

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension 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 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 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2018</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan
B This return/report is	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II Basic Plan Information —enter all requested information													
1a Name of plan SBXPRESS, INC. CASH BALANCE PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center; color: blue;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2013</td> </tr> </table>	1b Three-digit plan number (PN) ►	002	1c Effective date of plan 01/01/2013									
1b Three-digit plan number (PN) ►	002												
1c Effective date of plan 01/01/2013													
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) SBXPRESS, INC. 1937 TEALL AVENUE SYRACUSE, NY 13206	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 26-3300465</td> </tr> <tr> <td>2c Sponsor's telephone number 315-437-4283</td> </tr> <tr> <td>2d Business code (see instructions) 812990</td> </tr> </table>	2b Employer Identification Number (EIN) 26-3300465	2c Sponsor's telephone number 315-437-4283	2d Business code (see instructions) 812990									
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2c Sponsor's telephone number 315-437-4283													
2d Business code (see instructions) 812990													
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>3b Administrator's EIN</td> </tr> <tr> <td>3c Administrator's telephone number</td> </tr> </table>	3b Administrator's EIN	3c Administrator's telephone number										
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3c Administrator's telephone number													
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>4b EIN</td> </tr> <tr> <td>4d PN</td> </tr> </table>	4b EIN	4d PN										
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4d PN													
5a Total number of participants at the beginning of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5a</td> <td style="width: 40%; text-align: center; color: blue;">9</td> </tr> <tr> <td>5b Total number of participants at the end of the plan year</td> <td style="text-align: center; color: blue;">8</td> </tr> <tr> <td>5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> <td></td> </tr> <tr> <td>5d(1) Total number of active participants at the beginning of the plan year</td> <td style="text-align: center; color: blue;">8</td> </tr> <tr> <td>5d(2) Total number of active participants at the end of the plan year</td> <td style="text-align: center; color: blue;">7</td> </tr> <tr> <td>5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: center; color: blue;">0</td> </tr> </table>	5a	9	5b Total number of participants at the end of the plan year	8	5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		5d(1) Total number of active participants at the beginning of the plan year	8	5d(2) Total number of active participants at the end of the plan year	7	5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0
5a	9												
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5d(1) Total number of active participants at the beginning of the plan year	8												
5d(2) Total number of active participants at the end of the plan year	7												
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0												

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. NANIECE ISMAIL	06/10/2019	
	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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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 4138345. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1454789	1574853
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1454789	1574853
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	407743	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-71368	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		336375
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	206885	
e Certain deemed and/or corrective distributions (see instructions) ...	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	9426	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		216311
i Net income (loss) (subtract line 8h from line 8c)	8i		120064
j Transfers to (from) the plan (see instructions)	8j		

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:
1C
- 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

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d 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	
e 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	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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) ☒ 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 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If 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**

c 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**

e 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 ☒ 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 ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan <u>SBXPRESS, INC. CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SBXPRESS, INC.</u>	D Employer Identification Number (EIN) <u>26-3300465</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information		
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....		2a	<u>1451384</u>
b Actuarial value		2b	<u>1451384</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants	<u>1</u>	<u>2907</u>	<u>2907</u>
c For active participants	<u>8</u>	<u>1242997</u>	<u>1243671</u>
d Total	<u>9</u>	<u>1245904</u>	<u>1246578</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	<u>4.30 %</u>	
6 Target normal cost	6	<u>213080</u>	

Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	
Signature of actuary	<u>06/06/2019</u>
<u>MATTHEW SOLBERG</u>	Date
Type or print name of actuary	<u>17-07574</u>
<u>M2B RETIREMENT CONSULTING, LLC</u>	Most recent enrollment number
Firm name	<u>412-688-6427</u>
<u>101 BRADFORD ROAD, SUITE 100</u> <u>WEXFORD, PA 15090</u>	Telephone number (including area code)
Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>12.25</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		118180
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.43</u> %		5235
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		123415
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	116.42%
15 Adjusted funding target attainment percentage	15	116.42%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.60%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/11/2019	207743	0			
02/25/2019	200000	0			
Totals ▶			18(b)	407743	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	388781

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target 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**22**

67

23 Mortality table(s) (see instructions)

Prior regulation:

☐

Prescribed - combined

☐

Prescribed - separate

☐

Substitute

Current regulation:

☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

213080

b Excess assets, if applicable, but not greater than line 31a**31b**

204806

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment.....

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....**34**

8274

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement.....

0

0

0

36 Additional cash requirement (line 34 minus line 35).....**36**

8274

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

388781

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

380507

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 years**40**

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☐ 2 plus 7 years☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made☐ 2008☐ 2009☐ 2010☐ 2011

SBXPRESS, Inc. Cash Balance Pension Plan
Schedule SB, Line 26 - Schedule of Active Participant Data
For the January 1, 2018 - December 31, 2018 Plan Year
EIN / PN: 26-3300465 / 002

Benefit Service (Yrs):	<u><1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40+</u>	<u>Total</u>
<u>Age</u>											
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	1	0	0	0	0	0	0	0	0	1
30-34	0	1	0	0	0	0	0	0	0	0	1
35-39	0	1	1	0	0	0	0	0	0	0	2
40-44	0	0	1	0	0	0	0	0	0	0	1
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	0	1	0	0	0	0	0	0	0	1
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	1	0	0	0	0	0	0	0	1
70+	0	0	1	0	0	0	0	0	0	0	1
Total	0	3	5	0	0	0	0	0	0	0	8

SBXPRESS, Inc. Cash Balance Pension Plan
Schedule SB, Part V - Statement of Actuarial Assumptions / Methods
For the January 1, 2018 - December 31, 2018 Plan Year
EIN / PN: 26-3300465 / 002

Valuation Date

January 1, 2018

Funding Segment Rates

	<u>Minimum Funding</u>	<u>Maximum Deductible</u>
1st Segment (Future Years 0 - 5)	3.92%	1.81%
2nd Segment (Future Years 5-20)	5.52%	3.68%
3rd Segment (Future Years 20+)	6.29%	4.53%

Other Assumed Rates

Salary Scale	0.00%	Interest Crediting Rate	2.42%
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Assumed Plan-Related Expenses Paid From Plan Assets

Approximately equal to Prior Year actual Expenses: \$0

Assumed Form of Distribution

Lump Sum

Funding Mortality Assumptions

Pre-Retirement	None
Post-Retirement	2018 IRS Prescribed Annuitant Mortality Table

Disability Assumptions

None

Withdrawal Assumptions

None

Assumed Retirement Age

Participants are assumed to retire on the later of their NRD or end of the current Plan Year

Actuarial Value of Assets Method

Equal to Market Value of Assets, as adjusted for applicable discounted contributions under Internal Revenue Code 430(g)(4)

IRS-Prescribed Changes in Assumptions Since Last Valuation

The Funding Segment Rates and Funding Mortality Assumptions are updated each year in accordance with federal law

Non-Prescribed Changes in Assumptions Since Last Valuation

No salary scale is assumed

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
► Round off amounts to nearest dollar.			
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.			
A Name of plan SBXPRESS, Inc. Cash Balance Pension Plan		B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SBXPRESS, Inc.		D Employer Identification Number (EIN) 26-3300465	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information				
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>				
2 Assets:				
a Market value.....			2a	1,451,384
b Actuarial value			2b	1,451,384
3 Funding target/participant count breakdown		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment		0	0	0
b For terminated vested participants		1	2,907	2,907
c For active participants		8	1,242,997	1,243,671
d Total		9	1,245,904	1,246,578
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
a Funding target disregarding prescribed at-risk assumptions			4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor			4b	
5 Effective interest rate.....			5	4.30%
6 Target normal cost			6	213,080

Statement by Enrolled Actuary	
<small>To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.</small>	
SIGN HERE	<div style="text-align: center;"> Signature of actuary </div> <div style="text-align: center;"> <u>Matthew Solberg</u> Type or print name of actuary <u>M2B Retirement Consulting, LLC</u> Firm name <u>101 Bradford Road, Suite 100</u> <u>Wexford PA 15090</u> Address of the firm </div>
<div style="text-align: center;"> <u>06/06/2019</u> Date <u>1707574</u> Most recent enrollment number <u>412-688-6427</u> Telephone number (including area code) </div>	

SBXPRESS, Inc. Cash Balance Pension Plan
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
For the January 1, 2018 - December 31, 2018 Plan Year
EIN / PN: 26-3300465 / 002

(A) Retirement Age*	(B) Active Participants	(C) Weighted Age**
62	0	0
63	0	0
64	0	0
65	6	48.75
66	1	8.25
67	0	0
68	0	0
69	0	0
70	0	0
71	0	0
72	0	0
73	0	0
74	0	0
75	0	0
76	0	0
77	1	9.625
78	0	0
79	0	0
80	0	0
81	0	0
82	0	0
83	0	0
84	0	0
85	0	0
Sum:	8	66.625
Weighted Average Retirement Age, Rounded:		67

*All Participants are assumed to retire at their Normal Retirement Age.

**Weighted Age is determined by calculating (A) x (B) at each Retirement Age divided by the total number of Active Participants. The sum of all of these calculations, after rounding the nearest age, is the Weighted Average Retirement Age.

SBXPRESS, Inc. Cash Balance Pension Plan
Schedule SB, Line 19 - Discounted Employer Contributions
For the January 1, 2018 - December 31, 2018 Plan Year
EIN / PN: 26-3300465 / 002

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Days</u>	<u>Interest-Adjusted Contribution</u>
2/11/2019	\$ 207,743	2018	4.30%	406	\$ 198,239
2/25/2019	\$ 200,000	2018	4.30%	420	\$ 190,542

SBXPRESS, Inc. Cash Balance Pension Plan
Schedule SB, Part V - Summary of Plan Provisions
For the January 1, 2018 - December 31, 2018 Plan Year
EIN / PN: 26-3300465 / 002

Employer and Plan Information

Plan Sponsor	SBXPRESS, Inc.
Employer ID Number	26-3300465
Plan Number	002
Plan Effective Date	January 1, 2013

Eligibility Requirements

Eligibility Age	21
Eligibility Service	1000 Hours of Service
Entry Dates	Immediately upon meeting eligibility requirements
Excluded Groups	Individuals not classified by the Employer as Eligible Employees

Retirement

Normal Retirement Age (NRA)	Age 65
Normal Retirement Date (NRD)	First of the month following or coincident with NRA
Early Retirement	None provided

Benefit Formula

Description	Each Participant receives an allocation upon meeting the Benefit Service requirement for a Plan Year. The allocation increases annually at the Interest Crediting Rate.
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Benefit Service	1000 Hours of Service in a Plan Year
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Interest Crediting Rate	2.42%
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Allocation Amount	A Participant's amount is determined based on a) which Plan document classification group the Participant belongs to and b) how that group's amount is defined in the Plan document.
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Vesting

Vesting Service	1000 Hours of Service in a Plan Year
Vesting Schedule	100% Vesting after 3 Years of Vesting Service
Vesting Service Exclusions	None

Actuarial Equivalence

Interest Rate	Pre-Retirement:	5.00%	Post-Retirement:	5.00%
Post-Retirement Mortality Table	2018 417e			

Top Heavy Minimum

If required, provided under a defined contribution plan

Changes in Plan Provisions Since Last Valuation

None

SBXPRESS, Inc. Cash Balance Pension Plan
Schedule SB, Line 25 - Change in Method
For the January 1, 2018 - December 31, 2018 Plan Year
EIN / PN: 26-3300465 / 002

The change in funding method is due to a change in actuarial firm and actuary, and it meets the requirements for automatic approval from the IRS.