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
INDOTRONIX INTERNATIONAL CORPORATION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1993

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)
INDOTRONIX INTERNATIONAL CORPORATION

687 LEE RD
ROCHESTER, NY 14606

2b Employer Identification Number (EIN)
52-1464254

2c Plan Sponsor's telephone number
845-473-1137

2d Business code (see instructions)
541511

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.	10/15/2020	MITCH MELLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b**	EIN
		4d	PN

5	Total number of participants at the beginning of the plan year	**5**	726
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)**	425
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	681
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	260
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	941
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	941
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	852
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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
INDOTRONIX INTERNATIONAL CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDOTRONIX INTERNATIONAL CORPORATION

D Employer Identification Number (EIN)
52-1464254

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

1 Coverage Information:

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

(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
93-1225432	60214	386816-01	112	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
3441	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

THERESA SCOTT
STIFEL NICOLAUS AND CO INC
2515 S RD STE 202
POUGHKEEPSIE, NY 12601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
2294	0	3	3

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

KENNETH CHRISTMAN
STIFEL NICOLAUS AND CO INC
2515 S RD STE 202
POUGHKEEPSIE, NY 12601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
1147		3	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	1298522
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	1037042
c	Additions: (1) Contributions deposited during the year	**7c(1)**	40582		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	14138		
	(4) Transferred from separate account	**7c(4)**	401862		
	(5) Other (specify below)	**7c(5)**	4542		
	▶ LOAN REPAYMENTS				
	(6) Total additions			**7c(6)**	461124
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	1498166
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	190701		
	(2) Administration charge made by carrier	**7e(2)**	-2635		
	(3) Transferred to separate account	**7e(3)**	11577		
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	199643
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	1298523

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
INDOTRONIX INTERNATIONAL CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDOTRONIX INTERNATIONAL CORPORATION

D Employer Identification Number (EIN)
52-1464254

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

ADVISED ASSETS GROUP GREAT WEST

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	477	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

DANZIGER AND MARKHOFF LLP

1133 WESTCHESTER AVE.
SUITE N208
WHITE PLAINS, NY 10604

13-3010201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	5086	Yes [X] No [ ]	Yes [ ] No [X]	10000	Yes [ ] No [X]

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

FIRST GREAT-WEST LIFE & ANNUITY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

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

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

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

STIFEL NICOLAUS & CO INC

501 N BROADWAY
ST. LOUIS, MT 63102

(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	BROKER/ADVISOR	12500	Yes [X] No [ ]	Yes [ ] No [X]	18061	Yes [ ] No [X]

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

RBT CPAS LLP

11 RACQUET RD
NEWBURGH, NY 12550

14-1604297

(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?
10	AUDITOR	12500	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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
DANZIGER AND MARKHOFF LLP	13	

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STIFEL NICOLAUS & CO INC	55	

(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.
FIRST GREAT-WEST LIFE & ANNUITY	8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

(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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

A Name of plan
INDOTRONIX INTERNATIONAL CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDOTRONIX INTERNATIONAL CORPORATION

D Employer Identification Number (EIN)
52-1464254

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)	3271	3211
(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)	75690	70637
(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)	7768130	10818207
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1037042	1298522
(15) Other	1c(15)	718380	

			(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	9602513	12190577
	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	9602513	12190577

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)	1074946	
	(C) Others (including rollovers)	2a(1)(C)	51544	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1126490
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	348	
	(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)	3461	
	(F) Other	2b(1)(F)	14137	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		17946
	(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)	623169	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		623169
	(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)		1730285
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3497890
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	900127	
(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)		900127
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		8039
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)	1660	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1660
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		909826
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2588064
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: RBT LLP **(2)** EIN: 14-1604297

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
INDOTRONIX INTERNATIONAL CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDOTRONIX INTERNATIONAL CORPORATION

D Employer Identification Number (EIN)
52-1464254

Part I Distributions

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

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

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

EIN(s): 93-1225432

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_____

FINANCIAL REPORT
Audited
INDOTRONIX AVANI 401(K) PLAN
December 31, 2019

Audited for:

Plan Administrator and Participants
Indotronix Avani 401(k) Plan

Audited by:
RBT CPAs, LLP
11 Racquet Road
Newburgh, NY 12550
(845) 567-9000

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LIMITED LIABILITY PARTNERSHIP
CERTIFIED PUBLIC ACCOUNTANTS BUSINESS DEVELOPMENT CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Participants
Indotronix Avani 401(k) Plan
687 Lee Road, Suite 250
Rochester, NY 14606

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of the Indotronix Avani 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

Basis for Disclaimer of Opinion
As permitted by Section 29 CFR 2520.103-8 of the United States 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 3, which was certified by Great-West Life & Annuity Insurance Company of New York, the custodian, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian as of December 31, 2019 and 2018, and for the years then ended, that the information provided to the Plan Administrator by the custodian is complete and accurate.

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

Emphasis of Matter

As discussed in Note 8 to the financial statements, the spread of the global pandemic, coronavirus disease (COVID-19) has created economic uncertainty.

Other Matters

The supplemental schedule of assets (held at end of year) as of December 31, 2019 is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. 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.

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 or provided by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

RBT CPAs, LLP

Newburgh, NY
October 13, 2020

INDOTRONIX AVANI 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31	2019	2018
ASSETS		
Investments at Fair Value (Note 3):		
Mutual Funds	**$ 10,222,269**	$ 7,768,130
Self-Directed Brokerage Account	**595,938**	718,380
Fully Benefit-Responsive Investment Contract at Contract Value	**1,298,522**	1,037,042
Total Investments	**12,116,729**	9,523,552
Receivables:		
Participant Contributions Receivable	**3,211**	3,271
Notes Receivable from Participants	**70,637**	75,690
Total Receivables	**73,848**	78,961
Net Assets Available for Benefits	**$ 12,190,577**	$ 9,602,513

See Notes to Financial Statements.

INDOTRONIX AVANI 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31	2019	2018
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation/(Depreciation) on Investments	**$ 1,726,965**	$ (1,465,344)
Interest and Dividends	**637,654**	877,614
Total Investment Income	**2,364,619**	(587,730)
Contributions:		
Participant	**1,074,946**	569,965
Rollover Contributions	**51,544**	-
Total Contributions	**1,126,490**	569,965
Interest on Notes Receivable from Participants	**3,461**	1,850
Total Additions	**3,494,570**	(15,915)
Deductions from Net Assets Attributed to:		
Distributions	**900,127**	542,973
Deemed Distributions	**8,039**	-
Administrative Expenses/(Credits)	**(1,660)**	(1,020)
Total Deductions	**906,506**	541,953
Net Increase/(Decrease) in Net Assets	**2,588,064**	(557,868)
Net Assets Available for Benefits:		
Beginning	**9,602,513**	10,160,381
Ending	**$ 12,190,577**	$ 9,602,513

See Notes to Financial Statements.

NOTES TO FINANCIAL STATEMENTS

1. Plan Description:

The following description of the Indotronix Avani 401(k) Plan (the "Plan"), formally Indotronix International Corporation 401(k) 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 profit sharing plan covering all full-time employees of Indotronix International Corporation (the "Company") who have completed three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan allows employees to make pretax contributions, subject to certain limitations, under Section 401(k) of the Internal Revenue Code ("IRC").

Contributions

Employees may elect to make salary deferral contributions into the Plan equal to at least 2%, but not to exceed 100%, of their pre-tax annual base compensation. Effective January 1, 2009, employer matching contributions were suspended and participants became 100% vested in their total account balance as of that date. Entry dates are quarterly, coinciding with or next following satisfaction of the minimum age and service requirements of 3 months.

Prior to July 1, 2011, completion of only one hour of service was required. Effective January 1, 2018 the Plan was amended to no longer have a minimum service requirement. Therefore, employees will be eligible to participate in the Plan on date of hire or date they reach the minimum age of 21. Effective January 1, 2018 the Plan was also amended to provide for incoming rollover contributions. Effective May 1, 2018, the Plan was amended to include automatic enrollment of 3% of the employee's pre-tax annual base compensation.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant investment fund option selections or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants

Participants may borrow from their fund accounts a maximum equal to the lesser of $50,000 or 50% of the value of the participant's vested account balance. The loans are to be repaid over a period not to exceed five years, except loans used to purchase the principal residence of the participant or of a member of his or her family. In such cases, the Plan provides for periodic repayment over a reasonable period of time that may exceed five years. The loans are collateralized by the balance in the participant's account and bear interest equal to a rate which is established by management of the Employer and is fixed at the time of the loan. Principal and interest are paid through payroll deductions.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

Distributions

Upon termination of service due to death, disability or retirement, a participant, or the lawfully designated beneficiary, may receive a lump-sum amount equal to the balance of the participant's vested account. Alternatively, the payment may be made in installments and payments in-kind over any period which does not exceed the life expectancy of a participant or, in the event of a participant's death, the participant's beneficiary.

Plan Expense Account

The Plan has an ERISA spending account (Plan Expense account) where excess revenue sharing is deposited (positive numbers) into the ERISA spending account which can then be used to pay Plan expenses (negative numbers). Excess revenue sharing in the amount of $20,353 and $18,277 were used to pay administrative expenses during 2019 and 2018, respectively. Plan Expense account amounted to $28,817 and $25,702 as of December 31, 2019 and 2018, respectively.

1. Plan Description (continued):

Plan Termination
The Company intends to continue the Plan indefinitely, but reserves the right to modify, amend or terminate the Plan. No such change is currently being contemplated; however, if such an event were to occur, the participants' rights to their accrued benefits are non-forfeitable.

Administration
The Plan is administered by the Company. Great-West Life & Annuity Insurance Company of New York ("GWL&A") is the custodian of the Plan. Empower Retirement is the recordkeeper.

2. Summary of Significant Accounting Policies:

Basis of Accounting
The Plan uses the accrual method of accounting which recognizes income when it is earned and expenses as they are incurred.

Pervasiveness of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results may differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments, other than fully benefit-responsive investment contracts, are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value.

Fully benefit-responsive investment contracts are stated at contract value.

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/(depreciation) includes the Plan's gains and losses on investments sold during the year and held at year-end.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance. Any accrued but unpaid interest is included in the balance. Delinquent loans are treated as distributions based upon the terms of the Plan document.

Payment of Benefits
Benefits are recorded when paid.

Administrative Expenses
All expenses of maintaining the Plan, to the extent that the Company does not pay such expenses, are paid by the Plan. Participant loan setup fees and distribution fees are deducted from the proceeds paid to the initiating participants.

Income Taxes
The Plan adopted a prototype volume submitter profit sharing plan with cash or deferral arrangement that received a favorable opinion letter from the Internal Revenue Service ("IRS") on March 31, 2014, which stated that the plan is designed in accordance with applicable sections of the IRC.

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

2. Summary of Significant Accounting Policies (continued):

Risks and Uncertainties

The Plan utilizes various investment instruments which are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is 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 financial statements. The Plan's investments are not insured or protected by the Plan's custodian. Accordingly, the Plan is subject to the normal investment risks associated with money market funds, mutual funds, stocks, bonds and other similar types of investments.

On March 11, 2020 the World Health Organizaiton characterized coronavirus (COVID-19) as a pandemic, and on March 13, 2020, the President of the United States declared a national emergency relating to the disease. In addition to the President's declaration, state and local authorities have recommended social distancing and have imposed quarantine and isolation measures on large portions of the population, including mandatory business closures. These measures are designed to protect the overall public health, however are expected to have material adverse impacts on domestic and foreign economies and may result in the United States entering a period of recession.

As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect particpants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits, as mentioned above. Because of the uncertainty of the markets during this time, Plan management is unable to estimate the total impact the pandemic will have.

3. Information Certified by Custodian:

The following is a summary of the Plan's asset information as of and for the years ended December 31, 2019 and 2018, included throughout the Plan's financial statements and the supplemental schedule that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and the supplemental schedule.

The following table presents the value of the assets in the Plan certified by GWL&A, the custodian.

As of December 31	**2019**	2018
Mutual Funds	**$ 10,222,269**	$ 7,768,130
Self-Directed Brokerage Account	**595,938**	718,380
Fully Benefit-Responsive Investment Contract at Contract Value	**1,298,522**	1,037,042
Total Certified Investments	**12,116,729**	9,523,552
Notes Receivable from Participants	**70,637**	75,690
Total Certified Plan Assets	**$ 12,187,366**	$ 9,599,242

GWL&A, the custodian also certified to the completeness and accuracy of $1,726,965 and $(1,465,344) of net appreciation/(depreciation) in fair value of investments and $641,115 and $879,464 of interest and dividends related to the aforementioned Plan Assets for the years ended December 31, 2019 and 2018, respectively.

4. Fair Value Measurements:

Accounting principles generally accepted in the United States of America establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to the valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2: Inputs to the valuation methodology include:

a. Quoted prices for similar assets or liabilities in active markets;
b. Quoted prices for identical or similar assets or liabilities in inactive markets;
c. Inputs other than quoted prices that are observable for the asset or liability;
d. Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

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

Self-Directed Brokerage Account: Valued at a daily calculated net asset value. These investments are classified as mutual funds for reporting purposes.

The methods described above may produce a fair value calculation that may not be indicative of the net realizable value or reflective of the future fair values. Furthermore, while 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 measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	December 31, 2019			
	Total	**Level 1**	**Level 2**	**Level 3**
Mutual Funds	**$ 10,222,269**	**$ 10,222,269**	**$ -**	**$ -**
Self-Directed Brokerage Account	**595,938**	**595,938**	**-**	**-**
	$ 10,818,207	**$ 10,818,207**	**$ -**	**$ -**

	December 31, 2018			
	Total	Level 1	Level 2	Level 3
Mutual Funds	$ 7,768,130	$ 7,768,130	$ -	$ -
Self-Directed Brokerage Account	718,380	718,380	-	-
	$ 8,486,510	$ 8,486,510	$ -	$ -

5. Fixed Income Account:
The Key Guaranteed Portfolio Fund is a general account product. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. Interest crediting rate is reset quarterly.

The existence of certain conditions can limit the account's ability to transact at contract value with the issuers of its investment contracts. There is a provision in this investment contract that prevents the immediate and full payout of the contract value for plan-initiated transactions. As of December 31, 2019, the occurrence of an event outside the normal operation of the account that would cause a withdrawal from an investment contract is not considered to be probable.

6. Self-Directed Investments:
Information about net assets and the significant components of the change in net assets available for benefits related to the self-directed investments is as follows:

As of December 31	**2019**	2018
Net Assets:		
Self Directed Brokerage Account	**$ 595,938**	$ 718,380

Years Ended December 31	**2019**	2018
Change in Net Assets:		
Net Appreciation/(Depreciation)	**$ (122,442)**	$ 26,960

7. Related Party Transactions:
Certain Plan investments are managed by GWL&A, the custodian for the Plan. Therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment management services amounted to $819 and $699 for the years ended December 31, 2019 and 2018, respectively.

8. Subsequent Events:
Effective January 1, 2020, employees acquired through the acquisiton of Accelerate Media, Inc. on November 6, 2018, became eligible to particpate in the Plan.

In March 2020, the World Health Organization categorized COVID-19 as a pandemic, and the President of the United States declared the COVID-19 outbreak a national emergency. The COVID-19 pandemic has led to volatility in financial markets and has affected, and may continue to affect, the market price of the Plan assets. The potential economic impact brought by, and the duration of, COVID-19 is difficult to assess or predict and will depend on future developements that are highly uncertain and cannot be predicted.

The Plan has implemented certain requirements of the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions. The optional features within these acts are currently being assessed but have not been implemented to date. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance. No other subsequent events were identified through October 13, 2020, the date these financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

INDOTRONIX AVANI 401(K) PLAN

SCHEDULE 1 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, LINE 4I
PLAN NUMBER 001, PLAN EIN 52-1464254

As of December 31, 2019	Shares/Units	Cost	Value
Mutual Funds:			
T. Rowe Price Retirement Balanced	1,372	**	$ 21,258
T. Rowe Price Retirement 2005	345	**	4,730
T. Rowe Price Retirement 2010	478	**	8,621
T. Rowe Price Retirement 2015	1,406	**	20,392
T. Rowe Price Retirement 2020	9,540	**	210,740
T. Rowe Price Retirement 2025	7,569	**	134,578
T. Rowe Price Retirement 2030	18,872	**	488,787
T. Rowe Price Retirement 2035	7,009	**	133,385
T. Rowe Price Retirement 2040	19,016	**	514,571
T. Rowe Price Retirement 2045	8,132	**	150,605
T. Rowe Price Retirement 2050	37,694	**	589,530
T. Rowe Price Retirement 2055	12,985	**	206,454
Transamerica Asset Allc Cnsrv I	9,960	**	106,171
Transamerica Asset Alloc Moderate I	6,211	**	69,005
Transamerica Asset Allc Mod Gr I	11,623	**	135,297
Transamerica Asset Allc Growth I	448	**	5,630
American Funds Capital World G/I R3	1,350	**	70,074
American Funds New World Fund - R3	3,062	**	212,905
Hartford International Growth R4	23,364	**	368,455
Vanguard Total Intl Stock Index Admiral	4,247	**	126,870
Wasatch Emerging India	4,516	**	20,231
Davis Financial A	4,072	**	200,951
Fidelity Advisor Materials A	165	**	11,383
Goldman Sachs Real Estate Svc	6,578	**	88,145
Ivy Science & Technology Y	729	**	55,791
MFS Utilities R2	8,119	**	184,222
Wells Fargo Precious Metals A	3,600	**	158,103
MFS New Discovery R2	36,684	**	986,826
Putnam Small Cap Growth Fund - A	4,591	**	224,637
* Great - West S&P MidCap 400 Index Fund Inv	6,636	**	110,496
Oppenheimer Main Street Mid Cap R	1,704	**	41,593
Pioneer Select Mid Cap Growth A	6,611	**	297,283
Victory Sycamore Established Value R	25,719	**	1,015,383
JPMorgan US Equity A	122,088	**	1,959,508
MFS Massachusetts Investors Tr R2	32,548	**	1,008,345
Virtus Ceredex Large - Cap Value Equity A	329	**	4,511
BlackRock Global Alloc Fund R	102	**	1,848
Franklin Income R	1,316	**	3,026
AB High Income R	9,479	**	78,772
Loomis Sayles Investment Grade Bond A	8,259	**	93,578
Templeton Global Bond R	9,289	**	99,579
			10,222,269

INDOTRONIX AVANI 401(K) PLAN

SCHEDULE 1 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, LINE 4I
PLAN NUMBER 001, PLAN EIN 52-1464254

As of December 31, 2019	Shares/Units	Cost	Value
Self Directed Brokerage Account:			
TD Ameritrade SDB	N/A	**	595,938
Fully Benefit-Responsive Investment Account:			
Key Guaranteed Portfolio Fund	N/A	**	1,269,705
Forfeiture/Asset Holding Account	N/A	**	28,817
			1,298,522
* Notes Receivable from Participant Loans, varying maturity dates, Interest rates range from 3.50% - 5.50%	11 loans outstanding		70,637
			$ 12,187,366

N/A Share data is not available
* Represents a party-in-interest as defined by ERISA
** Cost omitted for participant directed investments

INDOTRONIX AVANI 401(K) PLAN

SCHEDULE 2 - SCHEDULE OF DELINQUENT CONTRIBUTIONS
PLAN NUMBER 001, PLAN EIN 52-1464254

For the Year Ended December 31, 2019

				Total That Constitutes Nonexempt Prohibited Transactions	
Participants Contributions Transferred Late to the Plan				Contributions Not Corrected	Outside Voluntary Fiduciary Correction Program
Amount Withheld	Date Withheld	Date Remitted			
$ 64,314				$ -	$ 64,314

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Indotronix Avani 401(k) Plan

01-JAN-19 to 31-DEC-19

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
4NYKGPF	15,266.86	0.000000	12	(12,500.00)	0.000000	25	(12,500.00)	SERIES
1TRRIX	27,557.72	1,866.834122	152	(44,085.43)	(2,975.217034)	8	(44,152.56)	SERIES
1TRRFX	4,032.82	301.210856	98	0.00	0.000000	0	0.00	SERIES
1TRRAX	3,578.65	202.568784	143	(319.40)	(17.674394)	15	(309.29)	SERIES
1TRRGX	10,850.42	753.394861	251	(42.01)	(2.904695)	15	(42.11)	SERIES
1TRRBX	141,042.48	6,378.513086	638	(7,789.46)	(357.402314)	38	(7,657.77)	SERIES
1TRRHX	110,928.30	6,398.049360	843	(102,597.23)	(6,058.120609)	12	(105,321.64)	SERIES
1TRRCX	243,766.58	9,813.546494	1127	(39,238.28)	(1,575.694055)	18	(39,904.79)	SERIES
1TRRJX	77,602.31	4,158.302238	758	(21,520.95)	(1,231.793989)	63	(23,222.34)	SERIES
1TRRDX	105,886.41	3,979.421696	1185	(28,440.64)	(1,084.894142)	67	(28,622.38)	SERIES
1TRRKX	96,993.24	5,406.125376	1000	(20,676.95)	(1,111.035528)	20	(19,197.63)	SERIES
1TRRMX	132,134.66	8,749.340119	1270	(5,282.35)	(343.826267)	72	(5,054.68)	SERIES
1TRRNX	394,151.17	25,120.033480	2423	(260,843.35)	(16,445.946282)	99	(258,361.56)	SERIES
1TACIX	23,510.13	2,274.351216	61	(590.33)	(59.328594)	3	(679.80)	SERIES
1TMMIX	28,596.95	2,553.618140	161	(418.47)	(40.428221)	4	(499.16)	SERIES
1TMGIX	13,780.60	1,182.089599	62	(431.07)	(40.136471)	3	(546.06)	SERIES
1TAGIX	1,015.47	80.752732	122	(347.05)	(29.538354)	28	(442.37)	SERIES
197AFCW	13,224.81	271.159553	625	(24,466.47)	(516.438502)	320	(23,534.06)	SERIES
1105AFW	18,864.23	285.107265	226	(63,945.42)	(1,008.276677)	27	(57,829.64)	SERIES
1HNCSX	25,212.88	1,764.758225	578	(20,990.03)	(1,464.465420)	146	(20,398.33)	SERIES
1VTIAX	68,856.88	2,500.308936	581	(87,745.35)	(3,239.506948)	197	(90,879.08)	SERIES
1WAINX	6,414.72	1,551.069092	153	(8,628.53)	(2,111.159873)	64	(7,177.86)	SERIES
1RPFGX	19,638.50	404.724979	289	(29,258.83)	(658.304718)	81	(28,498.84)	SERIES
1FMFAX	2,153.07	31.952844	58	(282.05)	(4.289734)	1	(327.94)	SERIES
1GRESX	59,507.71	4,130.707157	569	(4,189.98)	(275.954125)	187	(4,413.74)	SERIES
1WSTYX	18,628.92	267.608749	157	(3,949.81)	(52.379242)	23	(3,583.26)	SERIES
1MURRX	15,668.91	700.198454	737	(52,295.18)	(2,330.374766)	78	(47,723.22)	SERIES
1EKWAX	3,691.11	94.647900	57	(17,213.29)	(389.944947)	6	(11,816.52)	SERIES
1MNDRX	156,608.80	6,396.408479	708	(63,275.83)	(2,511.688629)	227	(57,583.51)	SERIES
1PNSAX	13,822.03	299.250946	296	(61,524.86)	(1,274.444928)	147	(57,351.55)	SERIES
1MXMDX	30,596.47	1,910.826597	462	(35,560.63)	(2,318.700151)	275	(37,279.59)	SERIES
1OPMNX	19,800.98	830.310853	24	(12,217.52)	(529.660376)	22	(12,418.89)	SERIES
1PGOFX	45,513.01	1,096.296753	481	(115,528.26)	(2,759.231274)	297	(108,890.21)	SERIES
1GETGX	70,815.49	1,823.128713	1364	(87,719.20)	(2,297.791296)	179	(79,823.33)	SERIES
1JUEAX	206,829.45	13,163.669991	1608	(34,690.99)	(2,274.237248)	250	(35,514.23)	SERIES
1MIRTX	105,575.51	3,478.540144	1225	(168,779.26)	(5,618.505392)	200	(161,373.48)	SERIES
1SVIIX	10,049.67	767.407597	375	(47,080.48)	(3,765.875067)	208	(55,686.56)	SERIES
1MRLOX	3,592.92	200.602287	159	(10,423.07)	(592.234830)	30	(10,182.44)	SERIES
1FISRX	3,793.51	1,682.603675	297	(16,601.63)	(7,545.293405)	148	(16,617.29)	SERIES
1AGDRX	34,543.30	4,250.733021	363	(23,293.75)	(2,875.906640)	8	(24,646.67)	SERIES
1LIGRX	14,060.05	1,249.566489	1367	(26,788.44)	(2,370.780989)	307	(26,553.29)	SERIES
1FGBRX	38,074.79	3,402.535293	749	(29,231.46)	(2,622.217624)	118	(31,039.50)	SERIES
1SDBTDA	0.00	0.000000	0	(237,928.50)	0.000000	3	(237,928.50)	SERIES
1NYKGPF	446,986.17	0.000000	593	(202,409.99)	0.000000	178	(202,409.99)	SERIES

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Indotronix Avani 401(k) Plan

01-JAN-19 to 31-DEC-19

30-JAN-20 16:19:56

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1TRRIX			20,615.62	21,258.27
1TRRFX			4,598.37	4,729.54
1TRRAX			8,448.04	8,621.29
1TRRGX			20,379.46	20,391.85
1TRRBX			208,256.57	210,739.51
1TRRHX			129,942.62	134,578.38
1TRRCX			462,102.18	488,786.79
1TRRJX			127,906.19	133,384.51
1TRRDX			480,425.00	514,571.36
1TRRKX			142,348.12	150,605.31
1TRRMX			553,941.70	589,529.94
1TRRNX			197,652.59	206,453.74
1TACIX			108,286.55	106,170.78
1TMMIX			72,299.89	69,004.88
1TMGIX			154,898.73	135,296.82
1TAGIX			6,373.84	5,630.43
197AFCW			64,597.18	70,073.82
1105AFW			172,716.06	212,904.57
1HNCSX			321,027.26	368,455.49
1VTIAX			117,955.65	126,869.93
1WAINX			16,272.28	20,231.38
1RPFGX			174,765.82	200,950.99
1FMFAX			12,886.34	11,382.72
1GRESX			103,529.82	88,145.10
1WSTYX			49,646.00	55,791.40
1MURRX			172,504.95	184,222.10
1EKWAX			150,470.81	158,103.80
1MNDRX			925,320.34	986,825.94
1PNSAX			208,639.53	224,636.75
1MXMDX			105,299.50	110,495.95
1OPMNX			44,367.27	41,592.50
1PGOFX			262,984.77	297,283.43
1GETGX			902,354.99	1,015,383.41
1JUEAX			1,850,085.85	1,959,508.38
1MIRTX			932,163.52	1,008,344.76
1SVIIX			4,704.46	4,511.17
1MRLOX			1,854.37	1,847.80
1FISRX			3,044.78	3,025.66
1AGDRX			80,448.64	78,772.39
1LIGRX			94,372.63	93,577.61
1FGBRX			110,225.60	99,578.53
1SDBTDA			595,938.45	595,938.45
1NYKGPF		1.200	1,221,008.99	1,269,705.91
			11,397,661.33	**12,087,913.34**
PARTICIPANT LOANS	VARIOUS	3.500-5.500	70,634.92	70,637.07
FORFEITURES			27,734.50	28,816.61