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.)
- ☒ 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:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2015

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)
BOUTCHANTHARAJ CORPORATION

5705 AIRPORT FWY
FORT WORTH, TX 76117-6006

5705 AIRPORT FWY
FORT WORTH, TX 76117-6006

2b Employer Identification Number (EIN)
87-0774752

2c Plan Sponsor's telephone number
817-831-2000

2d Business code (see instructions)
561600

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.	10/16/2020	SOMKHIT BOUTCHANTHARAJ
	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 BOUTCHANTHARAJ CORPORATION DFW SECURITY PROTECTIVE FORCE

4d PN

c Plan Name DFW, INC 401(K) PLAN

5 Total number of participants at the beginning of the plan year	**5**	652
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)**	652
a(2) Total number of active participants at the end of the plan year	**6a(2)**	711
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	20
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	731
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	731
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	77
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:

2A 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)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
87-0774752

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

PAYCHEX, INC.

911 PANORAMA TRAIL S
ROCHESTER, NY 14625

16-1124166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	6123	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOHN HANDCOCK LIFE INSURANCE

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 67 68	RECORD KEEPER	7757	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOUTCHANTHARAJ CORPORATION

D Employer Identification Number (EIN)
87-0774752

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

A Name of plan
BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
87-0774752

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10899	0
(2) Participant contributions	1b(2)	2390	4363
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	306	310
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	800242	610151
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	
	(2) Employer real property	**1d(2)**	0	
e	Buildings and other property used in plan operation	**1e**	0	
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	813837	614824
	Liabilities			
g	Benefit claims payable	**1g**	0	
h	Operating payables	**1h**	0	
i	Acquisition indebtedness	**1i**	306	306
j	Other liabilities	**1j**	0	
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	306	306
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	813531	614518

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)**	53704	
	(B) Participants	**2a(1)(B)**	48990	
	(C) Others (including rollovers)	**2a(1)(C)**	0	
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		102694
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	460	
	(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)**	0	
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		460
	(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)**	163165	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		163165
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		266319
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	446930	
(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)		446930
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	14786	
(3) Investment advisory and management fees	2i(3)	3616	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		18402
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		465332
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-199013
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: SOLOMON CPA LLC **(2)** EIN: 81-5253060

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		2181
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		50000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
87-0774752

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): 16-1470238

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_____

BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

YEAR ENDED DECEMBER 31, 2019

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Boutchantharaj Corporation 401(k) Profit Sharing Plan and Trust
Fort Worth, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Boutchantharaj Corporation 401(k) Profit Sharing Plan and Trust, 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 C, which was certified by John Hancock Life Insurance Company and Mid Atlantic Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustees hold the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustees as of and for the year ended December 31, 2019, that the information provided to the Plan Administrator by the trustees are 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

Supplemental Information

The supplemental schedule of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2019, and Schedule H, line 4i - Schedules of Assets (held at end of year), for the years ended December 31, 2019 and 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

SOLOMON CPA, LLC

Gaithersburg, Maryland
October 15, 2020

BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	2019	2018
ASSETS		
Cash	$ 310	$ 306
Investments, at fair value	610,151	800,242
Contributions receivable - participants	2,142	2,001
Other participant contributions receivable	2,221	389
Contributions receivable - employer	-	5,848
Other employer contributions receivable	-	5,051
TOTAL ASSETS	614,824	813,837
LIABILITY		
Excess contributions	306	306
NET ASSETS AVAILABLE FOR BENEFITS	$ 614,518	$ 813,531

The accompanying notes are an integral part of these statements.

BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2019

Additions to net assets attributed to:	
Investment activity:	
Net (appreciation) in fair value of investments	$ 163,625
Contributions:	
Employer	53,704
Participants	48,990
Total contributions	102,694
Total additions	266,319
Deductions from net assets attributed to:	
Benefits paid to participants	446,930
Administrative expenses	18,402
Total deductions	465,332
Net (Decrease)	(199,013)
Balance - beginning of year	813,531
Balance - end of year	$ 614,518

The accompanying notes are an integral part of these statements.

BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2019

NOTE A – DESCRIPTION OF PLAN

The following description of the Boutchantharaj Corporation 401(k) Profit Sharing Plan and Trust ("the Plan") provides only general information. Participants should refer to the Plan agreement and the amendments thereto for a more complete description of the Plan's provisions.

General

Effective January 1, 2015, the Plan Sponsor, Boutchantharaj Corporation DBA DFW Security Protective Force, Inc. ("the Company") established the Plan to provide deferred compensation benefits to its eligible employees. The Plan is a defined contribution plan with 401(k) salary deferral provisions covering all employees of the Company who complete 30 days of service. All employees employed as of the effective date were eligible to participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan qualifies under the Internal Revenue Code ("IRC") as a 401(k) Plan.

Effective April 26, 2019, the Plan Sponsor amended the Plan. The Plan name was changed from DFW, Inc. 401(k) Plan to Boutchantharaj Corporation 401(k) Profit Sharing Plan and Trust and included employer match and profit-sharing provisions.

Effective August 29, 2019, the Plan Sponsor amended the certain Plan provisions.

As part of the Plan amendment, the Plans assets were transferred from John Hancock Life Insurance Company to Mid Atlantic Trust Company.

Contributions and Rollovers

Each year, participants may contribute eligible salary on a pre-tax deferral with a maximum contribution of $19,000 for 2019. However, participants who are over the age of 50 may make catch-up contributions of $6,000 for 2019. Participants may also transfer monies from a former employer's qualified retirement plan, as defined in the Plan's provisions. Participants direct the investment of their contributions into various investment options offered by the Plan.

Prior to the Plan amendment, the Plan Sponsor made cash contributions to the Plan for services performed by prevailing wage employees under relevant prevailing wage law. Employer prevailing wage contributions for the year ended December 31, 2019 totaled $53,704.

The Plan Sponsor may, at its discretion, make voluntary employer match and profit-sharing contributions to the Plan. There were no discretionary employer match or profit-sharing contributions for the year ended December 31, 2019.

There were no rollovers into the Plan during the year ended December 31, 2019.

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

Plan assets are held by Mid Atlantic Trust Company. Each participant's account is credited with the participant's contribution, including amounts rolled over from other qualified plans, amounts earned from the participants allocated health and welfare wage contributions, employer match, profit-sharing contributions, and Plan earnings and losses, less any charges, if applicable. Participants direct the investment of their contributions into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately fully vested in their voluntary contributions, rollover contributions and employee designated health and welfare wage contributions, as well as actual earnings thereon.

Participants have a period of six years to fully vest in employer match and profit-sharing contributions.

Notes Receivable from Participants

Participants may borrow a minimum of $1,000 up to a maximum of $50,000 from their account balance, subject to limits defined in the Plan's provisions. The loans are secured by the participants account balance and bear interest at prime plus 1%.

Loan principal and interest payments are deducted from participants payroll in accordance with the Plan Sponsor's bi-weekly payroll cycle. Participant loans have a 54 month repayment term if the proceeds are not used to purchase a primary residence.

Payment of Benefits

On termination of service due to death, disability, retirement or any other reason, a participant or beneficiary may elect to receive a lump sum amount equal to the value of participant's vested interest. Unless directed by the participant, payments cannot be deferred beyond the latest of the following:

Termination of employment.

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits (continued)

Generally, on termination of service and at any point in time thereafter, an employee may elect to receive a lump sum equal to his or her vested account balance. However, if the employee's vested balance is less than $1,000, the participant must receive a lump-sum distribution.

Forfeited Accounts

Participants are immediately 100% vested in elective deferral, allocated health and welfare wage contributions, and earnings thereon.

Employer match and profit-sharing contributions are subject to vesting over a period of six years. Forfeitures from these contributions can be used to reduce future employer contributions. There were no forfeiture for the year ended December 31, 2019.

Investment Options

Contributions to the Plan are invested by the trustee in various investment funds, according to participant instructions. The Plan Sponsor provides participants with current copies of the prospectus describing each investment option.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Estimates

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

Cash and Cash Equivalents

Cash and cash equivalents represent monies deposited with the Plan Trustee which, at year end, were unallocated to investments accounts.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note G 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.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits are reported as either net appreciation or (net depreciation) in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses, including transaction fees, are paid from the accounts of plan participants.

Note receivable from Participants

Notes receivable from participants are recorded at their unpaid principal balance plus accrued interest. Delinquent balances are recorded as a distribution. No allowance for credit loss has been recorded at December 31, 2019.

NOTE C - INFORMATION PREPARED AND CERTIFIED BY TRUSTEES

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the Plan trustees that existed during Plan year ended December 31, 2019:

	John Hancock	Mid Atlantic Trust Company
Cash and Cash Equivalents	$ -	$ 310
Registered investment funds	$ -	$610,151
Trustee to Trustee Transfer	($711,663)	$711,663
Net (appreciation) in fair value of investments	$130,572	$ 33,053

NOTE D – TAX STATUS

The Plan, which is a prototype volume submitter profit sharing plan with coda, has a favorable determination letter from the Internal Revenue Service dated April 10, 2014, based on the volume submission provided to the Internal Revenue Service by its third-party administrator. The Internal Revenue Service has determined and informed the Company that the plan is designed in accordance with applicable regulations of the Internal Revenue Code (IRC) and is exempt from income taxes.

NOTE E – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

Net assets available for plan benefits per the financial statements	$ 614,518
Net assets available for plan benefits per the Form 5500	$ 614,518

The following is a reconciliation of change in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2019:

Decrease in net assets per the statement of changes in net assets per the financial statements	$ (199,013)
Net (Loss) per the Form 5500	$ (199,013)

NOTE F – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term, and that such changes could materially affect participants account balances and the amounts reported in the statement of net assets available for benefits.

NOTE G – FAIR VALUE MEASUREMENTS

ASC 820 "Fair Value Measurements and Disclosures" provides a framework for valuing investments in plan financial statements and requires financial statement disclosures about the valuation of plan investments. ASC 820 defines fair value as the value 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.

Following ASC 820 guidance, the investments have categorized their fair value measurements according to a three-level hierarchy. The hierarchy prioritizes the inputs by the investments' valuation techniques. A level is assigned to each fair value measurement based on the lowest level input significant to the fair value measurement in its entirety. The three levels of the fair value hierarchy are defined as follows:

- *Level 1 - Fair value measurements that reflect unadjusted, quoted prices in active markets for identical assets and liabilities that the Accounts have the ability to access at the measurement date.*

- *Level 2 - Fair value measurements using inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly, as of the measurement date and fair value can be determined through the use of models or other valuation methodologies.*

- *Level 3 – Fair value measurements using significant non-market observable inputs where there are little or no market activity for the asset or liability, and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.*

Assets owned are primarily limited offerings issued by an underlying fund. These are classified within Level 1, as fair values of the underlying funds are based upon reported net asset values ("NAV"), which represent the values at which the investment can be redeemed at the measurement date.

All of the investments (Mutual Funds) in an underlying fund were valued at the reported net asset value of the underlying fund and categorized as Level 1. The following table presents the investments that are measured at fair value on a recurring basis by the fair value hierarchy level under ASC 820 as of December 31, 2019:

NOTE G – FAIR VALUE MEASUREMENTS (CONTINUED)

December 31, 2019:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$610,151	$ -	$ -	$610,151
Total	$610,151	$ -	$ -	$610,151

December 31, 2018:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$800,242	$ -	$ -	$800,242
Total	$800,242	$ -	$ -	$800,242

Changes in valuation techniques result in transfer in or out of an assigned level within the disclosure hierarchy. Transfers between investment levels may occur as the availability of the price source or data used in an investment's valuation changes. Transfers between investment levels are recognized at the beginning of the reporting period. There were no transfers between any level of fair value measurements during the period ended December 31, 2019.

NOTE H – RELATED PARTIES AND PARTY-IN-INTEREST

All funds of the Plan were managed by John Hancock Life Insurance Company (John Hancock) and Mid Atlantic Trust Company. As a result, John Hancock and Mid Atlantic Trust Company each qualify as a party-in-interest to the Plan with respect to transactions related to Plan funds. The fair market value of the funds transferred from John Hancock to Mid Atlantic Trust Company was $711,663. The fair value of funds managed by Mid Atlantic Trust Company, including cash and cash equivalents, totaled $610,461 for the year ended December 31, 2019.

Administrative fees (including fees from participant requests) paid by the Plan totaled $18,402 for the year ended December 31, 2019.

NOTE I – RECLASSIFICATION

Certain amounts in the prior periods presented have been reclassified to conform to the current period financial statement presentation. These reclassifications have no effect on previously reported net assets to the Plan.

NOTE J – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to reduce or discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, participants would remain fully vested in their entire account.

NOTE K – SUBSEQUENT EVENTS

The COVID-19 outbreak in the United States has caused business disruption through mandated and voluntary closings. While the disruption is currently expected to be temporary, there is considerable uncertainty around the duration of the closings. Therefore, the plan sponsor expects this matter to negatively impact its operating results. The extent of the impact of COVID-19 on operational and financial performance will depend on certain developments, including the duration and spread of the outbreak, impact on participants, employees and vendors all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may impact the Plan's financial condition or results of operations is uncertain. Therefore, the related financial impact and duration cannot be reasonably estimated at this time.

Subsequent events were evaluated through October 15, 2020, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
EIN: 87-0774752
PLAN NUMBER: 001
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2019

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if late Participant Loan Repayments are included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
			$ 2,181	

* The amount relates to 2019 participant contributions.

BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
EIN: 87-0774752
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds:				
*	Vanguard Funds	Vanguard Total Bond Market Fund Index	**	$ 813
*	Vanguard Funds	Vanguard 500 Index Admiral Shares	**	63,071
*	DFA	DFA U.S. Small Cap Growth Portfolio	**	5,996
*	American Funds	American Funds Capital World Growth	**	410
*	John Hancock USA	JH Funds II Multimanager 2045	**	1,300
*	John Hancock USA	JH Funds 2020 Multi-Index	**	12,013
*	John Hancock USA	JH Ret To 2060 Managed Port	**	17,072
*	John Hancock USA	JH Funds 2010 Multi-Index	**	9,754
*	John Hancock USA	JH Funds 2035 Multi-Index	**	19,291
*	John Hancock USA	JH Funds 2030 Multi-Index	**	31,712
*	John Hancock USA	JH Funds 2025 Multi-Index	**	43,152
*	John Hancock USA	JH Funds 2040 Multi-Index	**	23,007
*	John Hancock USA	JH Funds 2045 Multi-Index	**	66,369
*	John Hancock USA	JH Funds 2050 Multi-Index	**	47,143
*	John Hancock USA	JH Funds 2055 Multi-Index	**	79,366
*	TIAA CREF	TIAA CREF International Equity Fund	**	173
*	Vanguard Funds	Van Guard Mid-Cap Index Fund	**	14,454
*	American Funds	American Funds Washington Mutual	**	78,335
*	Vanguard Funds	Vanguard Small-Cap Growth Index Fund	**	7,082
*	Vanguard Funds	Vanguard Small-Cap Value Index Fund	**	392
*	Fidelity	Fidelity Advisor Leveraged Company	**	2,578
*	Vanguard Funds	Vanguard Mid-Cap Growth Fund	**	4,206
*	American Funds	American Funds Investment Company	**	12,012
*	American Funds	Amercian Funds The Growth Company of	**	42,226
*	John Hancock USA	John Hancock Bond Fund	**	1,128
*	Franklin Templeton	Templeton World Fund Class R6	**	4,484
*	American Funds	American Funds New Perspective Fund	**	18,393
*	Vanguard Funds	Vanguard Small Cap Index Fund	**	4,219
		Total - Mutual Funds		$ 610,151
Cash Management Account:				
*	Vanguard Funds	Money Market	**	$ 310
		Total - Funds Invested		$ 610,461

* Party-in-interest to the Plan.

** Not required, as all investments are participant directed.

BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
EIN: 87-0774752
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds:				
*	John Hancock USA	JH Ret To 2010 Managed Port	**	$ 12,187
*	John Hancock USA	JH Ret To 2020 Managed Port	**	12,787
*	John Hancock USA	JH Ret To 2025 Managed Port	**	110,515
*	John Hancock USA	JH Ret To 2030 Managed Port	**	96,064
*	John Hancock USA	JH Ret To 2035 Managed Port	**	55,127
*	John Hancock USA	JH Ret To 2040 Managed Port	**	43,907
*	John Hancock USA	JH Ret To 2045 Managed Port	**	96,371
*	John Hancock USA	JH Ret To 2050 Managed Port	**	59,288
*	John Hancock USA	JH Ret To 2055 Managed Port	**	67,808
*	John Hancock USA	JH Ret To 2060 Managed Port	**	22,211
*	John Hancock USA	John Hancock Bond Fund	**	2,920
*	John Hancock USA	Growth Company of America	**	24,920
*	John Hancock USA	John Hancock Stable Val	**	26,082
*	John Hancock USA	Total Bond Market Fund	**	64
*	John Hancock USA	Washington Mutual Investors	**	25,786
*	John Hancock USA	Investment Company of America	**	27,501
*	John Hancock USA	AF New Per	**	16,221
*	John Hancock USA	VS MC ST	**	21,200
*	John Hancock USA	Fidlevco	**	2,192
*	John Hancock USA	Templeton World	**	10,975
*	John Hancock USA	AF Cap WGI	**	2,005
*	John Hancock USA	SMCP GR IN	**	5,183
*	John Hancock USA	IDX 500	**	6,631
*	John Hancock USA	IDX Small	**	8,828
*	John Hancock USA	SMCP VA In	**	2,757
*	John Hancock USA	IDX Mid	**	12,484
*	John Hancock USA	IDX Intl	**	2,901
*	John Hancock USA	US Small Cap	**	25,327
		Total - Mutual Funds		$ 800,242
Cash Management Account:				
*	John Hancock USA	Cash Holding Account	**	$ 306
		Total - Funds Invested		$ 800,548

* Party-in-interest to the Plan.

** Not required, as all investments are participant directed.

BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

YEAR ENDED DECEMBER 31, 2019

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Boutchantharaj Corporation 401(k) Profit Sharing Plan and Trust
Fort Worth, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Boutchantharaj Corporation 401(k) Profit Sharing Plan and Trust, 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 C, which was certified by John Hancock Life Insurance Company and Mid Atlantic Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustees hold the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustees as of and for the year ended December 31, 2019, that the information provided to the Plan Administrator by the trustees are 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

Supplemental Information

The supplemental schedule of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2019, and Schedule H, line 4i - Schedules of Assets (held at end of year), for the years ended December 31, 2019 and 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

SOLOMON CPA, LLC

Gaithersburg, Maryland
October 15, 2020

BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	2019	2018
ASSETS		
Cash	$ 310	$ 306
Investments, at fair value	610,151	800,242
Contributions receivable - participants	2,142	2,001
Other participant contributions receivable	2,221	389
Contributions receivable - employer	-	5,848
Other employer contributions receivable	-	5,051
TOTAL ASSETS	614,824	813,837
LIABILITY		
Excess contributions	306	306
NET ASSETS AVAILABLE FOR BENEFITS	$ 614,518	$ 813,531

The accompanying notes are an integral part of these statements.

BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2019

Additions to net assets attributed to:	
Investment activity:	
Net (appreciation) in fair value of investments	$ 163,625
Contributions:	
Employer	53,704
Participants	48,990
Total contributions	102,694
Total additions	266,319
Deductions from net assets attributed to:	
Benefits paid to participants	446,930
Administrative expenses	18,402
Total deductions	465,332
Net (Decrease)	(199,013)
Balance - beginning of year	813,531
Balance - end of year	$ 614,518

The accompanying notes are an integral part of these statements.

BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2019

NOTE A – DESCRIPTION OF PLAN

The following description of the Boutchantharaj Corporation 401(k) Profit Sharing Plan and Trust ("the Plan") provides only general information. Participants should refer to the Plan agreement and the amendments thereto for a more complete description of the Plan's provisions.

General

Effective January 1, 2015, the Plan Sponsor, Boutchantharaj Corporation DBA DFW Security Protective Force, Inc. ("the Company") established the Plan to provide deferred compensation benefits to its eligible employees. The Plan is a defined contribution plan with 401(k) salary deferral provisions covering all employees of the Company who complete 30 days of service. All employees employed as of the effective date were eligible to participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan qualifies under the Internal Revenue Code ("IRC") as a 401(k) Plan.

Effective April 26, 2019, the Plan Sponsor amended the Plan. The Plan name was changed from DFW, Inc. 401(k) Plan to Boutchantharaj Corporation 401(k) Profit Sharing Plan and Trust and included employer match and profit-sharing provisions.

Effective August 29, 2019, the Plan Sponsor amended the certain Plan provisions.

As part of the Plan amendment, the Plans assets were transferred from John Hancock Life Insurance Company to Mid Atlantic Trust Company.

Contributions and Rollovers

Each year, participants may contribute eligible salary on a pre-tax deferral with a maximum contribution of $19,000 for 2019. However, participants who are over the age of 50 may make catch-up contributions of $6,000 for 2019. Participants may also transfer monies from a former employer's qualified retirement plan, as defined in the Plan's provisions. Participants direct the investment of their contributions into various investment options offered by the Plan.

Prior to the Plan amendment, the Plan Sponsor made cash contributions to the Plan for services performed by prevailing wage employees under relevant prevailing wage law. Employer prevailing wage contributions for the year ended December 31, 2019 totaled $53,704.

The Plan Sponsor may, at its discretion, make voluntary employer match and profit-sharing contributions to the Plan. There were no discretionary employer match or profit-sharing contributions for the year ended December 31, 2019.

There were no rollovers into the Plan during the year ended December 31, 2019.

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

Plan assets are held by Mid Atlantic Trust Company. Each participant's account is credited with the participant's contribution, including amounts rolled over from other qualified plans, amounts earned from the participants allocated health and welfare wage contributions, employer match, profit-sharing contributions, and Plan earnings and losses, less any charges, if applicable. Participants direct the investment of their contributions into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately fully vested in their voluntary contributions, rollover contributions and employee designated health and welfare wage contributions, as well as actual earnings thereon.

Participants have a period of six years to fully vest in employer match and profit-sharing contributions.

Notes Receivable from Participants

Participants may borrow a minimum of $1,000 up to a maximum of $50,000 from their account balance, subject to limits defined in the Plan's provisions. The loans are secured by the participants account balance and bear interest at prime plus 1%.

Loan principal and interest payments are deducted from participants payroll in accordance with the Plan Sponsor's bi-weekly payroll cycle. Participant loans have a 54 month repayment term if the proceeds are not used to purchase a primary residence.

Payment of Benefits

On termination of service due to death, disability, retirement or any other reason, a participant or beneficiary may elect to receive a lump sum amount equal to the value of participant's vested interest. Unless directed by the participant, payments cannot be deferred beyond the latest of the following:

Termination of employment.

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits (continued)

Generally, on termination of service and at any point in time thereafter, an employee may elect to receive a lump sum equal to his or her vested account balance. However, if the employee's vested balance is less than $1,000, the participant must receive a lump-sum distribution.

Forfeited Accounts

Participants are immediately 100% vested in elective deferral, allocated health and welfare wage contributions, and earnings thereon.

Employer match and profit-sharing contributions are subject to vesting over a period of six years. Forfeitures from these contributions can be used to reduce future employer contributions. There were no forfeiture for the year ended December 31, 2019.

Investment Options

Contributions to the Plan are invested by the trustee in various investment funds, according to participant instructions. The Plan Sponsor provides participants with current copies of the prospectus describing each investment option.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Estimates

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

Cash and Cash Equivalents

Cash and cash equivalents represent monies deposited with the Plan Trustee which, at year end, were unallocated to investments accounts.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note G 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.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits are reported as either net appreciation or (net depreciation) in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses, including transaction fees, are paid from the accounts of plan participants.

Note receivable from Participants

Notes receivable from participants are recorded at their unpaid principal balance plus accrued interest. Delinquent balances are recorded as a distribution. No allowance for credit loss has been recorded at December 31, 2019.

NOTE C - INFORMATION PREPARED AND CERTIFIED BY TRUSTEES

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the Plan trustees that existed during Plan year ended December 31, 2019:

	John Hancock	Mid Atlantic Trust Company
Cash and Cash Equivalents	$ -	$ 310
Registered investment funds	$ -	$610,151
Trustee to Trustee Transfer	($711,663)	$711,663
Net (appreciation) in fair value of investments	$130,572	$ 33,053

NOTE D – TAX STATUS

The Plan, which is a prototype volume submitter profit sharing plan with coda, has a favorable determination letter from the Internal Revenue Service dated April 10, 2014, based on the volume submission provided to the Internal Revenue Service by its third-party administrator. The Internal Revenue Service has determined and informed the Company that the plan is designed in accordance with applicable regulations of the Internal Revenue Code (IRC) and is exempt from income taxes.

NOTE E – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

Net assets available for plan benefits per the financial statements	$ 614,518
Net assets available for plan benefits per the Form 5500	$ 614,518

The following is a reconciliation of change in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2019:

Decrease in net assets per the statement of changes in net assets per the financial statements	$ (199,013)
Net (Loss) per the Form 5500	$ (199,013)

NOTE F – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term, and that such changes could materially affect participants account balances and the amounts reported in the statement of net assets available for benefits.

NOTE G – FAIR VALUE MEASUREMENTS

ASC 820 "Fair Value Measurements and Disclosures" provides a framework for valuing investments in plan financial statements and requires financial statement disclosures about the valuation of plan investments. ASC 820 defines fair value as the value 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.

Following ASC 820 guidance, the investments have categorized their fair value measurements according to a three-level hierarchy. The hierarchy prioritizes the inputs by the investments' valuation techniques. A level is assigned to each fair value measurement based on the lowest level input significant to the fair value measurement in its entirety. The three levels of the fair value hierarchy are defined as follows:

- *Level 1 - Fair value measurements that reflect unadjusted, quoted prices in active markets for identical assets and liabilities that the Accounts have the ability to access at the measurement date.*

- *Level 2 - Fair value measurements using inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly, as of the measurement date and fair value can be determined through the use of models or other valuation methodologies.*

- *Level 3 – Fair value measurements using significant non-market observable inputs where there are little or no market activity for the asset or liability, and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.*

Assets owned are primarily limited offerings issued by an underlying fund. These are classified within Level 1, as fair values of the underlying funds are based upon reported net asset values ("NAV"), which represent the values at which the investment can be redeemed at the measurement date.

All of the investments (Mutual Funds) in an underlying fund were valued at the reported net asset value of the underlying fund and categorized as Level 1. The following table presents the investments that are measured at fair value on a recurring basis by the fair value hierarchy level under ASC 820 as of December 31, 2019:

NOTE G – FAIR VALUE MEASUREMENTS (CONTINUED)

December 31, 2019:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$610,151	$ -	$ -	$610,151
Total	$610,151	$ -	$ -	$610,151

December 31, 2018:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$800,242	$ -	$ -	$800,242
Total	$800,242	$ -	$ -	$800,242

Changes in valuation techniques result in transfer in or out of an assigned level within the disclosure hierarchy. Transfers between investment levels may occur as the availability of the price source or data used in an investment's valuation changes. Transfers between investment levels are recognized at the beginning of the reporting period. There were no transfers between any level of fair value measurements during the period ended December 31, 2019.

NOTE H – RELATED PARTIES AND PARTY-IN-INTEREST

All funds of the Plan were managed by John Hancock Life Insurance Company (John Hancock) and Mid Atlantic Trust Company. As a result, John Hancock and Mid Atlantic Trust Company each qualify as a party-in-interest to the Plan with respect to transactions related to Plan funds. The fair market value of the funds transferred from John Hancock to Mid Atlantic Trust Company was $711,663. The fair value of funds managed by Mid Atlantic Trust Company, including cash and cash equivalents, totaled $610,461 for the year ended December 31, 2019.

Administrative fees (including fees from participant requests) paid by the Plan totaled $18,402 for the year ended December 31, 2019.

NOTE I – RECLASSIFICATION

Certain amounts in the prior periods presented have been reclassified to conform to the current period financial statement presentation. These reclassifications have no effect on previously reported net assets to the Plan.

NOTE J – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to reduce or discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, participants would remain fully vested in their entire account.

NOTE K – SUBSEQUENT EVENTS

The COVID-19 outbreak in the United States has caused business disruption through mandated and voluntary closings. While the disruption is currently expected to be temporary, there is considerable uncertainty around the duration of the closings. Therefore, the plan sponsor expects this matter to negatively impact its operating results. The extent of the impact of COVID-19 on operational and financial performance will depend on certain developments, including the duration and spread of the outbreak, impact on participants, employees and vendors all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may impact the Plan's financial condition or results of operations is uncertain. Therefore, the related financial impact and duration cannot be reasonably estimated at this time.

Subsequent events were evaluated through October 15, 2020, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
EIN: 87-0774752
PLAN NUMBER: 001
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2019

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if late Participant Loan Repayments are included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
			$ 2,181	

* The amount relates to 2019 participant contributions.

BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
EIN: 87-0774752
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds:				
*	Vanguard Funds	Vanguard Total Bond Market Fund Index	**	$ 813
*	Vanguard Funds	Vanguard 500 Index Admiral Shares	**	63,071
*	DFA	DFA U.S. Small Cap Growth Portfolio	**	5,996
*	American Funds	American Funds Capital World Growth	**	410
*	John Hancock USA	JH Funds II Multimanager 2045	**	1,300
*	John Hancock USA	JH Funds 2020 Multi-Index	**	12,013
*	John Hancock USA	JH Ret To 2060 Managed Port	**	17,072
*	John Hancock USA	JH Funds 2010 Multi-Index	**	9,754
*	John Hancock USA	JH Funds 2035 Multi-Index	**	19,291
*	John Hancock USA	JH Funds 2030 Multi-Index	**	31,712
*	John Hancock USA	JH Funds 2025 Multi-Index	**	43,152
*	John Hancock USA	JH Funds 2040 Multi-Index	**	23,007
*	John Hancock USA	JH Funds 2045 Multi-Index	**	66,369
*	John Hancock USA	JH Funds 2050 Multi-Index	**	47,143
*	John Hancock USA	JH Funds 2055 Multi-Index	**	79,366
*	TIAA CREF	TIAA CREF International Equity Fund	**	173
*	Vanguard Funds	Van Guard Mid-Cap Index Fund	**	14,454
*	American Funds	American Funds Washington Mutual	**	78,335
*	Vanguard Funds	Vanguard Small-Cap Growth Index Fund	**	7,082
*	Vanguard Funds	Vanguard Small-Cap Value Index Fund	**	392
*	Fidelity	Fidelity Advisor Leveraged Company	**	2,578
*	Vanguard Funds	Vanguard Mid-Cap Growth Fund	**	4,206
*	American Funds	American Funds Investment Company	**	12,012
*	American Funds	Amercian Funds The Growth Company of	**	42,226
*	John Hancock USA	John Hancock Bond Fund	**	1,128
*	Franklin Templeton	Templeton World Fund Class R6	**	4,484
*	American Funds	American Funds New Perspective Fund	**	18,393
*	Vanguard Funds	Vanguard Small Cap Index Fund	**	4,219
		Total - Mutual Funds		$ 610,151
Cash Management Account:				
*	Vanguard Funds	Money Market	**	$ 310
		Total - Funds Invested		$ 610,461

* Party-in-interest to the Plan.

** Not required, as all investments are participant directed.

BOUTCHANTHARAJ CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
EIN: 87-0774752
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds:				
*	John Hancock USA	JH Ret To 2010 Managed Port	**	$ 12,187
*	John Hancock USA	JH Ret To 2020 Managed Port	**	12,787
*	John Hancock USA	JH Ret To 2025 Managed Port	**	110,515
*	John Hancock USA	JH Ret To 2030 Managed Port	**	96,064
*	John Hancock USA	JH Ret To 2035 Managed Port	**	55,127
*	John Hancock USA	JH Ret To 2040 Managed Port	**	43,907
*	John Hancock USA	JH Ret To 2045 Managed Port	**	96,371
*	John Hancock USA	JH Ret To 2050 Managed Port	**	59,288
*	John Hancock USA	JH Ret To 2055 Managed Port	**	67,808
*	John Hancock USA	JH Ret To 2060 Managed Port	**	22,211
*	John Hancock USA	John Hancock Bond Fund	**	2,920
*	John Hancock USA	Growth Company of America	**	24,920
*	John Hancock USA	John Hancock Stable Val	**	26,082
*	John Hancock USA	Total Bond Market Fund	**	64
*	John Hancock USA	Washington Mutual Investors	**	25,786
*	John Hancock USA	Investment Company of America	**	27,501
*	John Hancock USA	AF New Per	**	16,221
*	John Hancock USA	VS MC ST	**	21,200
*	John Hancock USA	Fidlevco	**	2,192
*	John Hancock USA	Templeton World	**	10,975
*	John Hancock USA	AF Cap WGI	**	2,005
*	John Hancock USA	SMCP GR IN	**	5,183
*	John Hancock USA	IDX 500	**	6,631
*	John Hancock USA	IDX Small	**	8,828
*	John Hancock USA	SMCP VA In	**	2,757
*	John Hancock USA	IDX Mid	**	12,484
*	John Hancock USA	IDX Intl	**	2,901
*	John Hancock USA	US Small Cap	**	25,327
		Total - Mutual Funds		$ 800,242
Cash Management Account:				
*	John Hancock USA	Cash Holding Account	**	$ 306
		Total - Funds Invested		$ 800,548

* Party-in-interest to the Plan.

** Not required, as all investments are participant directed.