As of October 1, 2019, the Plan is an adopted form of the Fidelity Volume Submitter Plan. The Volume Submitter Plan, under Fidelity Management & Research Company, obtained an opinion letter from the IRS dated March 31, 2014, which stated that the language of the Volume Submitter Plan was in compliance with the applicable requirements of the Code.

Prior to the conversion on October 1, 2019, the Plan was an adopted form of the AXA Equitable Life Insurance Company which has received a determination letter from the Internal Revenue Service dated April 2, 2012, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. The Plan is required to operate in conformity with the IRC to maintain its qualification.

The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not 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 asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities, however, there are currently no audits for any tax periods in progress.

Note 4 – Certified Investment Information

The Plan management has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. The following is a summary of the plan's investment information as of December 31, 2019 and 2018, and for the years then ended, included in the Plan's financial statements and supplemental schedule of assets held at year end. The information was prepared by or derived from information prepared by AXA Equitable Life Insurance Company, record-keeper of the plan, and furnished to plan management for 2018 and through September 30, 2019. The information as of December 31, 2019 and for the period October 1, 2019 through December 31, 2019 was prepared by Fidelity Management Trust Company, trustee of the Plan. The Plan management has obtained certifications from each entity that the information is complete and accurate.

December 31,	2019	2018
Investments		
Mutual funds	$ 25,154,662	$ 18,671,813
AXA Fixed Account	-	2,264,607
Putnam Stable Value Fund 25	1,040,844	-
Total investments	$ 26,195,506	$ 20,936,420
Investment Income		
Interest and dividends	$ 765,530	$ 924,382
Net realized and unrealized appreciation (depreciation)in fair value of investments	3,049,999	(2,074,665)
Total investment income (loss)	$ 3,815,529	$ (1,150,283)

Note 5 – Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values.

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

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical 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

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

The asset's 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.

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

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price.

AXA Fixed Account: The fund provides for a minimum guaranteed interest rate, the actual rate of interest credited during the time over which funds are invested is declared periodically and therefore is subject to change.

Putnam Stable Fund: The fund is a collective investment trust which invests in high-quality guaranteed investment contracts (GICs) and similar contracts issued by insurance companies, banks and other institutions. The fund also invests up to 75% of its assets in security-backed investment contracts (SBICs), including separate account products of insurance companies. The fund is valued at the NAV as provided by the trustee, which is used as a practical expedient to estimate fair value. As such, those funds are not required to be included in the fair value hierarchy.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2019 and 2018:

		Assets at Fair Value Classified as:		Invesments Measured at Net
December 31, 2019	Fair Value	Level 1	Levels 2 & 3	Asset Value
Putnam Stable Value Fund 25	$ 1,040,844	$ -	$ -	$ 1,040,844
Mutual funds	25,154,662	25,154,662	-	-
Total investments	$ 26,195,506	$ 25,154,662	$ -	$ 1,040,844

Note 5 – Fair Value Measurements (continued)

		Assets at Fair Value Classified as:		Invesments Measured at Net
December 31, 2018	Total	Level 1	Levels 2 & 3	Asset Value
AXA Fixed Account	$ 2,264,607	$ 2,264,607	$ -	$ -
Mutual funds	18,671,813	18,671,813		-
Total investments	$ 20,936,420	$ 20,936,420	$ -	$ -

Note 6 – Guaranteed Interest Option

The Plan maintained a guaranteed investment option contract with AXA Equitable Life Insurance Company. AXA maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and are not subject to any market value changes. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan but does change on a periodic basis.

The guaranteed investment option is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the plan represents contributions made under the contract, plus earnings, less participant withdrawals. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

The contract minimum interest rate is 1%. The average was 1.75% through the Plan transfer date of September 30, 2019 and for the year ended December 31, 2018.

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 the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 8 – Self Correction Program and Operational Defects

The Plan sponsor has corrected the following errors under the Self-Correction Program of the Employee Plans Compliance Resolution System (EPCRS). During 2019, $9,248 of forfeitures were applied to these corrections.

Compensation Definition
The Plan sponsor discovered that certain employees did not have 401(k) deferrals or Roth contributions and the related Safe Harbor match on certain wages paid on final paychecks at termination. These wages were included in the definition of compensation and the employee had not elected out of participating in the Plan. The Plan sponsor made qualified discretionary contributions, match, and earnings totaling $84,295 relating to 2019, 2018 and 2017 during the year ended December 31, 2019. No corrections for these items were made during the year ended December 31, 2018.

Missed deferral elections
The Plan sponsor discovered that an employee did not have 401(k) deferrals or Roth contributions withheld from wages after that employee elected to participate. The Plan sponsor made qualified discretionary contribution, match, and earnings totaling $10,113 to make this participant whole. No corrections for these items were made during the year ended December 31, 2019.

Ineligible participant
The Plan sponsor determined that an employee who had been participating in the plan was not eligible to participate. In 2019, the Plan distributed her employee contributions and earnings thereon in the amount of $49,496. No such distributions were made during the year ended December 31, 2018.

Note 8 – Self Correction Program and Operational Defects (continued)

Late remittances
During 2019, the plan missed depositing contributions for certain employees on various payroll dates. The employee 401(k) deferrals, Roth and match total $10,503 for these items. The plan sponsor has not completed their evaluation of 2018 to determine if there are any undeposited contributions.

Hardship distributions
During 2018, the Plan erroneously made hardship distributions out of safe harbor matching funds. The plan administrator is working on repayment plans for excess distributions with the effected participants.

Note 9 – Party in Interest Transactions

Certain Plan investments are managed by the record-keeper of the Plan; therefore, these transactions qualify as party in interest transactions.

Note 10 – Subsequent Events

The Plan administrator has evaluated subsequent events through October 14, 2020, the date the financial statements were available to be issued.

In March 2020, the World Health Organization declared the outbreak of a novel coronavirus (Covid-19) as a pandemic, which continues to spread throughout the United States. The pandemic has significantly disrupted financial markets, economies, and other events subsequent to December 31, 2019, including a decline in business activity and workforce reductions for the Plan sponsor. As stated in Note 7 - Risk and Uncertainties, investment securities are exposed to various risks such as interest rate, market, and credit risks. It is reasonably possible that changes in risks in the near term could materially affect participants' account balances.

Additionally, In March 2020, Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was passed. Among its provisions, the CARES Act made changes to withdrawal rules, loan rules and early distribution rules.

The extent of the impact of the COVID-19 pandemic on the Plan's participant account balances and the net assets available for benefits cannot be reasonably estimated at this time.

SUPPLEMENTAL SCHEDULES

ASTC Employee 401(k) Plan
EIN 36-2697671
Plan Number 001
Schedule H, Line 4i - Schedule of Assets (Held at Year End)
December 31, 2019

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
	Common Collective Trust Funds				
	Putnam Stable Value Fund 25	1,040,844.3	Common Collective Trust	**	$ 1,040,844
	Mutual Funds				
	Delaware Small Cap Value Fund Class R6	2,038.409	shares of mutual fund	**	132,109
	JPMorgan Small Cap Growth Fund Class R6	25,959.267	shares of mutual fund	**	532,425
	PGIM Total Return Bond Fund -Class R6	11,672.337	shares of mutual fund	**	168,315
	MFS Growth Fund Class R6	10,884.797	shares of mutual fund	**	1,392,166
	American Funds EuroPacific Growth Fund Class R6	15,575.214	shares of mutual fund	**	865,203
	JPMorgan Equity Income Fund Class R6	25,617.174	shares of mutual fund	**	497,998
*	Fidelity U. S. Bond Index Fund	34,294.102	shares of mutual fund	**	408,443
*	Fidelity 500 Index Fund	10,847.234	shares of mutual fund	**	1,215,107
*	Fidelity Extended Market Index Fund	9,714.308	shares of mutual fund	**	632,304
*	Fidelity Total International Index Fund	34,662.554	shares of mutual fund	**	430,509
	Vanguard Target Retirement 2015 Fund Investor Shares	21,148.910	shares of mutual fund	**	321,040
	Vanguard Target Retirement 2020 Fund Investor Shares	28,423.782	shares of mutual fund	**	924,625
	Vanguard Target Retirement 2025 Fund Investor Shares	54,377.900	shares of mutual fund	**	1,078,858
	Vanguard Target Retirement 2030 Fund Investor Shares	95,759.070	shares of mutual fund	**	3,490,418
	Vanguard Target Retirement 2035 Fund Investor Shares	221,227.268	shares of mutual fund	**	4,982,038
	Vanguard Target Retirement 2040 Fund Investor Shares	104,897.907	shares of mutual fund	**	4,104,655
	Vanguard Target Retirement 2045 Fund Investor Shares	81,897.820	shares of mutual fund	**	2,022,876
	Vanguard Target Retirement 2050 Fund Investor Shares	31,784.842	shares of mutual fund	**	1,264,083
	Vanguard Target Retirement 2055 Fund Investor Shares	13,334.848	shares of mutual fund	**	575,932
	Vanguard Target Retirement 2060 Fund Investor Shares	1,112.706	shares of mutual fund	**	42,461
	Vanguard Target Retirement 2065 Fund Investor Shares	400.678	shares of mutual fund	**	9,636
	Vanguard Target Retirement Income Fund Investor Shares	4,516.701	shares of mutual fund	**	63,461
	Participant Loans, various maturity dates (4.25%-6.5%)			-	574,962
					$ 26,770,468

* Represents party-in-interest
** Column (d) has not been presented as this information is not required

ASTC Employee 401(k) Plan
EIN 36-2697671
Plan Number 001
Schedule H, Line 4a - Schedule of Delinquent Contributions
December 31, 2019

Participant Contributions Transferred Late to Plan		Total that Constitutes Nonexempt Prohibited Transactions			
Check here if Late Loan Replacements are included:		Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 10,503		$ 10,503			$ -

ASTC EMPLOYEE 401(K) PLAN

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT

For the Years Ended
December 31, 2019 and 2018

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PHILIP+RAE
& ASSOCIATES, CPAs

Certified Public Accountants & Consultants

INDEPENDENT AUDITOR'S REPORT

The Plan Administrator
ASTC Employee 401(k) Plan

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of ASTC Employee 401(k) 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
Plan 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 investment information summarized in Note 4, which was certified by AXA Equitable Life Insurance Company, the record-keeper of the Plan, and Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from October 1, 2019 to December 31, 2019 and that AXA Equitable Life Insurance Company held the Plan's investment assets and executed investment transactions as of December 31, 2018 and for the period January 1, 2018 to September 30, 2019. The plan administrator has obtained certifications from the record-keeper and trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the record-keeper is complete and accurate.

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

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

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

Philip Rae & Associates

Naperville, Illinois
October 14, 2020

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December 31,	**2019**	2018
Assets:		
Participant-directed investments, at fair value	**$ 26,195,506**	$ 20,936,420
Receivables:		
Participant contributions	**77,041**	69,496
Employer contributions	**38,589**	34,328
Notes receivable from participants	**574,962**	488,653
Total Receivables	**690,592**	592,477
Total Assets	**26,886,098**	21,528,897
Liabilities:		
Excess contributions payable	**63,657**	-
Total Liabiities	**63,657**	-
Net Assets Available For Benefits	**$ 26,822,441**	$ 21,528,897

Year Ended December 31,	2019	2018
Additions to Net Assets Attributed to:		
Investment Income		
Net appreciation (depreciation) in fair value of investments	**$ 3,049,999**	$ (2,074,665)
Interest and dividends	**765,530**	924,382
Total Investment Income (Loss)	**3,815,529**	(1,150,283)
Interest income on notes receivable from participants	**23,909**	20,361
Contributions		
Employer	**1,101,249**	1,004,795
Participants	**2,500,115**	2,176,142
Rollovers	**748,730**	48,367
Employer qualified discretionary	**85,160**	-
Total Contributions	**4,435,254**	3,229,304
Total Additions	**8,274,692**	2,099,382
Deductions to Net Assets Attributed to:		
Benefits paid to participants	**2,848,595**	2,269,858
Other distributions	**49,496**	-
Investment fees and administrative expenses	**83,057**	87,384
Total Deductions	**2,981,148**	2,357,242
Net Increase (Decrease)	**5,293,544**	(257,860)
Net Assets Available for Benefits:		
Beginning of year	**21,528,897**	21,786,757
End of year	**$ 26,822,441**	$ 21,528,897

Note 1 – Description of the Plan

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

General and Amendment

The Plan is a defined contribution plan covering all non-union employees of Application Software Technology Corporation (the "Company") over 21 years of age who receive U.S source income. The plan was amended effective June 22, 2018 to allow eligible participants immediate entry into the Plan. Previously, newly eligible participants may enter the Plan on the first day of the Plan year or the first day of the 7th month of the Plan year coinciding with or next following date requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Effective October 1, 2019 the Plan was converted to a Fidelity Volume Submitter Plan and amended to exclude interns and temporary employees.

Contributions

Participants may elect to contribute a flat dollar or percentage of their compensation to the Plan each year, subject to limitations, as defined in the plan document. The Plan offers both pre-tax salary deferrals and Roth deferrals. Participants may also contribute amounts representing distributions from other qualified retirement plans or Individual Retirement Accounts by means of a "rollover" contribution. All contributions are participant directed. The Company, in its sole discretion, may make a matching contribution to each participant. The Plan is designed to qualify as a "Safe Harbor 401(k) Plan." The Company contributes 100% of the amount of the participant's elective deferrals that do not exceed 3% of the participant's compensation, plus 50% of the amount of the participant's elective deferrals that exceed 3% of the participant's compensation but do not exceed 5% of the participant's compensation.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions, Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Forfeited balances of terminated participants' non-vested accounts may be used to reduce future Company contributions.

Vesting

Participants' contributions, Safe Harbor contributions and earnings thereon are immediately fully vested. A participant's portion of the Company's contributions and related investment income vests according to the following schedule:

Full Years of Service	Vested Percentage
1 year	20%
2 years	40
3 years	60
4 years	80
5 years	100

Investment Options

The assets of the Plan, both employee and employer, are allocated to the various funds at the direction of the participant. The Plan offers various investments options. A participant may maintain their entire account in one of the funds or may elect to split their account amount the funds in accordance with the Plan.

Participants may change their investment direction of future contributions and may elect to transfer their existing account balances from one fund to another daily.

Payment of Benefits

On termination of services due to disability, retirement, or other reasons, a participant may elect to receive the value of the participant's vested interest as a single lump-sum distribution or installment payment. Installments are only permitted for required minimum distributions in accordance to law. For accounts with less than $5,000, there will be an automatic lump-sum distribution. On termination of services due to death, the distribution will be made pursuant to the election of the Participant or Beneficiary.

Note 1 – Description of the Plan (continued)

Notes Receivable from Participants
Participant loans are permitted in accordance with the Plan's established loan procedures as follows: All loans will be limited to 50% of the participant's vested account balance, provided such loan does not exceed $50,000. Loans are secured by a maximum of 50% of the participant's vested account balance. Loans shall bear an interest rate reasonable at the time of application, considering the purpose of the loan and the rate being charged by persons and institutions in the business of lending money. Principal and interest payments will be made semi-monthly through payroll withholding.

Forfeited Accounts
As of December 31, 2019 and 2018, forfeited non-vested accounts totaled $69,793 and $9,003, respectively. The account balances are used to reduce future employer contributions. During 2019, forfeitures included a $39,065 increase from the transfer of a safe harbor match from an in-eligible participant and employer contributions were reduced by $9,248 from forfeited accounts. No forfeited amounts were used to reduce company contributions during 2018.

Plan Termination
The Company anticipates that the Plan will continue without interruption but reserves the right to discontinue the Plan. In the event that the Plan is terminated, all participants shall be fully vested, and each participant will be entitled to a distribution equal to his or her contributions and his or her share of Company contributions, investment income and loss, and unrealized appreciation or depreciation in the fair value of investments.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment Valuation using Fair Value Measurements
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

Notes Receivable from Participants
Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2019 or 2018. If a participant ceases to make loan repayments and the plan administrator deems the participant note in default, the participant loan balance is reduced and a benefit payment is recorded.

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Payment of Benefits
Benefit distributions are recorded when paid.

Operating Expenses
Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements.

Reclassification of Prior Year Presentation
Certain prior year amounts have been reclassified for consistency with the current year presentation. These reclassifications had no effect on the reported net assets available for benefits.

Note 3 – Tax Status

The Plan is a tax-qualified retirement plan under Code Section 401(a), with a qualified cash or deferred arrangement under Code Section 401(k). As of October 1, 2019, the Plan is an adopted form of the Fidelity Volume Submitter Plan. The Volume Submitter Plan, under Fidelity Management & Research Company, obtained an opinion letter from the IRS dated March 31, 2014, which stated that the language of the Volume Submitter Plan was in compliance with the applicable requirements of the Code.

Prior to the conversion on October 1, 2019, the Plan was an adopted form of the AXA Equitable Life Insurance Company which has received a determination letter from the Internal Revenue Service dated April 2, 2012, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. The Plan is required to operate in conformity with the IRC to maintain its qualification.

The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not 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 asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities, however, there are currently no audits for any tax periods in progress.

Note 4 – Certified Investment Information

The Plan management has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. The following is a summary of the plan's investment information as of December 31, 2019 and 2018, and for the years then ended, included in the Plan's financial statements and supplemental schedule of assets held at year end. The information was prepared by or derived from information prepared by AXA Equitable Life Insurance Company, record-keeper of the plan, and furnished to plan management for 2018 and through September 30, 2019. The information as of December 31, 2019 and for the period October 1, 2019 through December 31, 2019 was prepared by Fidelity Management Trust Company, trustee of the Plan. The Plan management has obtained certifications from each entity that the information is complete and accurate.

December 31,	2019	2018
Investments		
Mutual funds	$ 25,154,662	$ 18,671,813
AXA Fixed Account	-	2,264,607
Putnam Stable Value Fund 25	1,040,844	-
Total investments	$ 26,195,506	$ 20,936,420
Investment Income		
Interest and dividends	$ 765,530	$ 924,382
Net realized and unrealized appreciation (depreciation)in fair value of investments	3,049,999	(2,074,665)
Total investment income (loss)	$ 3,815,529	$ (1,150,283)

Note 5 – Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values.

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

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical 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

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

The asset's 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.

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

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price.

AXA Fixed Account: The fund provides for a minimum guaranteed interest rate, the actual rate of interest credited during the time over which funds are invested is declared periodically and therefore is subject to change.

Putnam Stable Fund: The fund is a collective investment trust which invests in high-quality guaranteed investment contracts (GICs) and similar contracts issued by insurance companies, banks and other institutions. The fund also invests up to 75% of its assets in security-backed investment contracts (SBICs), including separate account products of insurance companies. The fund is valued at the NAV as provided by the trustee, which is used as a practical expedient to estimate fair value. As such, those funds are not required to be included in the fair value hierarchy.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2019 and 2018:

		Assets at Fair Value Classified as:		Invesments Measured at Net
December 31, 2019	Fair Value	Level 1	Levels 2 & 3	Asset Value
Putnam Stable Value Fund 25	$ 1,040,844	$ -	$ -	$ 1,040,844
Mutual funds	25,154,662	25,154,662	-	-
Total investments	$ 26,195,506	$ 25,154,662	$ -	$ 1,040,844

Note 5 – Fair Value Measurements (continued)

		Assets at Fair Value Classified as:		Invesments Measured at Net
December 31, 2018	Total	Level 1	Levels 2 & 3	Asset Value
AXA Fixed Account	$ 2,264,607	$ 2,264,607	$ -	$ -
Mutual funds	18,671,813	18,671,813		-
Total investments	$ 20,936,420	$ 20,936,420	$ -	$ -

Note 6 – Guaranteed Interest Option

The Plan maintained a guaranteed investment option contract with AXA Equitable Life Insurance Company. AXA maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and are not subject to any market value changes. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan but does change on a periodic basis.

The guaranteed investment option is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the plan represents contributions made under the contract, plus earnings, less participant withdrawals. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

The contract minimum interest rate is 1%. The average was 1.75% through the Plan transfer date of September 30, 2019 and for the year ended December 31, 2018.

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 the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 8 – Self Correction Program and Operational Defects

The Plan sponsor has corrected the following errors under the Self-Correction Program of the Employee Plans Compliance Resolution System (EPCRS). During 2019, $9,248 of forfeitures were applied to these corrections.

Compensation Definition
The Plan sponsor discovered that certain employees did not have 401(k) deferrals or Roth contributions and the related Safe Harbor match on certain wages paid on final paychecks at termination. These wages were included in the definition of compensation and the employee had not elected out of participating in the Plan. The Plan sponsor made qualified discretionary contributions, match, and earnings totaling $84,295 relating to 2019, 2018 and 2017 during the year ended December 31, 2019. No corrections for these items were made during the year ended December 31, 2018.

Missed deferral elections
The Plan sponsor discovered that an employee did not have 401(k) deferrals or Roth contributions withheld from wages after that employee elected to participate. The Plan sponsor made qualified discretionary contribution, match, and earnings totaling $10,113 to make this participant whole. No corrections for these items were made during the year ended December 31, 2019.

Ineligible participant
The Plan sponsor determined that an employee who had been participating in the plan was not eligible to participate. In 2019, the Plan distributed her employee contributions and earnings thereon in the amount of $49,496. No such distributions were made during the year ended December 31, 2018.

Note 8 – Self Correction Program and Operational Defects (continued)

Late remittances
During 2019, the plan missed depositing contributions for certain employees on various payroll dates. The employee 401(k) deferrals, Roth and match total $10,503 for these items. The plan sponsor has not completed their evaluation of 2018 to determine if there are any undeposited contributions.

Hardship distributions
During 2018, the Plan erroneously made hardship distributions out of safe harbor matching funds. The plan administrator is working on repayment plans for excess distributions with the effected participants.

Note 9 – Party in Interest Transactions

Certain Plan investments are managed by the record-keeper of the Plan; therefore, these transactions qualify as party in interest transactions.

Note 10 – Subsequent Events

The Plan administrator has evaluated subsequent events through October 14, 2020, the date the financial statements were available to be issued.

In March 2020, the World Health Organization declared the outbreak of a novel coronavirus (Covid-19) as a pandemic, which continues to spread throughout the United States. The pandemic has significantly disrupted financial markets, economies, and other events subsequent to December 31, 2019, including a decline in business activity and workforce reductions for the Plan sponsor. As stated in Note 7 - Risk and Uncertainties, investment securities are exposed to various risks such as interest rate, market, and credit risks. It is reasonably possible that changes in risks in the near term could materially affect participants' account balances.

Additionally, In March 2020, Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was passed. Among its provisions, the CARES Act made changes to withdrawal rules, loan rules and early distribution rules.

The extent of the impact of the COVID-19 pandemic on the Plan's participant account balances and the net assets available for benefits cannot be reasonably estimated at this time.

SUPPLEMENTAL SCHEDULES

ASTC Employee 401(k) Plan
EIN 36-2697671
Plan Number 001
Schedule H, Line 4i - Schedule of Assets (Held at Year End)
December 31, 2019

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
	Common Collective Trust Funds				
	Putnam Stable Value Fund 25	1,040,844.3	Common Collective Trust	**	$ 1,040,844
	Mutual Funds				
	Delaware Small Cap Value Fund Class R6	2,038.409	shares of mutual fund	**	132,109
	JPMorgan Small Cap Growth Fund Class R6	25,959.267	shares of mutual fund	**	532,425
	PGIM Total Return Bond Fund -Class R6	11,672.337	shares of mutual fund	**	168,315
	MFS Growth Fund Class R6	10,884.797	shares of mutual fund	**	1,392,166
	American Funds EuroPacific Growth Fund Class R6	15,575.214	shares of mutual fund	**	865,203
	JPMorgan Equity Income Fund Class R6	25,617.174	shares of mutual fund	**	497,998
*	Fidelity U. S. Bond Index Fund	34,294.102	shares of mutual fund	**	408,443
*	Fidelity 500 Index Fund	10,847.234	shares of mutual fund	**	1,215,107
*	Fidelity Extended Market Index Fund	9,714.308	shares of mutual fund	**	632,304
*	Fidelity Total International Index Fund	34,662.554	shares of mutual fund	**	430,509
	Vanguard Target Retirement 2015 Fund Investor Shares	21,148.910	shares of mutual fund	**	321,040
	Vanguard Target Retirement 2020 Fund Investor Shares	28,423.782	shares of mutual fund	**	924,625
	Vanguard Target Retirement 2025 Fund Investor Shares	54,377.900	shares of mutual fund	**	1,078,858
	Vanguard Target Retirement 2030 Fund Investor Shares	95,759.070	shares of mutual fund	**	3,490,418
	Vanguard Target Retirement 2035 Fund Investor Shares	221,227.268	shares of mutual fund	**	4,982,038
	Vanguard Target Retirement 2040 Fund Investor Shares	104,897.907	shares of mutual fund	**	4,104,655
	Vanguard Target Retirement 2045 Fund Investor Shares	81,897.820	shares of mutual fund	**	2,022,876
	Vanguard Target Retirement 2050 Fund Investor Shares	31,784.842	shares of mutual fund	**	1,264,083
	Vanguard Target Retirement 2055 Fund Investor Shares	13,334.848	shares of mutual fund	**	575,932
	Vanguard Target Retirement 2060 Fund Investor Shares	1,112.706	shares of mutual fund	**	42,461
	Vanguard Target Retirement 2065 Fund Investor Shares	400.678	shares of mutual fund	**	9,636
	Vanguard Target Retirement Income Fund Investor Shares	4,516.701	shares of mutual fund	**	63,461
	Participant Loans, various maturity dates (4.25%-6.5%)			-	574,962
					$ 26,770,468

* Represents party-in-interest
** Column (d) has not been presented as this information is not required

ASTC Employee 401(k) Plan
EIN 36-2697671
Plan Number 001
Schedule H, Line 4a - Schedule of Delinquent Contributions
December 31, 2019

Participant Contributions Transferred Late to Plan		Total that Constitutes Nonexempt Prohibited Transactions			
Check here if Late Loan Replacements are included:		Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 10,503		$ 10,503			$ -