Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

| Part I | Annual Report | t Identification Information | | | | |
|--|--------------------------------------|---|------------------------------|---|-------------------------------------|--------------------|
| For calend | ar plan year 2018 or f | fiscal plan year beginning 01/01/2 | 018 | and ending 12 | 2/31/2018 | |
| A This ret | turn/report is for: | X a single-employer plan | a multiple-employer pl | an (not multiemployer) (nployer information in ac | | |
| P This rote | um /ran art ia | a one-participant plan | a foreign plan | | | |
| D This rett | urn/report is | the first return/report | the final return/report | | | |
| _ | | an amended return/report | a short plan year retur | n/report (less than 12 m | onths) | |
| C Check | box if filing under: | Form 5558 | automatic extension | | DFVC program | |
| | | special extension (enter descri | · · · | | | |
| Part II | Basic Plan Info | ormation—enter all requested info | ormation | | | |
| 1a Name | • | | | | 1b Three-digit | |
| IPACSOLUT | TIONS, INC. DEFINED | D BENEFIT PLAN | | | plan number (PN) ▶ | 001 |
| | | | | | 1c Effective date | l . |
| | | | | | | /01/2013 |
| | | oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O | . Box) | | 2b Employer Ider (EIN) 46 | ntification Number |
| City or | town, state or provin | ce, country, and ZIP or foreign posta | , | ructions) | 2c Sponsor's tele | |
| IPACSOLUT | IONS, INC. | | | | 518-9 | 46-2624 |
| 371 FERN L | AKE DD | | | | 2d Business code | |
| | FORKS, NY 12912 | | | | 42 | 3400 |
| | | | | | | |
| 3a Plan a | dministrator's name a | and address 🏻 Same as Plan Spon | sor. | | 3b Administrator | s EIN |
| | | | | | 3c Administrator' | s telephone number |
| | | | | | | · |
| | | | | | | |
| 4 If the r | name and/or EIN of th | ne plan sponsor or the plan name ha | is changed since the last re | eturn/report filed for | 4b EIN | |
| | lan, enter the plan spo or's name | onsor's name, EIN, the plan name a | nd the plan number from the | he last return/report. | 4d PN | |
| C Plan N | | | | | 40 1 N | |
| Fo. Tatal | | and the headers of the above on | | | 5a | 2 |
| _ | | s at the beginning of the plan year s at the end of the plan year | | | 5b | <u>3</u> |
| c Numb | er of participants with | account balances as of the end of t | he plan year (only defined | I contribution plans | 5c | · |
| ' | , | articipants at the beginning of the pla | | | 5d(1) | 3 |
| | | articipants at the beginning of the plan yea | | | 5d(2) | |
| e Numb | per of participants who | o terminated employment during the | plan year with accrued be | enefits that were less | 5e | 0 |
| than | 100% vested | or incomplete filing of this return | Jranort will be assessed | unless reasonable car | | |
| Under pena | alties of perjury and o | ther penalties set forth in the instruc | tions, I declare that I have | examined this return/re | port, including, if app | |
| SB or Sche | | and signed by an enrolled actuary, a | | | | |
| SIGN | Filed with authorized | d/valid electronic signature. | 04/19/2019 | JENNIFER KETCHEL | L | |
| HERE Signature of plan administrator Date Enter name of individual signing as plan administrator | | | | | | dministrator |
| SIGN | Filed with authorized | d/valid electronic signature. | 04/19/2019 | JENNIFER KETCHEL | L | |

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF (2018) Page **2**

| If you answered "No" to either line & aor line 8b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? | | | | | | | | | | | | |
|---|----------|--|--|----------------------------|---------|----------|---------|--------------|-----------|---------|--|--|
| C If the plan is a defined benefit plan, is a covered under the PBGC insurance program (see ERISA section 4021)? | | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | | | | | | | | | | |
| If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year | c | | | | | | | | | | | |
| Part III Financial Information 7 Plan Assets and Liabilities | Ū | | | | | | | | | | | |
| 7 Plan Assets and Liabilities | | | | remain ming for the p | ian you | | | | (00 | o mondo | | |
| a Total plan assets | Pa | rt III Financial Information | | | | | | | | | | |
| b Total plan liabilities | 7 | Plan Assets and Liabilities | | | | | | (b) | | | | |
| C Net plan assets (subtract line 7b from line 7a) 7c 7c 797611 102628 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 30000 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 (3) Others (including rollovers) 8a(3) 0 (5) Other income (loss) 8a(3) 0 (6) Other income (loss) 8a(1), 8a(2), 8a(3), and 8b) 8b -20675 (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 9325 (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 704308 (9) Ce Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 9325 (9) Getrain deemed and/or corrective distributions (see instructions) 8c 9c 9325 (9) Other expenses 9c | <u>a</u> | Total plan assets | . 7a | 79 | | | | | 1 | | | |
| 8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants | <u>b</u> | Total plan liabilities | 7b | | | | | | | | | |
| a Contributions received or receivable from: (i) Employers | | Net plan assets (subtract line 7b from line 7a) | 7c | 79 | 97611 | | | | 1 | 02628 | | |
| (1) Employers | | | | (a) Amoun | ıt | | | | (b) Total | | | |
| (3) Others (including rollovers) | a | | 8a(1) | ; | 30000 | | | | | | | |
| b Other income (loss) | | (2) Participants | 8a(2) | | 0 | | | | | | | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | (3) Others (including rollovers) | 8a(3) | | 0 | | | | | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | b | Other income (loss) | 8b | -1 | 20675 | | | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 9325 | | |
| f Administrative service providers (salaries, fees, commissions) | d | | 8d | 70 | 04308 | | | | | | | |
| g Other expenses | <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | n deemed and/or corrective distributions (see instructions) 8e 0 | | | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | f | Administrative service providers (salaries, fees, commissions) | 0 | | | | | | | | | |
| i Net income (loss) (subtract line 8h from line 8c) | g | Other expenses | | 0 | | | | | | | | |
| Part IV Plan Characteristics | <u>h</u> | | otal expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | | 04308 | | |
| Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3D 1B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: A Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) D Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? 10c X 10d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 10d X P Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X 10f H as the plan failed to provide any benefit when due under the plan? 10f Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10d Tif this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the | <u> </u> | | | | | | | -6 | 94983 | | | |
| If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V | J | j Transfers to (from) the plan (see instructions) | | | | | | | | | | |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions | Pai | t IV Plan Characteristics | | | | | | | | | | |
| Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 9a | | feature co | des from the List of Plant | an Cha | racteris | stic Co | des in the | instructi | ons: | | |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Chara | acterist | ic Cod | les in the i | nstructio | ns: | | |
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | Par | t V Compliance Questions | | | | | | | | | | |
| described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | | | | | Yes | No | | Amo | unt | | |
| reported on line 10a.) | а | described in 29 CFR 2510.3-102? (See instructions and DOL's V | oluntary F | iduciary Correction | 10a | | X | | | | | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) • Has the plan failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the | b | | | | 10b | | X | | | | | |
| by fraud or dishonesty? | С | Was the plan covered by a fidelity bond? | | | 10c | | X | | | | | |
| carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | 10d | | X | | | | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | е | carrier, insurance service, or other organization that provides som | 10e | | X | | | | | | | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | f | Has the plan failed to provide any benefit when due under the pla | 10f | | X | | | | | | | |
| 2520.101-3.) | g | Did the plan have any participant loans? (If "Yes," enter amount a | 10g | | Χ | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | h | h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR | | | | | | | | | | |
| exceptions to providing the notice applied under 29 CFR 2520.101-3 | i | · | • | | 10i | | | | | | | |

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| Part | VI Pension Funding Compliance | | | | | | | | |
|--|---|--------|-----|---------------------------|--------|--|--|--|--|
| 11 | 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | | | | | | | | |
| 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | | | | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? | | | Ye | s X No | | | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver | | | of the letter r _ Year | uling | | | | |
| lf y | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | | |
| b | Enter the minimum required contribution for this plan year | 12b | | | | | | | |
| С | Enter the amount contributed by the employer to the plan for this plan year | 12c | | | | | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d | | | | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No | N/A | | | | |
| Part ' | VII Plan Terminations and Transfers of Assets | | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | Yes | X No | | | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | | Yes X | No | | | | |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) | to | | | | | | | |
| 1 | 3c(1) Name of plan(s): 13c(2) | EIN(s) | | 13c(3) F | PN(s) | | | | |
| | | | | | | | | | |

SCHEDULE SB (Form 5500)

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service Department of Labor

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

| Fo | r calendar plan year 2018 or fiscal plan year beginning 01/01/2018 | | and endir | ig 12/3 | 31/2018 | |
|----------|---|-------------|---------------------|-----------|------------------------|-----------------------------|
| • | Round off amounts to nearest dollar. | | | | | |
| <u> </u> | Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason | nable cau | se is establishe | d. | | |
| | Name of plan | | B Three-di | git | | |
| | IPACSOLUTIONS, INC. DEFINED BENEFIT PLAN | | plan nun | nber (PN |) • | 001 |
| | | | | | | |
| С | Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF | | D Employer | Identific | ation Number (E | EIN) |
| | IPACSOLUTIONS, INC. | | | 46-23 | 90329 | |
| E | Type of plan: X Single Multiple-A Multiple-B F Prior year p | lan size: X | 100 or fewer | 101- | 500 More th | an 500 |
| P | Part I Basic Information | <u>-</u> | • | | <u>—</u> | |
| 1 | Enter the valuation date: Month 01 Day 01 Year 2 | 2018 | | | | |
| 2 | Assets: | | | | | |
| | a Market value | | | . 2a | | 797611 |
| | b Actuarial value | | | . 2b | | 797611 |
| 3 | Funding target/participant count breakdown | ` ' | lumber of ticipants | | sted Funding Target | (3) Total Funding Target |
| | a For retired participants and beneficiaries receiving payment | | 0 | | 0 | 0 |
| | b For terminated vested participants | | 0 | | 0 | 0 |
| | C For active participants | | 3 | | 606490 | 758112 |
| | d Total | | 3 | | 606490 | 758112 |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b) | | | | | |
| | a Funding target disregarding prescribed at-risk assumptions | | | 4a | | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for pl at-risk status for fewer than five consecutive years and disregarding loading factor | | | 4b | | |
| 5 | Effective interest rate | | | 5 | | 5.75 % |
| 6 | Target normal cost | | | 6 | | 0 |
| | tement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements a accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accombination, offer my best estimate of anticipated experience under the plan. | | | | | |
| | SIGN HERE | | | | 04/18/201 | 9 |
| | Signature of actuary | | | | Date | |
| Д | ARON VENOUZIOU | | | | 17-02291 | |
| | Type or print name of actuary | | | Most | recent enrollme | nt number |
| P | ENCERT LTD | | <u></u> | | 630-789-07 | 00 |
| | Firm name 35 N CASS AVENUE VESTMONT, IL 60559-1100 | | Τε | elephone | number (includ | ing area code) |
| | Address of the firm | | - | | | |
| | e actuary has not fully reflected any regulation or ruling promulgated under the statute i | n completi | ng this schedul | e, check | the box and see | |

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|------------|
|------------|

| Schedule SB (Form 5500) 2018 | Page 2 - 1 | |
|------------------------------|-------------------|--|
| | | |

| Pa | art II | Begin | ning of Year | Carryov | er and Prefunding Ba | lances | | | | | | |
|--|--|------------|---------------------------------|--------------|--|------------------|--------------|-------------------------------------|-------|--------------|------------------|--------------------|
| | | | | | | | (a) C | arryover balance | | (b) P | refundin | g balance |
| 7 | 7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | | | | | | | | | | 0 | |
| 8 | 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | | | | | | | | | | | 0 |
| 9 Amount remaining (line 7 minus line 8) | | | | | | | | | | 0 | | |
| 10 | Interest of | ກ line 9 ເ | using prior year's | actual retu | rn of <u>12.73</u> % | | | 0 | | | | 0 |
| 11 | Prior yea | r's exces | s contributions to | be added | to prefunding balance: | | | | | | | |
| | a Preser | it value o | f excess contribut | ions (line 3 | 38a from prior year) | | | | | | | 11569 |
| | | | | | a over line 38b from prior yea e interest rate of5.71 % | | | | | | | 661 |
| | | | | - | edule SB, using prior year's a | | | | | | | 0 |
| | | | | | ar to add to prefunding balance | | | | | | | 12230 |
| | d Portion | of (c) to | be added to prefu | unding bala | ance | | | | | | | 0 |
| 12 | Other red | ductions i | n balances due to | elections | or deemed elections | | | 0 | | | | 0 |
| 13 | Balance | at beginn | ing of current yea | r (line 9 + | line 10 + line 11d – line 12) | | | 0 | | | | 0 |
| Р | art III | Fun | ding Percenta | ages | | | | | | | | |
| 14 | Funding | | | | | | | | | | 14 | 105.21% |
| | 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage | | | | | | | | 15 | 105.21% | | |
| | | | | | | | 16 | 113.87% | | | | |
| 17 | 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | | | | | | | | % | | | |
| Р | art IV | Con | tributions an | d Liquid | ity Shortfalls | | | | | | | |
| 18 | | | | | ar by employer(s) and emplo | - | | | | | | |
| (1) | (a) Date MM-DD-Y | e (YY) | (b) Amount p employer | | (c) Amount paid by employees | (a) [(MM-DD) | | (b) Amount pai employer(s | | (с | Amour (emplo | it paid by yees |
| 0 | 4/03/2019 |) | | 30000 | 0 | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | Totals ▶ | 18(b) | | 20000 | 18(c) | | |
| 19 | Discount | ed emplo | wer contributions | _ see instr | uctions for small plan with a v | | | heginning of the ve | 30000 | 10(0) | | 0 |
| 13 | | | | | | | | | 9a | | | 0 |
| 101 | | | | | | | | 0 | | | | |
| | C Contributions allocated toward minimum required contribution for current year adjusted to valuation date | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |
| - | a Did the plan have a "funding shortfall" for the prior year? | | | | | | | | | | | |
| | | | _ | | installments for the current ye | | | | | | | Yes No |
| | C If line 2 | 20a is "Y | es," see instructio | ns and con | nplete the following table as a | applicable: | | | | | _ | <u> </u> |
| | | | | | Liquidity shortfall as of end | | | | | | | |
| | | (1) 1s | t | | (2) 2nd | 1 | (3) | 3rd | | (| (4) 4th | |
| | | | | | | | | | | | | |

| P | art V | Assumpti | ons Used t | o Determine | Funding 1 | Target and Tar | get Norm | al Cost | | | |
|----|--|-------------------|------------------|---------------------|------------------|--|----------------|-----------------------|-------------|-------------------|----------------|
| 21 | Discount | rate: | | | | | | | | | |
| | a Segm | ent rates: | 1st s | egment: 3.92% | 2nd | d segment: 5.52% | 3 | rd segment: 6.29 % | | N/A, full yi | eld curve used |
| | b Applic | able month (er | nter code) | | | | | | 21b | | 0 |
| 22 | Weighted | d average retir | ement age | | | | | | 22 | | 63 |
| 23 | Mortality | table(s) (see | instructions) | Prior regulation | n: | Prescribed - com | bined | Prescribed | d - separat | te Subs | titute |
| | | | | Current regula | tion: | Prescribed - com | bined | Prescribed | d - separat | te | titute |
| Pa | art VI | Miscellane | ous Items | | ···· | | |] | | | |
| 24 | Has a ch | ange been ma | ade in the non- | prescribed actua | rial assumption | ons for the current | plan year? If | "Yes," see ir | nstruction | s regarding requi | red |
| | | - | | | | | - | | | | |
| 25 | Has a me | ethod change l | been made for | the current plan | year? If "Yes | s," see instructions | regarding red | quired attach | ment | | Yes X No |
| 26 | Is the pla | n required to p | provide a Sche | edule of Active P | articipants? If | "Yes," see instruct | tions regardir | ig required a | ttachmen | t | X Yes No |
| 27 | | • | | ding rules, enter | • • | de and see instruc | tions regardir | ng | 27 | | |
| P | art VII | Reconcili | ation of Un | paid Minimu | ım Require | ed Contributio | ns For Pri | or Years | | | |
| 28 | Unpaid n | ninimum requir | red contribution | ns for all prior ye | ars | | | | 28 | | 0 |
| 29 | | | | | • | m required contribu | | - | 29 | | 0 |
| 30 | • | | | | | 28 minus line 29) | | | 30 | | 0 |
| Pa | Part VIII Minimum Required Contribution For Current Year | | | | | | | | | | |
| | 31 Target normal cost and excess assets (see instructions): | | | | | | | | | | |
| | | | | | - | | | | 31a | | 0 |
| | b Excess | s assets, if app | olicable, but no | t greater than lin | e 31a | | | | 31b | | 0 |
| 32 | Amortiza | tion installmen | nts: | | | | Outst | anding Bala | nce | Insta | llment |
| | a Net sh | ortfall amortiza | ation installmer | nt | | | | | 0 | | 0 |
| | b Waive | r amortization | installment | | | | | | 0 | | 0 |
| 33 | | | | | | ne ruling letter gran waived amount | | | 33 | | |
| 34 | Total fun | ding requireme | ent before refle | ecting carryover/ | prefunding ba | lances (lines 31a - | 31b + 32a + | 32b - 33) | 34 | | 0 |
| | | | | | Carryo | over balance | Pref | unding balan | ice | Total I | palance |
| 35 | | | se to offset fun | - | | 0 | | | 0 | | 0 |
| 36 | Additiona | al cash require | ment (line 34 r | minus line 35) | | | | | 36 | | 0 |
| 37 | | | | | | urrent year adjusted | | ` | 37 | | 27972 |
| 38 | 19c) | | | | | | | | | | |
| | a Total (| excess, if any, | of line 37 over | r line 36) | | | | | 38a | | 27972 |
| | b Portion | n included in lir | ne 38a attributa | able to use of pre | efunding and f | unding standard ca | arryover bala | nces | 38b | | 0 |
| 39 | Unpaid n | ninimum requii | red contribution | n for current yea | r (excess, if ar | ny, of line 36 over l | ine 37) | | 39 | | 0 |
| 40 | Unpaid n | ninimum requii | red contribution | ns for all years | | | | | 40 | | 0 |
| Pa | Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) | | | | | | | | | | |
| 41 | If an elec | tion was made | to use PRA 2 | 010 funding relie | ef for this plan | <u> </u> | | | | | |
| | a Sched | ule elected | | | | | | | | 2 plus 7 years | 15 years |
| | b Eligible | e plan year(s) f | for which the e | lection in line 41 | a was made | | | | 20 | 08 П2009 П2 | :010 |

Form 5500-SF

Department of the Treasury internal Revenue Service

Department of Labor loyee Benefits Security Administration ansion Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

| | t identification information | | | | |
|--|--|--|--|--|--|
| alendar plan year 2018 or | fiscal plan year beginning | 01/01/2018 | and ending | 12/31/2 | |
| This return/report is for: | a single-employer plan | a multiple-employer pl | lan (not multlemployer) mployer information in | (Filers checking accordance with | g this box must attach h the form instructions.) |
| | a one participant plan | a foreign plan | | | |
| This return/report is: | the first return/report | the final return/report | | | |
| | an amended return/report | a short plan year retur | m/report (less than 12 | months) | |
| Check box if filing under: | Form 5558 | automatic extension | | DFV | C program |
| | special extension (enter desc | | | | |
| mt III Basic Plan In | formation enter all requester | d information | | | |
| Name of plan | | | | 1b Three-c | |
| iPacSolutions, In | nc. Defined Benefit Plan | | | plan nu (PN) ▶ | 001 |
| | | | | | e date of plan |
| | | | | | /2013 |
| Mailing Address (include | nployer, if for a single-employer plan room, apt., suite no. and street, or f | O Boy) | | 2b Employ | rer Identification Number 46-2390329 |
| iPacSolutions, I | vince, country, and ZIP or foreign po | ostal code (if foreign, see ins | tructions) | | |
| Tracsolucions, I | .ac. | | | | or's telephone number 946-2624 |
| 371 Fern Lake Rd | | | | 2d Busine 42340 | ss code (see instructions) |
| US An Sable Forks NY | 12912 | | | | |
| | ne and address X Same as Plan S | Sponsor | | 3h Admini | strator's EIN |
| | The second secon | - PO11001 | | July Admini | 20101012 F114 |
| Make a series of the Fish | | | | | strator's telephone number |
| this plan, enter the plan | of the plan sponsor or the plan name sponsor's name, EIN, the plan name | e has changed since the last e and the plan number from | return/report filed for the last return/report. | 4b EIN | |
| a Sponsor's name | | | | 4d PN | |
| C Plan Name | | | | | |
| ia Total number of particip | pants at the beginning of the plan year | ar | | 5a | 3 |
| b Total number of particip | pants at the end of the plan year | | | 5b | 1 |
| Number of participants complete this item) | with account balances as of the end | l of the plan year (only define | d contribution plans | 5c | |
| | e participants at the beginning of the | | | | 3 |
| d(2) Total number of activ | e participants at the end of the plan | year | | 5d(2) | 1 |
| Number of participants | who terminated employment during | | | | |
| less than 100% vested | | | | | 0 |
| | e late or incomplete filing of this re | | | | |
| SB or Schedule MB completelief, it is true, correct, or | and other penalties set forth in the in leted and signed by an enrolled actual nd-complete. | nstructions, I declare that I ha ary, as well as the electronic | ve examined this return version of this return/re | n/report, including port, and to the i | g, if applicable, a Schedule pest of my knowledge and |
| CON MICH | C . | 4/19/19 | Jennifer Ketch | hall | |
| HERE Signature of pla | o edwinistrator | 7.7 | | | then and at the |
| Signature of pig | ar dumina beaut | Date | Enter name of Indivi | | oian administrator |
| SIGN | | 4/19/19 | Jennifer Ketol | | |
| HERE Signature of em | ployer/plan sponsor | Date | I Enter name of indivi | dual signing as e | amployer or plan apprecer |

| ~ | _ | |
|------|---|--|
| 7200 | - | |
| | | |

| Form | 5500 | -SF | 2018 |
|------|------|-----|------|
| | | | |

| _ | | | | | | | | | |
|--|--|--|--|--|---------------------|-------------|---------------|----------------|-----------|
| 6a | Were all of the plan's assets during the plan year invested in eligible | assets? (| See instructions,) | | | | | X Yes | No |
| b | Are you claiming a waiver of the annual examination and report of a | | | | . , | | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility at | | | | | | | X Yes | ∐No |
| | If you answered "No" to either line 6a or line 6b, the plan canno | | | | | | | | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | | | | | | | | |
| | If "Yes" is checked, enter the My PAA confirmation number from the | PBGC pr | emium filing for this year | | | | (| (See instru | ctions.) |
| P | art III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | 10 | (a) Beginning o | f Yea | r I | (| (b) End | of Year | |
| а | Total plan assets | 7a | 79 | 97,6 | 11 | | | 102, | 628 |
| b | Total plan liabilities | 7b | | | 0 | | | | 0 |
| C | Net plan assets (subtract line 7b from line 7a) | 7с | 79 | 97,6 | 11 | | | 102, | 628 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) T | | |
| а | Contributions received or receivable from: | | | | | LUE TO | Hospital | HILES THE | |
| _ | (1) Employers | 8a(1) | | 30,0 | 1000 | | A STATE OF | 1000 | |
| | (2) Participants | 8a(2) | | | 0 | NEW TOTAL | | | 100 00 10 |
| | (3) Others (including rollovers) | 8a(3) | | | 0 | uffit - and | | | 1 1 |
| <u>b</u> | Other income (loss) | 8b | (20 | 0,67 | 5) | | | H11 197 | Asia-Ki |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 1773 | | - | CONTRACTOR OF | 9, | 325 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 70 | 04,3 | 08 | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | | 100 | - 1000 | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | 0 | 11/11/201 | N. Santak | | |
| | The region of the second of th | | | | 0 | | | 0.671.551 | The Case |
| а | Other expenses | 8a | | | | | | | |
| g | Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) | 8g 8h | 0-1000 | 0,167 | U. F | | | 704, | 308 |
| g h i | Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) | 8g 8h 8i | | | | | | 704, (694,9 | |
| 3.70 | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | 0 | | | | |
| h i i | Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) | 8h 8i | | | 0 | | | | |
| h i j Pa | Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) Plan Characteristics | 8h 8i 8j | es from the List of Płan C | harac | Dist | des in th | e instruc | (694,9 | |
| h i j Pa | Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) | 8h 8i 8j | es from the List of Plan C | harac | Dist | des in th | e instruc | (694,9 | |
| h i j Pa 9a | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h 8i 8j eature cod | | | teristic Co | | | (694,9 | |
| h i j Pa | Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) art IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fee | 8h 8i 8j eature cod | | | teristic Co | | | (694,9 | |
| h i j Pa 9a b | Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) art IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 1A 3D If the plan provides welfare benefits, enter the applicable welfare fee | 8h 8i 8j eature cod | | | teristic Co | | | (694,9 | |
| h i j Pa 9a b | Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) art IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 1A 3D If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions | 8h 8i 8j eature cod | | | teristic Co | | | (694,9 | |
| h i j Pa 9a b | Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) art IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 1A 3D If the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare plan pear: | 8h 8i 8j eature code | s from the List of Plan Ch | | eteristic Code | es in the | | (694,9 | |
| h i j Pa 9a b | Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) art IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 1A 3D If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: | 8h 8i 8j eature codes | s from the List of Plan Ch | | eteristic Code | es in the | | (694,9 | |
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| h i j Pa 9a b | Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) art IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 1A 3D If the plan provides welfare benefits, enter the applicable welfare feather IV Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest | 8h 8i 8j eature code: sture code: tions within pluntary Figure 2: (Do not i | s from the List of Plan Ch n the time period duciary Correction | aracte | eristic Code Yes No | es in the | | (694,9 | |
| h i j Pa 9a b | Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) art IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 1A 3D If the plan provides welfare benefits, enter the applicable welfare fee art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest' reported on line 10a.) | 8h 8i 8j eature codes sture codes tions within pluntary Figure 2. | s from the List of Plan Ch n the time period duciary Correction nclude transactions | 10a | Yes No | es in the | | (694,9 | |
| h i j Pa b b | Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) art IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 1A 3D If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Volence Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? | 8h 8i 8j eature code: sture code: tions within pluntary Fig. | s from the List of Plan Ch n the time period duciary Correction nclude transactions | aracte | eristic Code Yes No | es in the | | (694,9 | |
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| 9a b P2 10 a a c c c c c c c c c c c c c c c c c | Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) art IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 1A 3D If the plan provides welfare benefits, enter the applicable welfare feather IV Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volengram) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides som the plan? (See instructions.) | 8h 8i 8j eature codes sture codes tions within sluntary Fice (Do not interpretation of the person of | s from the List of Plan Ch in the time period duciary Correction include transactions and, that was caused is by an insurance the benefits under | 10a 10b 10c | Yes No X X | es in the | | (694,9 | |
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| h i j Pa 9a b Pa 10 a | Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) art IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 1A 3D If the plan provides welfare benefits, enter the applicable welfare feather IV Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Voreignam) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If "Yes," enter amount as If the plan have any participant loans? (If "Yes," enter am | 8h 8i 8j eature codes stions within sluntary Fidelity boroner personer or all of second secon | n the time period duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under | 10a 10b 10c 10d 10e 10f | Yes No X X X | es in the | | (694,9 | |

| Form | 5500- | -SF | 201 | 8 |
|------|-------|-----|-----|---|

| Page 3 - | |
|-----------------|--|

| Par | VI Pension Funding Compliance | | | | |
|------|--|-------|-------|--------------------------|----|
| 11 | ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500 and line 11a below) | | | X Yes | No |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 11a | | | 0 |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? | | | Yes X | No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | , , | | 511 1 11 11 | |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver | | | or the letter rulin Year | g |
| lf y | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | -free | | |
| b | Enter the minimum required contribution for this plan year | 12b | | | |
| С | Enter the amount contributed by the employer to the plan for the plan year | 12c | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a | 12d | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes 🗌 | No 🔲 N/A | |
| Par | VII Plan Terminations and Transfers of Assets | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | Yes | X No | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | e | □ Y | es X No | |
| С | lf, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.) | s) to | | | |
| 1: | c(1) Name of plan(s): 13c(2) Eli | N(s) | | 13c(3) PN(s) | |
| | | | | | |

Schedule SB, line 19 - Discounted Employer Contributions

iPacSolutions, Inc. Defined Benefit Plan 46-2390329 / 001

For the plan year 01/01/2018 through 12/31/2018 Valuation Date: 01/01/2018

| | Date | Amount | Adjusted Contribution | Adjusted Prior Year Contribution | Adjusted Quarterly | Effective Rate | Penalty Rate |
|---|---------------------------------|---------------------------|--------------------------|--|-----------------------|-------------------|-----------------|
| Deposited Contribution Applied to Additional Contribution | 04/03/2019 01/01/2018 | \$30,000 30,000 | 27,972 | 0 | 0 | 5.75 | 0 |
| Totals for Deposited Contribution | | \$30,000 | \$27,972 | \$0 | \$0 | | |

Schedule SB, line 22 - Description of Weighted Average Retirement Age

iPacSolutions, Inc. Defined Benefit Plan 46-2390329 / 001 For the plan year 01/01/2018 through 12/31/2018

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 26 - Schedule of Active Participant Data

iPacSolutions, Inc. Defined Benefit Plan 46-2390329/001

For the plan year 01/01/2018 through 12/31/2018

Years of Credited Service

| | Ųnder | | | 10 to | 15 to | 20 to | 25 to | 30 to | 35 to | 40 & | | | |
|-----------------|-------|--------|--------|-------|-------|-------|-------|-------|-------|------|---|---|---|
| Attained | 1 | 1 to 4 | 5 to 9 | 14 | 19 | 24 | 29 | 34 | 39 | up | | | |
| Age | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | | | Ē |
| Under | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | |
| 25 to | | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | | |
| 30 to | | | | | | | | | | | | | |
| 34 | | | | | | | | | | | | | |
| 35 to | | | 1 | | | | | | | | | | |
| 39 | | | ' | | | | | | | | | | |
| 40 to | | | | | | | | | | | | | |
| 44 | | | | | | | | | | | | | |
| 45 to | | | | | | | | | | | | | |
| 49 | | | | | | | | | | | | | |
| 50 to | | | | | | | | | | | | | |
| 54 | | | | | | | | | | | | | |
| 55 to | | | | | | | | | | | | | |
| 59 | 11 | 1 | 1 | | l | 1 | ı | 1 | | 1 | 1 | 1 | 1 |
| 60 to | | | 2 | | | | | | | | | | |
| 64 | | | _ | | | | | | | | | | |
| 65 to | | | | | | | | | | | | | |
| 69 | | | | | | | | | | | | | |
| 70 & | | | | | | | | | | | | | |
| up | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

iPacSolutions, Inc. Defined Benefit Plan 46-2390329 / 001

For the plan year 01/01/2018 through 12/31/2018

Valuation Date: 01/01/2018

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Segment 3

Minimum

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

| Segment # | Year | Rate % |
|-----------|--------|--------|
| Segment 1 | 0 - 5 | 1.81 |
| Segment 2 | 6 - 20 | 3.68 |
| Segment 3 | > 20 | 4.53 |

 Segment rates as of September 30, 2017 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA

 Segment #
 Year
 Rate %

 Segment 1
 0 - 5
 3.92

 Segment 2
 6 - 20
 5.52

> 20

6.29

Pre-Retirement - Mortality Table - None

Early Retirement Table - None
Turnover Table - None
Disability Table - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 18C - 2018 Combined

Cost of Living - None

Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5.5%

or

18E - 2018 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

iPacSolutions, Inc. Defined Benefit Plan 46-2390329 / 001

For the plan year 01/01/2018 through 12/31/2018

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule SB, Part V Summary of Plan Provisions

iPacSolutions, Inc. Defined Benefit Plan 46-2390329 / 001

For the plan year 01/01/2018 through 12/31/2018

Employer: iPacSolutions, Inc.

Type of Entity - S Corporation

EIN: 46-2390329 TIN: 46-4254904 Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 01/01/2013 Year end - 12/31/2018 Valuation - 01/01/2018

Top Heavy Years - 2013, 2014, 2015, 2016, 2017, 2018

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 63 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$220,000

Maximum 401(a)(17) compensation - \$275,000

PBGC: Plan is covered by Pension Benefit Guaranty Corporation

Lump Sum

Normal Form: Life Annuity

Optional Forms:

Joint with 50% Survivor Benefit

Vesting Schedule: Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service except years prior to plan effective date

Schedule SB, Part V Summary of Plan Provisions

iPacSolutions, Inc. Defined Benefit Plan 46-2390329 / 001

For the plan year 01/01/2018 through 12/31/2018

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

| Segment # | Years | Rate % |
|-----------|--------|--------|
| Segment 1 | 0 - 5 | 2.33 |
| Segment 2 | 6 - 20 | 3.55 |
| Segment 3 | > 20 | 4.11 |

Mortality Table - 18E - 2018 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5.5%

Mortality Table - None

Post-Retirement - Interest - 5.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor **Employee Benefits Security Administration** Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

| File as an attacl | hment to Form 5500 or | 5500-SF. | ļ | |
|--|--|---|---------------------------------------|--|
| For calendar plan year 2018 or fiscal plan year beginning 01/ | 01/2018 | and ending | 12/31/2 | 018 |
| ▶ Round off amounts to nearest dollar. | | | | |
| Caution: A penalty of \$1,000 will be assessed for late filing of this rep | oort unless reasonable ca | ause is established | | |
| A Name of plan | | B Three-digit | | |
| iPac Solutions, Inc. Defined Benefit Plan | | plan numbe | r (PN) | 001 |
| | | | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF | | D Employer Ide | ntification Nu | mber (EIN) |
| iPac Solutions, Inc. | | | -2390329 | , , |
| E Type of plan: Single Multiple-A Multiple-B | F Prior year plan size: | X 100 or fewer | 101-500 | More than 500 |
| Part I Basic Information | | | | |
| 1 Enter the valuation date: Month 01 Day | 01 Year 2018 | | | |
| 2 Assets: | <u> </u> | | | |
| a Market value | | Г | 2a | 797,61 |
| b Actuarial value | | | 2b | 797,61 |
| 3 Funding target/participant count breakdown: | (1) Number of participants | (2) Vested F | | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment | 0 | | 0 | |
| | | | 0 | |
| b For terminated vested participants | 2 | | 606,490 | 758,11 |
| C For active participants | | | · · · · · · · · · · · · · · · · · · · | |
| d Total If the plan is in at-risk status, check the hox and complete lines (a) a | | <u> </u> | 606,490 | 758,11: |
| the planta in at hor status, should be box and complete intes (a) a | • • | | | |
| a Funding target disregarding prescribed at-risk assumptions | | <u> </u> | 4a | |
| b Funding target reflecting at-risk assumptions, but disregarding tran at-risk status for fewer than five consecutive years and disregar | | have been in | 4b | |
| 5 Effective interest rate | | | 5 | 5.75 % |
| 6 Target normal cost | | | 6 | |
| Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying scheduce accordance with applicable law and regulations. In my opinion, each other assumption is reason combination, offer my best estimate of anticipated experience under the plan. | dules, statements and attachmen able (taking into account the exp | nts, if any, is complete and perience of the plan and re | accurate. Each passonable expect | presribed assumption was applied in ations) and such other assumptions, in |
| SIGN HERE | | | 04/18 | 3/2019 |
| Signature of actuary | | | E | Date |
| Aaron Venouziou | | | 17-02 | 291 |
| Type or print name of actuary | , | N | lost recent er | rollment number |
| Pencert LTD | | | (630) 78 | 39-0700 |
| Firm name 735 N Cass Avenue | | Telep | hone numbe | r (including area code) |
| TIG TT-Amount | | | | |
| US Westmont IL 60559-1100 Address of the firm | | | | |
| | | | | |
| If the actuary has not fully reflected any regulation or ruling promulgated un instructions | ider the statute in comple | eting this schedule, | check the bo | ox and see |

| dule SB (Form 5500) 2018 | Page 2 |
|--------------------------|--------|
| | |

| Schedule | SB | (Form | 5500 | 2018 |
|----------|----|-------|------|------|
| | | | | |

| Pai | rt II Bed | ginning of Year | Carrvov | er and Prefunding Bala | ances | | - | | | | |
|---|----------------------------------|--|---------------|---|------------|----------------|-------------------|--------------|---------------|------------------|--------------|
| | (407) (1990) TV (408) | <u> </u> | | | | (a) | Carryover balance | | (b) f | Prefund | ing balance |
| 7 | | | | icable adjustments (line 13 fro | | | | 0 | | | 0 |
| 8 | | | | funding requirement (line 35 f | | | | 0 | | | 0 |
| 9 | • | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | 0 |
| | | | | turn of <u>12.73</u> % | | | | 0 | | | 0 |
| | | | | d to prefunding balance: | | | | | | | |
| • | • | | | e 38a from prior year) | | | | | | | 11,569 |
| | | | - | 88a over line 38b from prior ye | | | | | | | |
| | ` ' | · | | ive interest rate of5.71 | | | | | | | 661 |
| | | | | | - | 5.00.000.0 | | | | | 661 |
| | . , | ·- | - | hedule SB, using prior year's | | | | | | | 0 |
| | | | | | | | | | | | |
| | | | | an year to add to prefunding b | | | | | | | 12,230 |
| | d Portion of | (c) to be added to p | refunding k | palance | ••••• | | | | | | 0 |
| | | | | s or deemed elections | | | | 0 | | | 0 |
| 13 | Balance at b | eginning of current y | ear (line 9 | + line 10 + line 11d - line 12) . | | | | 0 | | | 0 |
| Ра | rt III 📗 F | unding Percent | ages | | | | | | | | |
| 14 | Funding targ | et attainment percen | tage | | | | | | | 14 | 105.21 % |
| 15 | Adjusted fun | ding target attainmer | nt percenta | ge | | | | | | 15 | 105.21 % |
| 16 | Prior year's f current year's | unding percentage for s funding requirement | or purposes | s of determining whether carry | over/pref | unding bala | ances may be used | to redu | ice | 16 | 113.87 % |
| 17 | If the current | value of the assets | of the plan | is less than 70 percent of the | funding t | arget, enter | r such percentage | •••• | | 17 | % |
| Pa | rt IV C | ontributions an | d Liquic | lity Shortfalls | | | | | | | |
| 18 | | | | year by employer(s) and empl | oyees: | | | | | | |
| | (a) Date | (b) Amount p | | (c) Amount paid by | |) Date | (b) Amount (| | , | | ount paid by |
| ···· | W-DD-YYYY) | employer(| | employees | (MM-L | D-YYYY) | employe | r(s) | | emp | loyees |
| 04/ | 03/2019 | | 30,000 | | | | | | | | |
| | | | , | | | | | | | | |
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| | | | | | | | | | | | |
| 600000000000000000000000000000000000000 | | | | | Tetala | N 40(b) | | | 10/0 | | |
| | | Michigan B. H. Andrews | | | Totals | . , , | | | 18(c) | <u>'</u> | 0 |
| | | • • | | structions for small plan with a | | | | | | | |
| | a Contribution | ons allocated toward | unpaid mi | nimum required contributions | from prio | r years | ⊢ | 19a | | | 0 |
| | | | | adjusted to valuation date | | | | 19b | | | 0 |
| | | | | required contribution for curre | nt year ac | ljusted to v | aluation date | 19c | STOKE ASSESSE | National Control | 27,972 |
| 20 | Quarterly cor | ntributions and liquid | ity shortfall | s: | | | | | | | |
| | | _ | | the prior year? | | ••••• | | ••••• | | [| Yes X No |
| | b If line 20a | is "Yes," were requir | red quarter | ly installments for the current | year mad | e in a timel | y manner? | • • • • • • | | ····· [| Yes No |
| | c If line 20a | is "Yes," see instruc | tions and o | complete the following table as | | | | | | | |
| | | | | Liquidity shortfall as of end | of quarte | | | T | | (4) 4 | 5 <u>1</u> . |
| | (1) | 1st | | (2) 2nd | | (3) | 3rd | | | (4) 4 | th |
| | | | | | L | | | <u> </u> | | | |

| Part V Assumpt | tions Used To Determin | e Funding Target and Targ | get Normal Cost | | |
|--|----------------------------------|---------------------------------------|------------------------|-------------|----------------------------|
| 21 Discount rate: | | | | | |
| a Segment rates: | 1st segment: 3.92 % | 2nd segment: 5.52 % | 3rd segment: 6.29 % | | N/A, full yield curve used |
| b Applicable month (enter code) | | | | 21b | 0 |
| 22 Weighted average retirement age | | | | | 63 |
| 23 Mortality table(s) (see instructions) Prior regulation: Current regulation: Prescribed - combined Prescribed - separate Substitute Substitute | | | | | |
| Part VI Miscellar | neous items | | | | |
| attachment | | ctuarial assumptions for the curren | | | · · · · · · · · Yes 🗓 No |
| | | plan year? If "Yes," see instructions | | | |
| | | e Participants? If "Yes," see instru | | d attachme | nt X Yes 🗌 No |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | | | | | |
| Part VII Reconci | liation of Unpaid Minim | um Required Contribution | s For Prior Years | | |
| | | or years | | 28 | C |
| (line 19a) | (line 19a) | | | | 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | | | | 30 | 0 |
| Part VIII Minimur | n Required Contributio | n For Current Year | | | |
| 31 Target normal cost | and excess assets (see instru | ctions): | | | |
| | | | | 31a | 0 |
| b Excess assets, if applicable, but not greater than line 31a | | | | 31b | 0 |
| 32 Amortization installments: Outstanding Bal | | | | ance | Installment |
| a Net shortfall amortization installment | | | | 0 | . 0 |
| b Waiver amortization installment | | | | | 0 |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day | | | | | |
| 34 Total funding require | ement before reflecting carryove | er/prefunding balances (lines 31a - 3 | 1b + 32a + 32b - 33) | 34 | 0 |
| | | Carryover balance | Prefunding Bala | nce | Total balance |
| 35 Balances elected for requirement | r use to offset funding | o | | 0 | 0 |
| 36 Additional cash requ | uirement (line 34 minus line 35 |) | | 36 | 0 |
| Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | | | | 37 | 27,972 |
| 38 Present value of ex | cess contributions for current y | ear (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | | | | | 27,972 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | | | | 38b | 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | | 39 | 0 |
| 40 Unpaid minimum required contributions for all years40 | | | | | 0 |
| Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) | | | | | |
| 41 If an election was made to use PRA 2010 funding relief for this plan: | | | | | |
| a Schedule elected | | | | | |
| | | 41a was made | | | 8 2009 2010 2011 |
| | | | | | |