### Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

# 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	Identification Information				
For calend	ar plan year 2018 or fi	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018	
A This ret	turn/report is for:	a single-employer plan		olan (not multiemployer) ( mployer information in ac		
		a one-participant plan	a foreign plan			
<b>B</b> This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	m
		special extension (enter descr	iption)		_	
Part II	Basic Plan Info	ormation—enter all requested inf	ormation			
1a Name		·			<b>1b</b> Three-digiting plan number	per
					(PN) •	date of plan
						01/01/2016
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O			2b Employer (EIN)	Identification Number 26-0109073
UXL, INC.	rtown, state or provinc	ce, country, and ZIP or foreign posta	al code (if foreign, see inst	tructions)		telephone number
						code (see instructions)
600 MAMAR HARRISON,	ONECK AVE. STE 40	00				523900
1 17 ti	141 10020					
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		<b>3b</b> Administra	ator's EIN
		<del>_</del>			30 Administra	tor's talanhana number
					3C Administra	tor's telephone number
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN	
	or's name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4d PN	
C Plan N	lame					
<b>5a</b> Total	number of participants	s at the beginning of the plan year			5a	2
_		s at the end of the plan year			5b	2
<b>C</b> Numb	er of participants with	account balances as of the end of	the plan year (only defined	d contribution plans	5c	
	,	articipants at the beginning of the pla			5d(1)	2
<b>d(2)</b> Tot	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	2
		terminated employment during the			5e	0
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assessed	l unless reasonable ca	use is establish	ed.
Under pena SB or Sche	alties of perjury and ot	ther penalties set forth in the instruction and signed by an enrolled actuary, a	tions, I declare that I have	e examined this return/re	port, including, if	applicable, a Schedule
SIGN		l/valid electronic signature.	10/05/2019	JULIE FORTIER		
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pla	an administrator
SIGN	Filed with authorized	I/valid electronic signature.	10/05/2019	JULIE FORTIER		
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as en	nployer or plan sponsor

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	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ions.)	ccount	ant (IC	PA)		
C	f 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	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes X	
Par	t III Financial Information	1						
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) E	nd of Year
а	Total plan assets	7a	39	99581				618088
<u>b</u>	Total plan liabilities	7b		0				0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7с	39	99581				618088
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(1	o) Total
	Contributions received or receivable from: (1) Employers	8a(1)	22	25000				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b		-6493				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						218507
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f.	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
i	Net income (loss) (subtract line 8h from line 8c)	8i						218507
j	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 1A 1C	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the	instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan	n Chara	acteris	tic Cod	des in the ir	nstructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
е	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.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	· · · · · · · · · · · · · · · · · · · ·		10h				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		B 	X Yes	s 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?			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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> F	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

For calendar plan year 20	18 or fiscal plan y	ear beginning 01	/01/201	8		and endin	g 12/3	31/2018	8	
▶ Round off amounts to	nearest dollar.	•								
Caution: A penalty of	1,000 will be as:	sessed for late filing of	this rep	ort unless reasonable cau	ise is	s establishe	d.			
A Name of plan					В	Three-dig	git			
UXL, INC. CASH BALA	NCE PLAN					plan num	nber (PN	I)	•	002
C Plan sponsor's name as	shown on line 2	a of Form 5500 or 550	0-SF		D	Employer	Identific	ation N	lumber (E	in)
UXL, INC.							26-01	09073		
			1	1						
E Type of plan: X Single	Multiple-A	Multiple-B		F Prior year plan size:	<b>X</b> 10	00 or fewer	101	-500	More th	an 500
Part I Basic Info	ormation									
1 Enter the valuation d	ate:	Month 12 Da	ay <u>31</u>	Year 2018						
2 Assets:										
<b>a</b> Market value							. 2a			392051
<b>b</b> Actuarial value							. 2b			392051
3 Funding target/partic	pant count break	down		` ,		nber of pants		sted Fu Target		(3) Total Funding Target
a For retired participa	ants and benefici	aries receiving paymer	nt			0			0	0
<b>b</b> For terminated ves	ted participants					0			0	0
<b>c</b> For active participa	nts					2			434442	434442
<b>d</b> Total						2			434442	434442
4 If the plan is in at-risk	status, check th	e box and complete lin	es (a) a	nd (b)					·	
a Funding target disr	egarding prescrit	oed at-risk assumptions	S				4a			
				sition rule for plans that h			4b			
		·					5			5.52 %
6 Target normal cost							6			213114
Statement by Enrolled Ad	tuary							•		
	and regulations. In my	y opinion, each other assumpti		nedules, statements and attachments and attachments and the expension of t						
SIGN										
HERE					_			1	0/02/201	9
	Sign	ature of actuary							Date	
ALAN STONE					_				17-05905	
		orint name of actuary					Most			nt number
HERITAGE ADMINISTR					_				31-659-15	
100 CROSSWAYS PAR SUITE 413 WOODBURY, NY 11797	K WEST	Firm name				Te	elephone	numb	er (includ	ing area code)
	Ado	dress of the firm			_					
If the actuary has not fully re	aflected any requi	lation or ruling promule	iated un	der the statute in complet	ing t	this schodule	a chack	the ho	v and so	
instructions	colou uriy rogu	and or raining profitting	jatou uli	as. The statate in complet	9 1	Jonicault	o, oricon		unu 360	´ 📙

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Schedule SB (Form 5500) 2018	Page <b>2 -</b> [

P	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances						
							(a	) Carryover baland	се	(b) F	refundin	g balance
7		•	0 , ,		able adjustments (line 13 fro				0			0
8			•	•	nding requirement (line 35 fi	•			0			0
9	Amount r	emaining	g (line 7 minus line	8)					0			0
10	Interest of	ກ line 9 ເ	using prior year's a	actual retui	rn of%				0			0
11	Prior yea	r's exces	s contributions to	be added t	to prefunding balance:							
	<b>a</b> Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)							6167
	<b>b(1)</b> Inte	erest on t nedule SE	he excess, if any, 3, using prior year	of line 38a 's effective	over line 38b from prior year interest rate of	ar %						0
				-	edule SB, using prior year's							0
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balanc	e						6167
	<b>d</b> Portion	n of (c) to	be added to prefu	unding bala	ance							0
12	Other red	ductions i	n halances due to	elections	or deemed elections				0			0
					line 10 + line 11d – line 12).				0			0
	art III		ding Percenta							l		
		_		<u> </u>							14	90.24%
					)						15	93.23%
	Prior yea	r's fundin	ng percentage for p	purposes c	of determining whether carry	over/prefun	ding bala	nces may be used			16	94.82%
17					less than 70 percent of the						17	%
	art IV		tributions and				•				ı	
18	Contribut	ions mad	de to the plan for t	he plan ye	ar by employer(s) and empl	oyees:						
(1	(a) Date MM-DD-Y		<b>(b)</b> Amount pa employer(		(c) Amount paid by employees		Date D-YYYY)	(b) Amount employe		(0	Amour emplo	t paid by yees
C	8/02/2018	}		20000	0	03/06/20	019		2000	00		0
1	0/11/2018	3		20000	0	04/01/20	019		1500	00		0
C	3/12/2019	)		70000	0	05/31/20	019		1500	00		0
	5/01/2019			15000	0	06/19/20	019		2000	00		0
C	6/18/2019	)		10000	0							
C	9/05/2018	3		20000	0		1					
						Totals ▶	•		22500	18(c)		0
19		•	•		uctions for small plan with a			0 0				
				•	num required contributions t				19a			0
					usted to valuation date				19b			0
20					red contribution for current ye	ar adjusted t	to valuatio	n date	19c			223584
20	-		tions and liquidity ve a "funding shor		e prior year?				L			Yes X No
	<b>b</b> If line	20a is "Y	es," were required	quarterly i	installments for the current y	/ear made i	n a timely	manner?				Yes No
	C If line	20a is "Ye	es," see instructio	ns and con	nplete the following table as	applicable:						
					Liquidity shortfall as of en			an year				
		(1) 1st	t		(2) 2nd		(3)	) 3rd			(4) 4th	

F	Part V Assumptions Used to Determine Funding Target and Target Normal C	ost		
21	Discount rate:			
		gment: 6.29 %		N/A, full yield curve used
	<b>b</b> Applicable month (enter code)		21b	2
22	Weighted average retirement age		22	62
23		escribed	- separat	e Substitute
		escribed	- senarat	re Substitute
	·	Joribea	Зорага	oubstitute
Pa	art VI Miscellaneous Items			
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes attachment			_
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required	d attachn	nent	Yes X No
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding red	quired att	tachmen	t
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment		27	
P	art VII Reconciliation of Unpaid Minimum Required Contributions For Prior Y	ears	L.	
28	Unpaid minimum required contributions for all prior years		28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior year (line 19a)		29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)		30	0
Pa	art VIII Minimum Required Contribution For Current Year			
31	Target normal cost and excess assets (see instructions):			
	a Target normal cost (line 6)		31a	213114
	<b>b</b> Excess assets, if applicable, but not greater than line 31a		31b	0
32	Amortization installments: Outstanding	ng Balan	се	Installment
	a Net shortfall amortization installment	4	12391	6920
	<b>b</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	220034
	Carryover balance Prefunding	ng balanc	е	Total balance
35	Balances elected for use to offset funding requirement		0	0
36	Additional cash requirement (line 34 minus line 35)		36	220034
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c)	(line	37	223584
38	Present value of excess contributions for current year (see instructions)			
	a Total (excess, if any, of line 37 over line 36)		38a	3550
	<b>b</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
Pa	rt IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instruc	ctions)		
41	If an election was made to use PRA 2010 funding relief for this plan:			
	a Schedule elected		Г	2 plus 7 years 15 years
	<b>b</b> Eligible plan year(s) for which the election in line 41a was made			08 2009 2010 2011

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

# 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

OMB Nos. 1210-0110 1210-0089

2018

Employee Benefits Security Administrat Pension Benefit Guaranty Corporatio		Internal Revenue Code (the Code).		Inspection
Partil Annual Repo	rt Identification Informatio	accordance with the instructions to the Form	5500-SF.	
For calendar plan year 2018 or		01/01/2018 and ending	12/31/20	R
A This return/report is for:  B This return/report is:	a single-employer plan  a one-participant plan the first return/report	a multiple-employer plan (not multiemplo a list of participating employer information a foreign plan the final return/report	yer) (Filers checking to n in accordance with to	his box must attach
C Check box if filing under;	x Form 5558 special extension (enter des	a short plan year return/report (less than  automatic extension scription)	12 months)	жодгат
	formation enter all requeste	ed information		
1a Name of plan UXL, Inc. Cash Ba	lance Plan		1b Three-digiting plan numb (PN) ▶ 1c Effective d 01/01/2	er 002 late of plan
Mailing Address (include r	ployer, if or a single-employer plan room, apt., suite no, and street, or i rince, country, and ZIP or foreign po	n) P.O. Box) ostal code (if foreign, see instructions)	2b Employer	Identification Number -0109073
UXL, Inc.			(914) 4	telephone number 68-0838
600 Mamaroneck Av	e. STE 400		2d Business of 523900	code (see instructions)
US Harrison NY 10528				
	and address X Same as Plan S	Sponsor	3b Administra 3c Administra	ntor's EIN ntor's telephone number
3a Plan administrator's name  4 If the name and/or EIN of	the plan sponsor or the plan name	has changed since the last return/report filed fo	3c Administra	
3a Plan administrator's name  4 If the name and/or EIN of	the plan sponsor or the plan name		3c Administra	
4 If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name  5a Total number of participan	the plan sponsor or the plan name ponsor's name, EIN, the plan name	e has changed since the last return/report filed fo e and the plan number from the last return/report	3c Administra 4b EIN 4d PN	rtor's telephone number
4 If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name 5a Total number of participan b Total number of participants will	the plan sponsor or the plan name ponsor's name, EIN, the plan name name that the beginning of the plan year at the end of the plan year	e has changed since the last return/report filed fo e and the plan number from the last return/report	3C Administra 4b EIN 4d PN	dor's telephone number
4 If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name  5a Total number of participan Total number of participants will complete this item)	the plan sponsor or the plan name ponsor's name, EIN, the plan name name at the beginning of the plan year at the end of the plan year th account balances as of the end of the plan year the account the account the account the account the account the ac	e has changed since the last return/report filed for and the plan number from the last return/report in the last return/report in the last return/report in the plan year (only defined contribution plans	3c Administra 4b EIN 4d PN 5a 5b	ntor's telephone number
4 If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name 5a Total number of participant D Total number of participants with complete this item)	the plan sponsor or the plan name ponsor's name, EIN, the plan name into at the beginning of the plan year ith account balances as of the end oparticipants at the end of the plan year participants at the end of the plan year.	e has changed since the last return/report filed for and the plan number from the last return/report if the plan year (only defined contribution plans plan year	3c Administra 4b EIN 4d PN 5a 5b 5c	tor's telephone number
4 If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name  5a Total number of participant total number of participants with complete this item)	the plan sponsor or the plan name ponsor's name, EIN, the plan name nts at the beginning of the plan year is at the end of the plan year th account balances as of the end oparticipants at the end of the plan year terminated employment during the plan that is the end of the plan year terminated employment during the plan that is the end of the plan year terminated employment during the plan that is the end of the plan year terminated employment during the plan that is the end of the plan that is the en	o has changed since the last return/report filed for a and the plan number from the last return/report in the last return/report in the plan year (only defined contribution plans plan year	3c Administra  4b EIN  4d PN  5a   5b   5c   5d(1)   5d(2)   5e	2 2 2 2
4 If the name and/or EIN of this plan, enter the plan span, enter the plan span a Sponsor's name C Plan Name  5a Total number of participants with complete this item) C Number of participants with complete this item) d(1) Total number of active panticipants with less than 100% vested Caution: A penalty for the la	the plan sponsor or the plan name ponsor's name, EIN, the plan name nts at the beginning of the plan year it account balances as of the end of the plan year countricipants at the end of the plan year tricipants at the end of the plan year the end of the plan year tricipants at the end of the plan year the end	e has changed since the last return/report filed for and the plan number from the last return/report if the plan year (only defined contribution plans plan year	3c Administra  4b EIN  4d PN  5a	2 2 2 2 0 ad.
4 If the name and/or EIN of this plan, enter the plan span, enter the plan span a Sponsor's name C Plan Name  5a Total number of participan b Total number of participants wit complete this item) d(1) Total number of active pand total number of participants wit complete this item) d(2) Total number of active pand total number of participants with less than 100% vested  Caution: A penalty for the launder penalties of perjury and SB or Schedule MB complete.	the plan sponsor or the plan name ponsor's name, EIN, the plan name nts at the beginning of the plan year it account balances as of the end of the plan year countricipants at the end of the plan year tricipants at the end of the plan year the end of the plan year tricipants at the end of the plan year the end	o has changed since the last return/report filed for and the plan number from the last return/report of the plan year (only defined contribution plans plan year	3c Administra  4b EIN  4d PN  5a	2 2 2 2 0 ad.
4 If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name  5a Total number of participants with complete this item) d(1) Total number of active process than 100% vested Caution: A penalty for the late under penalties of perjudices and Se or Schedule MB complete the late of the school of the school of the school of the late of the school of the late of the school of the late of	the plan sponsor or the plan name ponsor's name, EIN, the plan name not at the beginning of the plan year its at the end of the plan year the account balances as of the end of the plan year the participants at the end of the plan year control participants at the end of the plan year to terminated employment during the participants at the end of the plan year to terminate demployment during the participants at the end of the plan year to terminate demployment during the end of the penaltites set forth in the instead of the penaltites set forth in the instead and signed by an enrolled actuary complete.	o has changed since the last return/report filed for and the plan number from the last return/report of the plan year (only defined contribution plans plan year	3c Administra  4b EIN  4d PN  5a  5b  5c  5d(1)  5d(2)  5e cause is established impreport, including, if report, and to the best	2 2 2 0 ad. applicable, a Schedule of my knowledge and
4 If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name 5a Total number of participants with complete this item) downward number of participants with complete this item downward number of participants with complete this item downward number of participants with less than 100% vested caution: A penalty for the late under penalties of perjury and SB or Schedule MB complete bellef, it is true, correct, and consider the state of the st	the plan sponsor or the plan name ponsor's name, EIN, the plan name not at the beginning of the plan year its at the end of the plan year the account balances as of the end of the plan year the participants at the end of the plan year control participants at the end of the plan year to terminated employment during the participants at the end of the plan year to terminate demployment during the participants at the end of the plan year to terminate demployment during the end of the penaltites set forth in the instead of the penaltites set forth in the instead and signed by an enrolled actuary complete.	has changed since the last return/report filed for and the plan number from the last return/report of the plan year (only defined contribution plans plan year	3c Administra  4b EIN  4d PN  5a	2 2 2 0 ad. applicable, a Schedule of my knowledge and

 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 ar under 29 CFR 2520.104-48? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan canno	nd conditio	ns.)		X Yes No
С	If the plan is a defined benefit plan, is it covered under the PSGC instif "Yes" is checked, enter the My PAA confirmation number from the			Yes X N	Not determined (See instructions.)
P	art III Financial Information		CORROR— Core		
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	l of Year
а	Total plan assets	7a	399.581		618.088

Page 2

Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
Total plan assets	7a	399,581	618,088
Total plan liabilities	7b	0	0
Net plan assets (subtract line 7b from line 7a)	7c	399,581	618,088
Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
Contributions received or receivable from: (1) Employers	8a(1)	225,000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
Other income (loss)	8b	(6, 493)	
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		218,507
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
Certain deemed and/or corrective distributions (see instructions)	8e	0	
Administrative service providers (salaries, fees, commissions)	8f	0	
Other expenses	8g	0	
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
Net income (loss) (subtract line 8h from line 8c)	8i ii		218,507
Transfers to (from) the plan (see instructions)	8j	0	

# Part IV Plan Characteristics

Form 5500-SF 2018

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 10

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

Pai	tV Compliance Questions				r	
10	During the plan year:		Yes	No	N/A	Amount
а	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				1133	
	Program)	10a		Х	220	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х		
C	Was the plan covered by a fidelity bond?	10c	x			100,000
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		
е	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		х		EUROS SACO
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х		
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	101				

	Form 5500-SF 2018	Page 3 -								
$\equiv$										
Pari	VI Pension Funding Compliance					_				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," s (Form 5500 and line 11a below)			complete S	chedule	sB	x	Yes [	_ r	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (F	orm 5500) li	ne 40	*******	11a					0
12	Is this a defined contribution plan subject to the minimum funding requirements of ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				tion 302	of		Yes [	X I	No
а	If a waiver of the minimum funding standard for a prior year is being amortized in the granting the waiver				and ente		e of the		uling	l
lfy	ou 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 the plan year				12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)				12d					
е	Will the minimum funding amount reported on line 12d be met by the funding dead	ine?	********			Yes [	] No		N/A	
Pari	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 at control of the PBGC?				ne		Yes	X N	0	
С	If, during this plan year, any assets or liabilities were transferred from this plan to at which assets or liabilities were transferred. (See instructions.)	nother plan(:	s), ident	ify the plan	(s) to					
1:	c(1) Name of plan(s):			13c(2) E	IN(s)		13	c(3) PN	l(s)	

# E-SIGNATURE AUTHORIZATION

for UXL, Inc. Cash Balance Plan 26-0109073/002

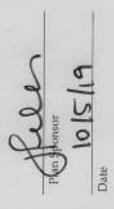
# For Plan Year 01/01/2018 through 12/31/2018

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST), (We authorize HERITAGE ADMINISTRATIVE SERVICES LLC to electronically sign the 3500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- HERITAGE ADMINISTRATIVE SERVICES LLC before they can begin the electronic filing A manually signed and dated Form 5500-SF that has been provided must be returned to process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
- penalty assessed under ERISA should I/we not return the manually signed and dated Form HERITAGE ADMINISTRATIVE SERVICES LLC will not be responsible for any late filing 5500-SF prior to the filing due date.
- will be included in the electronic filling and will be posted by the EBSA to the Internet for public An electronic copy of the manually signed and dated Form 5500-SF showing my/our signatures
- HERITAGE ADMINISTRATIVE SERVICES LLC will maintain a copy of this written authorization in its records.
- HERITAGE ADMINISTRATIVE SERVICES LLC will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- HERITAGE ADMINISTRATIVE SERVICES LLC shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500-SF for the plan year listed above.





**UXLINCCB** 

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

UXL Inc. Cash Balance Plan 26-0109073 / 002 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 19 - Discounted Employer Contributions

# UXL Inc. Cash Balance Plan 26-0109073 / 002 For the plan year 01/01/2018 through 12/31/2018

Valuation Date: 12/31/2018

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	08/02/2018	\$20,000					
Applied to MRC	12/31/2018	20,000	20,450	0	0	5.52	0.00
Deposited Contribution	09/05/2018	\$20,000					
Applied to MRC	12/31/2018	20,000	20,347	0	0	5.52	0.00
Deposited Contribution	10/11/2018	\$20,000					
Applied to MRC	12/31/2018	20,000	20,240	0	0	5.52	0.00
Deposited Contribution	03/06/2019	\$20,000					
Applied to MRC	12/31/2018	20,000	19,810	0	0	5.52	0.00
Deposited Contribution	03/12/2019	\$70,000					
Applied to MRC	12/31/2018	70,000	69,272	0	0	5.52	0.00
Deposited Contribution	04/01/2019	\$15,000					
Applied to MRC	12/31/2018	15,000	14,800	0	0	5.52	0.00
Deposited Contribution	05/01/2019	\$15,000					
Applied to MRC	12/31/2018	15,000	14,735	0	0	5.52	0.00
Deposited Contribution	05/31/2019	\$15,000					
Applied to MRC	12/31/2018	15,000	14,670	0	0	5.52	0.00
Deposited Contribution	06/18/2019	\$10,000					
Applied to MRC	12/31/2018	10,000	9,754	0	0	5.52	0.00
Deposited Contribution	06/19/2019	\$20,000					
Applied to Additional Contribution	12/31/2018	3,640	3,550	0	0	5.52	0.00
Applied to MRC	12/31/2018	16,360	15,956	0	0	5.52	0.00
Totals for Deposited Contribution		\$225,000	\$223,584	\$0	\$0		

# **Schedule SB, Line 15 - Different Rates for AFTAP**

UXL Inc. Cash Balance Plan 26-0109073 / 002 For the plan year 01/01/2018 through 12/31/2018

### Assumptions used to determine the AFTAP

Discount rate:

a. Segment rates

1st	2nd	3rd
3.74	5.35	6.11

N/A, full yield curve used

b. Applicable month - Second month prior to valuation date

2

# **Schedule SB, line 32 - Schedule of Amortization Bases**

# UXL Inc. Cash Balance Plan 26-0109073 / 002 For the plan year 01/01/2018 through 12/31/2018

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2018	42,391	Shortfall	42,391	7	6,920
Totals:				\$42,391		\$6,920

# Schedule SB, Part V Summary of Plan Provisions

# UXL Inc. Cash Balance Plan 26-0109073 / 002

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

Employer: UXL Inc.

Type of Entity - S Corporation

EIN: 26-0109073 TIN: 81-4092507 Plan #: 002 Plan Type: Cash Balance

Dates: Effective - 01/01/2016 Year end - 12/31/2018 Valuation - 12/31/2018

Top Heavy Years - 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 - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction. However, those employed

on 01/01/2016 enter on 01/01/2016

Retirement: Normal - First of month coincident with or next following attainment of age 62

Early - Not provided

Average Compensation: Current compensation

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

Plan Benefits: Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits

Pay Credits - Classification Pay Credit Formula

A 79% of compensation
B 69% of compensation
C 25% of compensation
D 2% of compensation

Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None Maximum Benefit - None

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) plan actuarial equivalence interest and mortality

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

**Top Heavy Minimum:** Provided in another plan

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

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

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

**Vesting Schedule:** 100% vested in 3 years.

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

<u>Present Value of Accrued Benefit:</u> Based on the Hypothetical Account Balance.

# Schedule SB, Part V Summary of Plan Provisions

# UXL Inc. Cash Balance Plan 26-0109073 / 002

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

### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 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

# 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 2018

OMB No. 1210-0110

This Form is Open to Public

Pension Benefit Guaranty Corporation	internal Revenue Code (the Code). inspection						
For calendar plan year 2018 or fiscal p	► File as an attachment to Form 5500 or 5500-SF.						
Round off amounts to nearest do		/2018	and	enung a	.2/31/2	:010	
	e assessed for late filing of this report	tunloss reasonable es	auca ic actal	sliebad			
A Name of plan	a assessed for falle filling of this report	dilicas reasonable co		e-digit			
UXL, Inc. Cash Balance Pla	an an			number (F	ו ואי	002	
,	•••						
			Marie Const		No.		
C Plan sponsor's name as shown on I	ine 2a of Form 5500 or 5500-SF		D Employ	yer Identifi	cation Nu	mber (EIN)	
UXL, Inc.				26-01	.09073		
5 E						1	
E Type of plan: X Single Multiple	e-A Multiple-B F	Prior year plan size:	X 100 or fev	ver10°	1-500	More than 500	
Part I Basic Information							
1 Enter the valuation date:	Month 12 Day 31	Year <u>2018</u>					
2 Assets:							
a Market value			• • • • • • • • • • • •	2	a	392,0	
b Actuarial value			• • • • • • • • • • • • •	21	b	392,0	
3 Funding target/participant count t	oreakdown:	(1) Number of	(2) V	ested Fund	ding	(3) Total Funding	
		participants		Target		Target	
a For retired participants and ber	eficiaries receiving payment	0			0		
	nts	0			0		
• •		2		4	34,442	434,4	
· ·		2		4	34,442		
	ck the box and complete lines (a) and	(b)			101	The the West of the	
•	escribed at-risk assumptions	* *		4a			
	assumptions, but disregarding transit			_			
	ive consecutive years and disregarding			'' 4b	<u>'                                     </u>		
5 Effective interest rate				5		5.52	
6 Target normal cost		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	6		213,1:	
Statement by Enrolled Actuary							
To the best of my knowledge, the information supp accordance with applicable law and regulations. In	n my opinion, each other assumption is reasonable	s, statements and attachmen e (taking into account the exp	its, if any, is com perience of the p	iplete and acci lan and reaso	urale. Each nable expect	prestibed assumption was applied in tations) and such other assumptions, i	
combination, offer my best estimate of anticipated	experience under the plan.						
SIGN (4)						- 1	
HERE   ()					10/0	2/2019	
	Signature of actuary					Date	
Alan Stone					17-0		
**	or print name of actuary					nrollment number	
neritage Adminis	strative Services					59-1517	
100	Firm name			Telepho	ne numbe	er (including area code)	
100 Crossways Pa Suite 413	ark west						
US Woodbury	NY 11797						
	Address of the firm						
If the actuary has not fully reflected any							

Schedule	SR	/Form	55001	2018	

Page	2		1	
Page	_	I .		

								-		
Pa	rt II Be	ginning of Year Carry	over and Prefunding Bal	ances	(a)	Carryover balance	- 1	(b)	Prefund	ing balance
7		eginning of prior year after		(5)	outly over building	0	(0)	1 (0.01.0	0	
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)										
9	Amount rem	aining (line 7 minus line 8)					0			0
10		<del></del>	return of0_00%				0			
$\overline{}$			Ided to prefunding balance		KC = K	MANAGE I I S		150 0	2000	per la contra de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la cont
•	-		(line 38a from prior year)				331			6,167
							0.0258			0,107
		10	e 38a over line 38b from prior ye ective interest rate of5.73							0
	• •		Schedule SB, using prior year's	actual	III STORE	MALLEN				
	return	•••••		••••••			20			0
	C Total avail	lable at beginning of current	plan year to add to prefunding b	alance						6,167
	d Portion of	(c) to be added to prefunding	g balance							0
12			tions or deemed elections		- 11		0			0
			9 + line 10 + line 11d - line 12)				0			0
Pa	rt III F	unding Percentages					·	· · · · · ·		
14	Funding targ	et attainment percentage				*******			14	90.24 %
15	Adjusted fun-	ding target attainment perce	ntage						15	93.23 %
16			ses of determining whether carry						16	94.82 %
17			an is less than 70 percent of the						17	%
		ontributions and Liq								
			in year by employer(s) and empl	lougas						
	(a) Date M-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a	) Date D-YYYY)	(b) Amount employe				unt paid by loyees
	02/2018	20,00		<del>_</del>	/2018		20,0	00		
10/	11/2018	20,00	0	03/06	/2019		20,0	00		
-	12/2019	70,00	0	04/01	/2019		15,0	$\overline{}$		
	01/2019	15,00		<del>                                     </del>	/2019		15,0			
	18/2019	10,00		<del>                                     </del>	/2019		20,0			
- 007	10/2017		<u> </u>	00/13	7 2023		20,0			
				<del>                                     </del>						
				i –						
				Totals	► 18(b)		225,0	00 18(c)	)	0
19	Discounted e	mployer contributions see	instructions for small plan with a	a valuation	date after					
	a Contributio	ons allocated toward unpaid	minimum required contributions	from prior	years	Г	19a			0
	<b>b</b> Contribution	ons made to avoid restriction	s adjusted to valuation date			[	19b			0
			m required contribution for curre			-	19c			223,584
		tributions and liquidity short		in your as	100100 10 11		-		1000	
	•	• •	for the prior year?			****	,		Г	Yes X No
		_	terly installments for the current							Yes No
		•	d complete the following table as	-		,	ſ			_ 100 F_ 110
			Liquidity shortfall as of end			n year				
	(1)	1st	(2) 2nd		(3)	3rd			(4) 41	h

Pai	t V Assumption	ons Used To Determi	ne 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	2
					22	62
	Mortality table(s) (see	instructions) Prior re	gulation: Prescribed - co regulation: Prescribed - co	mbined Prescri	bed - separ bed - separ	ate Substitute
Part	VI Miscellane	ous items				
			actuarial assumptions for the curren			
25	Has a method change	e been made for the currer	t plan year? If "Yes," see instruction:	s regarding required atta	chment	Yes X No
26	s the plan required to	provide a Schedule of Ac	ive Participants? If "Yes," see instru	ctions regarding required	i attachmer	nt Yes X No
		- 10	enter applicable code and see instru		27	
Part	VII Reconcilia	ation of Unpaid Mini	num Required Contribution	s For Prior Years		
28 (	Jnpaid minimum requ	uired contributions for all pr	ior years		28	0
			ard unpaid minimum required contri	* *	29	0
			contributions (line 28 minus line 29)		30	0
Part	VIII Minimum	Required Contribution	on For Current Year			
31 1	Farget normal cost ar	nd excess assets (see instr	uctions):	<del>_</del>		
-					31a	213,114
			an line 31a		31b	0
32 /	Amortization installme	ents:		Outstanding Bala		Installment
а	Net shortfall amortiz	zation installment			42,391	6,920
b	Waiver amortization	installment			0	0
			enter the date of the ruling letter gra		33	
34 1			ver/prefunding bal ances (lines 31a - 3		34	220,034
	otal lattering requirem	on bottore following carryo	Carryover balance	Prefunding Bala		Total balance
	Balances elected for u	use to offset funding			0	
			· · · · · · · · · · · · · · · · · · ·		36	000 004
<b>37</b> C	Contributions allocate	d toward minimum required	5)	ed to valuation date	37	220,034
		ss contributions for current				223,304
			year (see instructions)		38a	
			of prefunding and funding standard of			3,550
					38b 39	0
		•	t year (excess, if any, of line 36 over			0
Part	CO. March 1997		Pension Relief Act of 2010		40	0
The state of the	- Contract			(See instructions)		
		e to use PRA 2010 funding				
a	Schedule elected .					2 plus 7 years 15 years
- h	Fligible plan year(s)	Annual Sale Alexander Sale Sale Sale Sale Sale Sale Sale Sale	e 41a was made		. 🗆 200	8 2009 2010 2011

# Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

# **UXL Inc. Cash Balance Plan** 26-0109073 / 002

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

Valuation Date: 12/31/2018

As prescribed in IRC Section 430 **Funding Method:** 

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

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate 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) plan actuarial equivalence interest and mortality

Segment 3

Interest Rates -

Segment rates for the Second Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	2.35
Segment 2	6 - 20	3.85
Segment 3	> 20	4.47

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

Interest Credit Rate -Current Yr - 5% Projected Yrs - 5%

Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -18A - 2018 Annuitant

> Cost of Living -None

### **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

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

8.5% Pre-Retirement - Interest -CB Projection Rate - 5%

Post-Retirement - Interest -8.5%

> Mortality Table -183M - 1983 Individual Annuity (male)

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

**UXLINCCB** 

# Schedule SB, Part V Statement of Actuarial Assumptions/Methods

UXL Inc. Cash Balance Plan 26-0109073 / 002 For the plan year 01/01/2018 through 12/31/2018

### 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