Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
DAIOHS U. S. A. , INC 401(K) SAVINGS AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1987

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)
DAIOHS USA, INC.

P.O. BOX 4084
SANTA FE SPRINGS, CA 90670

2b Employer Identification Number (EIN)
95-4746377

2c Plan Sponsor's telephone number
562-293-2888

2d Business code (see instructions)
454390

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	MELODY TROISI
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	968
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)**	812
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	842
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	198
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1040
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1040
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	658
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	49
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 3D 2G 2J 2K 2F 2T

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [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)** [ ] **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
DAIOHS U. S. A. , INC 401(K) SAVINGS AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4746377

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
NATIONAL WESTERN 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
84-0467208	66850	F0217	4	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

(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	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
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(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**	5500
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

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**	5363
c	Additions: (1) Contributions deposited during the year	**7c(1)**	0		
	(2) Dividends and credits	**7c(2)**	0		
	(3) Interest credited during the year	**7c(3)**	137		
	(4) Transferred from separate account	**7c(4)**	0		
	(5) Other (specify below)	**7c(5)**	0		
	▶				
	(6) Total additions			**7c(6)**	137
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	5500
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)**	0		
	(3) Transferred to separate account	**7e(3)**	0		
	(4) Other (specify below)	**7e(4)**	0		
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	5500

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)**	
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)**	
(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)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**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
DAIOHS U. S. A. , INC 401(K) SAVINGS AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4746377

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

PLAN MEMBER SECURITIES CORP

95-3706234

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

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

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

ASCENSUS LLC

11-3665754

(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?
55 64 37 99 15 50 62	NONE	55130	Yes [X] No [ ]	Yes [X] No [ ]	150	Yes [ ] No [X]

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

PLAN MEMBER SECURITIES CORP

95-3706234

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	36809	Yes [ ] No [X]	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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

A Name of plan
DAIOHS U. S. A. , INC 401(K) SAVINGS AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4746377

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13605	16617
(2) Participant contributions	1b(2)	51657	63592
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	247346	161983
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	463419	467860
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16160872	21392571
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	5363	5500
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	16942262	22108123
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16942262	22108123

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)	478152	
	(B) Participants	2a(1)(B)	1926816	
	(C) Others (including rollovers)	2a(1)(C)	273030	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2677998
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3662	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	24015	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		27677
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	388831	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		388831
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3507052
c Other income	2c		137
d Total income. Add all **income** amounts in column (b) and enter total	2d		6601695
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1851046	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1851046
f Corrective distributions (see instructions)	2f		19660
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	55130	
(3) Investment advisory and management fees	2i(3)	36809	
(4) Other	2i(4)	44852	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		136791
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2007497
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4594198
l Transfers of assets:			
(1) To this plan	2l(1)		571663
(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: MEIR & MEIR CPAS **(2)** EIN: 95-4359536

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
DAIOHS U. S. A. , INC 401(K) SAVINGS AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4746377

Part I Distributions

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

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

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

EIN(s): 45-0404698

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_____

Daiohs U.S.A., Inc.
401(k) Savings and Profit Sharing Plan

Financial Statements and Supplemental Schedule

As of December 31, 2019 and 2018 and for the Year Ended December 31, 2019

Daiohs U.S.A., Inc.
401(k) Savings and Profit Sharing Plan

Contents

Financial Statements and Supplemental Schedule

As of December 31, 2019 and 2018, and for the Year ended December 31, 2019

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Supplemental Schedule

Schedule I – Form 5500 – Schedule H – Line 4i – Schedule of Assets (Held at End of Year) 15-16

Note: Schedules other than that listed above have been omitted because the information is otherwise disclosed, not applicable or not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended.

MEIR & MEIR LLP
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Independent Auditor's Report

To the Plan Administrative Committee of
the Daiohs U.S.A., Inc. 401(k) Savings and Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Daiohs U.S.A., Inc. 401(k) Savings and Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9 which was certified by Ascensus, Inc. the record keeper of the Plan as agent for Ascensus Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the agent on behalf of the trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the agent on behalf of the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of Schedule H, line 4i–Schedule of Assets (Held at End of Year), as of December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the agent on behalf of 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.

Meir and Meir, LLP

Beverly Hills, California
October 13, 2020

Daiohs U.S.A., Inc.
401(k) Savings and Profit Sharing Plan

Statements of Net Assets Available for Benefits

As of December 31,		**2019**		2018
Assets				
Investments at fair value	**$**	**21,559,238**	$	16,412,785
Receivables:				
Employer's contributions		**16,617**		13,605
Participants' contributions		**63,592**		51,657
Notes receivable from participants		**467,860**		463,419
		548,069		528,681
Total assets		**22,107,307**		16,941,466
Liabilities				
Accounts payable		**88,718**		21,414
Total liabilities		**88,718**		21,414
Net assets available for benefits	**$**	**22,018,589**	$	16,920,052

See accompanying notes.

Daiohs U.S.A., Inc.
401(k) Savings and Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31,		**2019**
Additions		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	**$**	**3,682,495**
Interest		**117**
Dividends		**92,534**
Capital gain distributions		**79,914**
Total investment income		**3,855,060**
Interest income on notes receivable from participants		**23,359**
Contributions:		
Employer		**478,152**
Participants		**1,838,098**
Rollover		**273,030**
Total contributions		**2,589,280**
Total additions		**6,467,699**
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants		**1,844,581**
Administrative expenses		**85,870**
Total deductions		**1,930,451**
Net increase		**4,537,248**
Transfer of assets to the Plan due to merger		**561,289**
Net assets available for benefits:		
Beginning of year		**16,920,052**
End of year	**$**	**22,018,589**

See accompanying notes.

1. Description of Plan

The following description of the Daiohs U.S.A., Inc. 401(k) Savings and Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that was adopted effective January 1, 1987 by Daiohs U.S.A., Inc. ("Company") for the benefit of the Company's employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Administrative Committee oversees governance of the Plan. Plan management determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Administrative Committee.

Contributions

Each year participants may contribute up to 100% of pretax annual compensation, as defined in the Plan limited to the maximum amount allowed by law for the Plan year. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a money market fund and various mutual funds. The Company matches 30% of participant's contribution up to 10% of participant's eligible compensation. The Company may also make a discretionary profit sharing contribution. Contributions are subject to certain statutory limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings (losses), and charged with an allocation of any administrative expenses paid by the Plan. Allocations of the Company contributions are based on participant contributions or eligible employee compensation, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. Description of Plan (Continued)

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's matching contributions plus earnings thereon is based on years of continuous service. Participants are vested 25% after two years of service and an additional 25% of each of the next three years. The full vesting for matching contributions by the Company occurs after five years of service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loan fund. Loan terms range up to five years. The notes are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 6.50%, which are commensurate with local prevailing rates as determined periodically by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, participants may elect to receive the vested interest of their accounts in the form of a single sum of cash payment, or a direct rollover to an individual retirement account or another employer plan. Hardship withdrawals are also available.

Forfeited Accounts

At December 31, 2019 and 2018, forfeited nonvested accounts totaled $215,545 and $184,764 respectively. These accounts will be used to restore forfeitures of rehired employees, reduce employer contributions, and to pay plan expenses. Also, in 2019, plan expenses were reduced by $41,634 from forfeited nonvested accounts.

Plan Administration

The Plan is administered by the Company. PlanMember Services Corporation ("PlanMember") is the contract administrator.

1. Description of Plan (Continued)

Ascensus Trust Company is the trustee and Ascensus, Inc., the trustee's parent, is the record keeper.

Eligibility

The Plan covers substantially all full-time employees of the Company who have completed one consecutive month of service and are 21 years of age or older. Employees may enter the Plan on the first day of the month coinciding with or following their meeting the eligibility requirements. Employees who decide to stop making deferrals to the Plan may choose to begin deferring again as of the first day of each calendar quarter.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies. See Note 3 for discussion of fair value measurements.

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.

2. Summary of Significant Accounting Policies (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2019 and 2018 no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Excess Contributions Payable

Amounts payable to participants totaling $88,718 and $21,414 for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as accounts payable, with a corresponding reduction to 2019 and 2018 contributions. The Plan distributed the 2019 and 2018 excess contributions prior to March 15, 2020, and March 15, 2019.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements (see Note 4). Investment-related expenses are included in net appreciation in fair value of investments. Fees for the administration of notes receivable from participants are included in administrative expenses and charged directly to the participant's account.

Net Appreciation (Depreciation) in Fair Value of Investments

Net appreciation (depreciation) in fair value of investments is based on the fair value of the assets at the beginning of the Plan year, or at the time of purchase during the Plan year, and the related fair value on the day investment are sold with respect to realized appreciation (depreciation), or on the last day of the year with respect to unrealized appreciation (depreciation).

2. Summary of Significant Accounting Policies (Continued)

Realized and unrealized appreciation (depreciation) is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments.

Recent Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board (FASB) issued ASU 2018-13 - Fair Value Measurement - Disclosure Framework (ASC 820). The guidance modifies the disclosure requirements for fair value measurements. The updated guidance is effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019 with early adoption permitted. The Plan is currently assessing the impact of adoption.

Date of Management's Review of Subsequent Events

Subsequent events were evaluated through October 13, 2020, which is the date the financial statements were available to be issued.

3. 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. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2

3. Fair Value Measurements (Continued)

inputs were not available. There are no plan assets requiring the use of Level 3 inputs for the periods presented.

Level 1 Fair Value Measurements

Cash equivalents are priced at par based on publicly traded prices.

The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

Level 2 Fair Value Measurements

The fair value of the investment with the insurance company is based on the cash surrender value.

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:

		Fair Value Measurements at the End of the Reporting Period Using:	
December 31, 2019	**Fair Value**	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Other Observable Inputs (Level 2)**
Cash Equivalents	**$ 161,983**	**$ 161,983**	**-**
Mutual Funds	**21,392,571**	**21,392,571**	**-**
Insurance Contract	**4,684**	**-**	**$ 4,684**
Total assets at fair value	**$ 21,559,238**	**$ 21,554,554**	**$ 4,684**

December 31, 2018	**Fair Value**	**(Level 1)**	**(Level 2)**
Cash Equivalents	$ 247,345	$ 247,345	-
Mutual Funds	16,160,873	16,160,873	-
Insurance Contract	4,567	-	$ 4,567
Total assets at fair value	$ 16,412,785	$ 16,408,218	$ 4,567

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2019 and 2018, are reported in net appreciation in fair value of investments.

3. Fair Value Measurements (Continued)

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the years ended December 31, 2019 and 2018, there were no significant transfers between Levels 1 and 2 and no transfers into or out of Level 3.

4. Related Party and Party in Interest Transactions

Certain Plan investments are portfolios that are professionally managed by PlanMember who is the contract administrator as defined by the Plan and, therefore, these transactions qualify as a party-in-interest transaction. Administrative fees paid by the Plan to PlanMember amounted to $36,809 for the year ended December 31, 2019. Indirect compensation to PlanMember is reflected as a reduction of investment return for applicable investments.

Additionally, the Company provides to the Plan certain accounting and administrative services for which no fees are charged. As the Company is the Plan sponsor, these transactions qualify as party-in-interest transactions.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

5. Plan Termination

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

6. Tax Status

The Plan currently operates under a Prototype Non-standardized Profit Sharing Plan with Cash or Deferred Arrangement offered by Ascensus LLC, which received a favorable opinion letter from the Internal Revenue Service dated January 1, 2018. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

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 statements of net assets available for benefits.

The Plan is required to disclose significant concentrations of credit risk regardless of the degree of such risk. At December 31, 2019 and 2018, the financial instruments, which potentially subject the Plan to a concentration of credit risk, consisted principally of investments and notes receivable from participants.

8. Reconciliation of Financial Statements to Schedule H of Form 5500

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

December 31,	**2019**	2018
Net assets available for benefits per the financial statements	**$ 22,018,589**	$ 16,920,052
Add: Excess contributions	**88,718**	21,414
Add: Difference in value of insurance contract	**816**	796
Net assets available for benefits per Form 5500	**$ 22,108,123**	$ 16,942,262

The following is a reconciliation of increase in net assets per the financial statements to increase in net assets per Form 5500:

Year ended December 31,	**2019**
Increase in net assets per the financial statements	**$ 4,537,248**
Add: 2019 Excess contributions	**88,718**
Deduct: 2018 Excess contributions	**(21,414)**
Add: Transfer of assets due to merger	**561,289**
Add: Difference in earnings of insurance contract	**20**
Increase in net assets available for benefits per Form 5500	**$ 5,165,861**

For the years ended December 31, 2019 and 2018, excess contributions to be refunded were not reflected on Form 5500 and investments with National Western Life Insurance Company were stated at fair value on the financial statements, and at contract value on Form 5500.

8. Reconciliation of Financial Statements to Schedule H of Form 5500 (Continued)

Certain balances included on Schedule H Part I and II on the Annual Return/Report of Employee Benefits Plan (Form 5500) have been reclassified for purposes of presentation in the financial statements.

9. Trustee's Certification

With the exception of the investment with National Western Life Insurance Company, the investment balance and related investment information included in the financial statements, accompanying notes and supplemental schedule are derived from statements which have been certified by Ascensus, Inc. as agent for Ascensus Trust Company as complete and accurate in accordance with 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

10. Merger to the Plan

In December 2019, a 401(k) plan that covered the employees of Tulsa Coffee, Inc. merged into the Plan. As a result, assets in the amount of $561,289 were transferred into the Plan.

11. Subsequent Events

The Plan monitors significant events occurring after the statement of net assets available for benefits date and prior to the issuance of the financial statements to determine the impacts, if any, on the financial statements to be issued. The Plan has evaluated subsequent events through the date which the financial statements are issued.

The COVID-19 outbreak has resulted in widespread and continuing impacts on the global economy. Financial and credit markets have experienced and may continue to experience significant volatility and turmoil. This volatility and turmoil may impact the fair values of Plan assets. The extent to which COVID-19 impacts the Plan's financial position and results will depend on future developments, which are highly uncertain and cannot be predicted, including new information that may emerge concerning the severity of the virus and the actions to contain and treat its impacts, among others.

In March 2020, the Coronavirus Aid, Relief and Economic Security Act (CARES Act) was signed into law. The CARES Act contains certain provisions that were adopted which will temporarily impact the Plan, including allowing certain eligible participants to receive hardship distributions, suspension of loan repayments, and delay of

11. Subsequent Events (Continued)

minimum required distributions. The future effects from the CARES Act on the Plan's financial statements are uncertain.

Due to economic adverse effects, the Company reduced approximately 35% of its personnel due to furloughs and terminations. According to management, the reduction in personnel did not subject the Plan to RIF (Reduction in Force).

Daiohs U.S.A., Inc.
401(k) Savings and Profit Sharing Plan

Form 5500 – Schedule H – Line 4i – Schedule of Assets
(Held at End of Year) as of December 31, 2019

EIN: 95-4746377
Plan number: 001

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Par or Maturity Value	Current Value
	Contribution Account	$39
Vanguard	Prime Money Market Inv	161,944
Vanguard	GNMA ADM	7,542
AB	Discovery Value Z	11,936
AB	Discovery Growth Z	179
American Funds	AMCAP R6	201,067
T. Rowe Price	GNMA Inv	2,879
T. Rowe Price	Value Inv	75,005
Vanguard	Value Index ADM	252,200
DFA	U.S. Core Equity I I	135,552
Vanguard	Growth Index ADM	917,323
American Funds	New World R6	51,303
T. Rowe Price	New Asia Inv	33,973
T. Rowe Price	Intl Bond Inv	51,061
American Funds	New Economy R6	181,056
T. Rowe Price	Intl Stock Inv	62,259
T. Rowe Price	New Income Inv	28,236
T. Rowe Price	Equity Income Inv	144,067
T. Rowe Price	Growth Stock Inv	536,502
T. Rowe Price	Intl Value Equity	46,926
Vanguard	Long-Term Treasury ADM	217,690
Vanguard	Short-Term Federal ADM	24,449
iShares Russell	Mid-Cap Index K	456
American Funds	EuroPacific GR R6	134,832
American Funds	SMALLCAP World R6	70,181
Vanguard	Long-Term Inv Grade ADM	173,978
Vanguard	Mid-Cap Value Index ADM	193,399
Vanguard	Pacific Stock Index ADM	15,836
iShares Russell	2000 SmCap Ind K	1,510
PlanMember	Index Portfolio I	1,218,977
PlanMember	Index Portfolio V	5,813,163
T. Rowe Price	European Stock Inv	11,205
T. Rowe Price	Intl Discovery Inv	37,436
Vanguard	European Stock Index ADM	8,716
Vanguard	Interm-Term Treasury ADM	12,712
Vanguard	Mid-Cap Growth Index ADM	260,636
American Funds	Fundamental Invs R6	138,466
American Funds	Investment Co. of America R6	66,153

Daiohs U.S.A., Inc.
401(k) Savings and Profit Sharing Plan

Form 5500 – Schedule H – Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Par or Maturity Value	Current Value
PlanMember	Hybrid Portfolio I	178,185
PlanMember	Hybrid Portfolio V	107,539
PlanMember	Index Portfolio II	885,686
PlanMember	Index Portfolio IV	2,479,934
T. Rowe Price	Short Term Bond Inv	41,441
Vanguard	Interm-Term Inv Grade ADM	152,737
Vanguard	Small-Cap Value Index ADM	123,243
American Funds	Cap World Gr & Inc R6	57,265
American Funds	Washington Mutual R6	72,436
DFA	Emerging Market Portfolio Inst	119,183
PlanMember	Hybrid Portfolio II	528,900
PlanMember	Hybrid Portfolio IV	118,010
PlanMember	Index Portfolio III	2,213,126
T. Rowe Price	Blue Chip Growth Inv	1,421,584
Vanguard	Small-Cap Growth Index ADM	505,777
Vanguard	Total Intl Stock Index ADM	75,016
American Funds	American Hi Inc Tr R6	97,492
DFA	Intl Core Equity Portfolio Instl	51,191
PlanMember	Hybrid Portfolio III	322,331
Vanguard	Inflation-Protected Sec ADM	78,301
Vanguard	Short-Term Invest Grade ADM	179,693
Vanguard	Total Bond Market Index ADM	138,881
American Funds	Growth Fund of America R6	234,344
Federated Instl	High Yield Bond Instl	38,937
T. Rowe Price	Emerging Mkts Stock Inv	32,478
National Western Life Insurance Company	Fixed Annuity	4,684
*Participant Loans	Loans to participants with 4.25% to 6.50% interest rate and maturities from 2020 to 2024	467,860
Total Investments		$22,027,098

This schedule (with the exception of the investment with National Western Life Insurance Company) was derived from data certified by Ascensus, Inc. as agent for Ascensus Trust Company.

SCHEDULE H (Form 5500)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **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 and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

Part I Asset and Liability Statement

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

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

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

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

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

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **(2)** EIN:

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			
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			

			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**			
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**			
e	Was this plan covered by a fidelity bond?	**4e**			
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**			
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**			
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**			
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**			
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**			
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**			
l	Has the plan failed to provide any benefit when due under the plan?	**4l**			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☐ No

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DAIOHS U. S. A. , INC 401(K) SAVINGS AND PROFIT SHARING PLAN **EIN:** 95-4746377

Plan Sponsor's Name DAIOHS USA, INC. **PN:** 001

(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
	American Funds	American Funds AMCAP R6	0	201,067
	Mid Atlantic	Mid Atlantic Master Cash Account	0	48,974
	iShares	iShares Russell Mid-Cap Index Fund Class K	0	108,914
	iShares	iShares Russell 2000 Small-Cap Index Fund Class K	0	153,380
	Vanguard	Vanguard Small Cap Value Index Fund Admiral Shares	0	151,092
	Vanguard	Vanguard Mid-Cap Value Index Fund Admiral Shares	0	173,453
	Vanguard	Vanguard Small-Cap Growth Index Fund Admiral Shares	0	43,941

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DAIOHS U. S. A. , INC 401(K) SAVINGS AND PROFIT SHARING PLAN **EIN:** 95-4746377

Plan Sponsor's Name DAIOHS USA, INC. **PN:** 001

(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
	Vanguard	Vanguard Mid-Cap Growth Index Fund Admiral Shares	0	88,097
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	198,862
	Vanguard	Vanguard Value Index Fund Admiral Shares	0	303,950
	Vanguard	Vanguard Total International Stock Index Fund Admiral Shares	0	108,616
	Federated	Federated Institutional High Yield Bond Fund Institutional Shares	0	256,135
	Vanguard	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	0	294,759
	Vanguard	Vanguard Short-Term Investment-Grade Fund Admiral Shares	0	272,846

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DAIOHS U. S. A. , INC 401(K) SAVINGS AND PROFIT SHARING PLAN **EIN:** 95-4746377

Plan Sponsor's Name DAIOHS USA, INC. **PN:** 001

(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
	Vanguard	Vanguard Interm-Term Invst Grade Adm	0	152,737
	Mid Atlantic	Mid Atlantic Master Cash Account	0	21,362
	iShares	iShares Russell Mid-Cap Index Fund Class K	0	43,493
	iShares	iShares Russell 2000 Small-Cap Index Fund Class K	0	43,247
	Vanguard	Vanguard Mid-Cap Value Index Fund Admiral Shares	0	18,367
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	87,574
	Vanguard	Vanguard Value Index Fund Admiral Shares	0	104,189

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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	Federated	Federated Institutional High Yield Bond Fund Institutional Shares	0	121,872
	Vanguard	Vanguard Total Bond Market Index Fund Admiral Shares	0	67,224
	Vanguard	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	0	138,511
	Vanguard	Vanguard Short-Term Investment-Grade Fund Admiral Shares	0	172,249
	Vanguard	Vanguard Short-Term Federal Fund Admiral Shares	0	67,584
	Vanguard	Vanguard Small-Cap Value Index Adm	0	123,243
	Vanguard	Vanguard Short-Term Federal Adm	0	24,449

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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Plan Sponsor's Name DAIOHS USA, INC. **PN:** 001

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	T. Rowe Price	T. Rowe Price Emerging Mkts Stock Inv	0	32,478
	T. Rowe Price	T. Rowe Price Value Inv	0	75,005
	iShares	iShares Russell 2000 SmCap Ind K	0	1,510
	AB	AB Discovery Growth Z	0	179
	Mid Atlantic	Mid Atlantic Master Cash Account	0	63,698
	iShares	iShares Russell Mid-Cap Index Fund Class K	0	143,841
	iShares	iShares Russell 2000 Small-Cap Index Fund Class K	0	270,861

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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	Vanguard	Vanguard Small Cap Value Index Fund Admiral Shares	0	313,711
	Vanguard	Vanguard Mid-Cap Value Index Fund Admiral Shares	0	241,956
	Vanguard	Vanguard Small-Cap Growth Index Fund Admiral Shares	0	169,277
	Vanguard	Vanguard Mid-Cap Growth Index Fund Admiral Shares	0	143,303
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	194,448
	Vanguard	Vanguard Value Index Fund Admiral Shares	0	339,469
	Vanguard	Vanguard Pacific Stock Index Fund Admiral Shares	0	94,861

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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	Vanguard	Vanguard European Stock Index Fund Admiral Shares	0	48,889
	Vanguard	Vanguard Emerging Markets Stock Index Fund Admiral Shares	0	100,233
	Federated	Federated Institutional High Yield Bond Fund Institutional Shares	0	238,380
	Vanguard	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	0	116,983
	American Funds	American Funds American Hi Inc Tr R6	0	97,492
	T. Rowe Price	T. Rowe Price New Asia Inv	0	33,973
	T. Rowe Price	T. Rowe Price Short Term Bond Inv	0	41,441

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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	T. Rowe Price	T. Rowe Price Intl Stock Inv	0	62,259
	Vanguard	Vanguard Growth Index Adm	0	917,323
	T. Rowe Price	T. Rowe Price Intl Value Equity	0	46,926
	Vanguard	Vanguard GNMA Adm	0	7,542
	Vanguard	Vanguard Long-Term Investment Grade Adm	0	173,978
	Vanguard	Vanguard European Stock Index Adm	0	8,716
	Vanguard	Vanguard Short-Term Invest Grade Adm	0	179,693

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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	T. Rowe Price	T. Rowe Price European Stock Inv	0	11,205
	American Funds	American Funds New World R6	0	51,303
	T. Rowe Price	T. Rowe Price New Income Inv	0	28,236
	Vanguard	Vanguard Small-Cap Growth Index Adm	0	505,777
	T. Rowe Price	T. Rowe Price Intl Bond Inv	0	51,061
	Vanguard	Vanguard Total Bond Market Index Adm	0	138,881
	Mid Atlantic	Mid Atlantic Master Cash Account	0	33,913

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	106,322
	Vanguard	Vanguard Value Index Fund Admiral Shares	0	130,294
	Federated	Federated Institutional High Yield Bond Fund Institutional Shares	0	165,910
	Vanguard	Vanguard Total Bond Market Index Fund Admiral Shares	0	118,412
	Vanguard	Vanguard GNMA Fund Admiral Shares	0	35,588
	Vanguard	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	0	201,465
	Vanguard	Vanguard Short-Term Investment-Grade Fund Admiral Shares	0	213,528

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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	Vanguard	Vanguard Short-Term Federal Fund Admiral Shares	0	213,528
	T. Rowe Price	T. Rowe Price Intl Discovery Inv	0	37,436
	American Funds	American Funds Fundamental Inv R6	0	138,466
	iShares	iShares Russell Mid-Cap Index K	0	456
	Vanguard	Vanguard Total Intl Stock Index Adm	0	75,016
	Mid Atlantic	Mid Atlantic Master Cash Account	0	6,451
	AB	AB Discovery Growth Fund Class Z	0	23,051

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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	AB	AB Discovery Value Fund Class Z	0	19,022
	American Century	American Century Mid Cap Value Fund I Class	0	9,302
	DFA	DFA U.S. Core Equity 1 Portfolio Institutional	0	40,751
	DFA	DFA U.S. Small Cap Value Portfolio Institutional	0	9,431
	Fidelity	Fidelity Mid Cap Index	0	18,716
	Vanguard	Vanguard Small-Cap Growth Index Fund Admiral Shares	0	3,078
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	18,910

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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	Vanguard	Vanguard Value Index Fund Admiral Shares	0	34,735
	DFA	DFA International Core Equity Portfolio	0	15,629
	Federated	Federated Institutional High Yield Bond Fund	0	37,910
	Vanguard	Vanguard Intermediate-Term Investment-Grade	0	44,227
	Vanguard	Vanguard Short-Term Investment-Grade Fund	0	41,109
	Vanguard	Vanguard Value Index Adm	0	252,200
	American Funds	American Funds Cap World Gr & Inc R6	0	57,265

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	Vanguard	Vanguard Mid-Cap Growth Index Adm	0	260,636
	Vanguard	Vanguard Mid-Cap Value Index Adm	0	193,399
	Vanguard	Vanguard Long-Term Treasury Adm	0	217,690
	American Funds	American Funds EuroPacific Gr R6	0	134,832
	DFA	DFA Emerging Markets Portfolio Inst	0	119,183
	American Funds	American Funds SMALLCAP World R6	0	70,181
	Mid Atlantic	Mid Atlantic Master Cash Account	0	11,448

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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	AB	AB Discovery Growth Fund Class Z	0	15,705
	AB	AB Discovery Value Fund Class Z	0	16,240
	DFA	DFA U.S. Core Equity 1 Portfolio Institutional	0	46,922
	DFA	DFA U.S. Small Cap Value Portfolio Institutional	0	5,163
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	36,918
	Vanguard	Vanguard Value Index Fund Admiral Shares	0	57,035
	Federated	Federated Institutional High Yield Bond Fund	0	72,412

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DAIOHS U. S. A. , INC 401(K) SAVINGS AND PROFIT SHARING PLAN **EIN:** 95-4746377

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(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
	Vanguard	Vanguard Total Bond Market Index Fund Admiral shares	0	41,056
	Vanguard	Vanguard Intermediate-Term Investment-Grade Fund Admiral shares	0	82,258
	Vanguard	Vanguard Short-Term Investment-Grade Fund Admiral shares	0	102,680
	Vanguard	Vanguard Short-Term Federal Fund Admiral Shares	0	41,072
	T. Rowe Price	T. Rowe Price Equity Income Inv	0	144,067
	T. Rowe Price	T. Rowe Price Blue Chip Growth Inv	0	1,421,584
	AB	AB Discovery Value Z	0	11,936

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DAIOHS U. S. A. , INC 401(K) SAVINGS AND PROFIT SHARING PLAN **EIN:** 95-4746377

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	DFA	DFA U.S. Core Equity I I	0	135,552
	Vanguard	Vanguard Pacific Stock Index Adm	0	15,836
	Mid Atlantic	Mid Atlantic Master Cash Account	0	2,362
	AB	AB Discovery Growth Fund Class Z	0	10,367
	AB	AB Discovery Value Fund Class Z	0	11,607
	American Century	American Century Mid Cap Value Fund I Class	0	5,789
	DFA	DFA U.S. Core Equity 1 Portfolio Institutional	0	17,334

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	DFA	DFA U.S. Small Cap Value Portfolio Institutional Class	0	5,787
	Fidelity	Fidelity Mid Cap Index	0	16,209
	Vanguard	Vanguard Small-Cap Growth Index Fund Admiral Shares	0	4,622
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	4,618
	Vanguard	Vanguard Value Index Fund Admiral Shares	0	10,404
	DFA	DFA International Core Equity Portfolio Institutional Class	0	3,436
	DFA	DFA Emerging Markets Portfolio Institutional Class	0	4,735

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	Vanguard	Vanguard Pacific Stock Index Fund Admiral Shares	0	3,394
	Federated	Federated Institutional High Yield Bond Fund Institutional Shares	0	11,566
	Vanguard	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	0	5,783
	American Funds	American Funds Growth Fund of Amer R6	0	234,344
	Vanguard	Vanguard Interm-Term Treasury Adm	0	12,712
	DFA	DFA Intl Core Equity Portfolio Instl	0	51,191
	Mid Atlantic	Mid Atlantic Master Cash Account	0	3,565

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	DFA	DFA U.S. Core Equity 1 Portfolio Institutional Class	0	12,367
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	8,883
	Vanguard	Vanguard Value Index Fund Admiral Shares	0	14,059
	Federated	Federated Institutional High Yield Bond Fund	0	24,288
	Vanguard	Vanguard Total Bond Market Index Fund Admiral Shares	0	17,279
	Vanguard	Vanguard GNMA Fund Admiral Shares	0	5,136
	Vanguard	Vanguard Intermediate-Term Investment-Grade	0	29,683

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	Vanguard	Vanguard Short-Term Investment-Grade Fund	0	31,460
	Vanguard	Vanguard Short-Term Federal Fund Admiral Shares	0	31,460
	American Funds	American Funds Invmt Co of Amer R6	0	66,153
	T. Rowe Price	T. Rowe Price Growth Stock Inv	0	536,502
	T. Rowe Price	T. Rowe Price GNMA Inv	0	2,879
	Mid Atlantic	Mid Atlantic Master Cash Account	0	77,615
	iShares	iShares Russell Mid-Cap Index Fund Class K	0	458,490

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	iShares	iShares Russell 2000 Small-Cap Index Fund	0	637,790
	Vanguard	Vanguard Small Cap Value Index Fund Admiral Shares	0	973,741
	Vanguard	Vanguard Mid-Cap Value Index Fund Admiral Shares	0	688,990
	Vanguard	Vanguard Small-Cap Growth Index Fund Admiral Shares	0	511,787
	Vanguard	Vanguard Mid-Cap Growth Index Fund Admiral Shares	0	459,351
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	463,420
	Vanguard	Vanguard Value Index Fund Admiral Shares	0	741,996

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	Vanguard	Vanguard Pacific Stock Index Fund Admiral	0	282,933
	Vanguard	Vanguard European Stock Index Fund Admiral Shares	0	113,717
	Vanguard	Vanguard Emerging Markets Stock Index Fund Admiral Shares	0	413,499
	Vanguard	Vanguard Prime Money Market Inv	0	161,944
	American Funds	American Funds Washington Mutual R6	0	72,436
	American Funds	American Funds New Economy R6	0	181,056
	Mid Atlantic	Mid Atlantic Master Cash Account	0	2,152

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	AB	AB Discovery Growth Fund Class Z	0	10,409
	AB	AB Discovery Value Fund Class Z	0	10,660
	American Century	American Century Mid Cap Value Fund I Class	0	6,329
	DFA	DFA U.S. Core Equity 1 Portfolio Institutional Class	0	16,852
	DFA	DFA U.S. Small Cap Value Portfolio Institutional Class	0	9,526
	Fidelity	Fidelity Mid Cap Index	0	17,933
	Vanguard	Vanguard Small-Cap Growth Index Fund Admiral Shares	0	7,343

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	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	2,149
	Vanguard	Vanguard Value Index Fund Admiral Shares	0	9,480
	DFA	DFA International Core Equity Portfolio Institutional Class	0	3,133
	DFA	DFA Emerging Markets Portfolio Institutional Class	0	7,369
	Vanguard	Vanguard Pacific Stock Index Fund Admiral Shares	0	4,203
	Vanguard	Vanguard Inflation-Protected Sec Adm	0	78,301
	Federated	Federated Instl High Yield Bond Instl	0	38,937

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	National Western Life Insurance Com	Insurance Co. General Account	0	5,500
	Participant's Loan Account	Various Rates and Maturities	0	467,860
	Ascensus Trust Company	Contribution account	0	39