

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2018****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

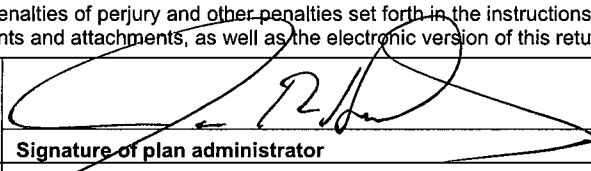
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan WESTON SOLUTIONS, INC. RETIREMENT INCOME PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 11/01/1968
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) WESTON SOLUTIONS, INC. 1400 WESTON WAY WEST CHESTER PA 19380	2b Employer Identification Number (EIN) 23-1501990 2c Plan Sponsor's telephone number 610-701-3694 2d Business code (see instructions) 541330

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		09/12/2019	James Hershey
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 702
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 163 6a(2) 152 6b 218 6c 321 6d 691 6e 9 6f 700 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2018 <hr/> This Form is Open to Public Inspection.
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan WESTON SOLUTIONS, INC. RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTON SOLUTIONS, INC.	D Employer Identification Number (EIN) 23-1501990	
Part I Service Provider Information (see instructions)		

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VANGUARD	23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
J. P. MORGAN	13-3200244

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PIMCO	33-0629048

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	102,093	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLES SCHWAB

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 59 21 62 50 51 56	TRUSTEE	29,734	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>		
A Name of plan WESTON SOLUTIONS, INC. RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTON SOLUTIONS, INC.	D Employer Identification Number (EIN) 23-1501990	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	211,725	278,341
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	5,820,000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	28,258,690	31,666,360
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	34,290,415 31,944,701
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	0 102,093
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 102,093
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	34,290,415 31,842,608

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	49,922
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	49,922
b	Earnings on investments:		
(1)	Interest:		
(A)	Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1,192
(B)	U.S. Government securities	2b(1)(B)	
(C)	Corporate debt instruments	2b(1)(C)	
(D)	Loans (other than to participants)	2b(1)(D)	
(E)	Participant loans	2b(1)(E)	
(F)	Other	2b(1)(F)	
(G)	Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	1,192
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1,159,733
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	1,159,733
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2,137,897
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-927,050

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1,388,930	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1,388,930
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	29,734	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	102,093	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		131,827
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1,520,757

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2,447,807
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PRICEWATERHOUSECOOPERS, LLP

(2) EIN: 13-4008324

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5,000,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4148790. (See instructions.)

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan WESTON SOLUTIONS, INC. RETIREMENT INCOME PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 WESTON SOLUTIONS, INC.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 23-1501990</td> </tr> </table>	D Employer Identification Number (EIN) 23-1501990	
D Employer Identification Number (EIN) 23-1501990			

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-1558009</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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.	<small>OMB No. 1210-0110</small> 2018 This Form is Open to Public Inspection
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 WESTON SOLUTIONS, INC. RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WESTON SOLUTIONS, INC.	D Employer Identification Number (EIN) 23-1501990	
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 type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" 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	34,188,935
b Actuarial value			2b	34,188,935
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		203	14,376,154	14,376,154
b For terminated vested participants		336	8,629,102	8,629,102
c For active participants		163	5,137,944	5,158,120
d Total		702	28,143,200	28,163,376
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	5.68%
6 Target normal cost			6	29,000

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 J. DANIEL GANSZ, JR. Type or print name of actuary AON CONSULTING, INC. Firm name 259 N RADNOR CHESTER ROAD SUITE 160 RADNOR PA 19087-5159 Address of the firm	Date 07/11/2019 1706121 Most recent enrollment number 610-834-2187 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2018
v. 171027

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	1,891
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	1,891
10	Interest on line 9 using prior year's actual return of <u>15.35%</u>	0	290
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		5,200,237
	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>5.90%</u>		306,814
	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		5,507,051
	d Portion of (c) to be added to prefunding balance		5,507,051
12	Other reductions in balances due to elections or deemed elections	0	3,509,232
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2,000,000

Part III Funding Percentages		14	15	16	17
14	Funding target attainment percentage		114.29%		
15	Adjusted funding target attainment percentage		121.39%		
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement		96.18%		
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.				%

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
04/11/2018	49,922	0			
Totals ▶			18(b)	49,922	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	49,172	
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
0	0	0	0

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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	Prior regulation:	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute
	Current regulation:	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	29,000	
b Excess assets, if applicable, but not greater than line 31a	31b	29,000	
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	0	
	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	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	49,172	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	49,172	
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	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011

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 01/01/2018 and ending 12/31/2018

► Round off amounts to nearest dollar.

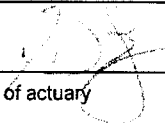
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan WESTON SOLUTIONS, INC. RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WESTON SOLUTIONS, INC.	D Employer Identification Number (EIN) 23-1501990	

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 type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" 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	34,188,935	
b Actuarial value.....	2b	34,188,935	
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	203	14,376,154	14,376,154
b For terminated vested participants	336	8,629,102	8,629,102
c For active participants	163	5,137,944	5,158,120
d Total	702	28,143,200	28,163,376
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	5.68%	
6 Target normal cost	6	29,000	

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	J. DANIEL GANSZ, JR.  Signature of actuary	07/11/2019 Date
	J. DANIEL GANSZ, JR. Type or print name of actuary	1706121 Most recent enrollment number
	AON CONSULTING, INC. Firm name	610-834-2187 Telephone number (including area code)
	259 N RADNOR CHESTER ROAD SUITE 160 RADNOR PA 19087-5159 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

Part III 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	1,891
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	1,891
10	Interest on line 9 using prior year's actual return of <u>15.35%</u>	0	290
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		5,200,237
	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>5.90%</u>		306,814
	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.....		5,507,051
	d Portion of (c) to be added to prefunding balance.....		5,507,051
12	Other reductions in balances due to elections or deemed elections.....	0	3,509,232
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	2,000,000

Part III	Funding Percentages
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14	Funding target attainment percentage	14	114.29%
15	Adjusted funding target attainment percentage	15	121.39%
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	96.18%
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
04/11/2018	49,922	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	49,172

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
0	0	0	

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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	Prior regulation:	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute
	Current regulation:	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	29,000	
b Excess assets, if applicable, but not greater than line 31a	31b	29,000	
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	0	
	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	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	49,172	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	49,172	
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	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, line 19 – Discounted Employer Contributions

Date of Contribution	Amount	Year Applied	Effective Interest Rate	Interest Adjusted Contribution
04/11/2018	\$49,922	2018	5.68%	\$49,172
Total	\$49,922			\$49,172

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

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

(A)	(B)	(C)	(D)	(E)
Age	lx	Retirement Rates	(B)*(C)	(A)*(D)
60	1000	5.0%	50	3000
61	950	5.0%	48	2928
62	902	10.0%	90	5580
63	812	5.0%	41	2583
64	771	50.0%	386	24704
65	385	100.0%	385	25025
			Total	63820
				63820/1000

63.82

The weighted average retirement age is 64.

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods **For ERISA Requirements**

Interest Rates for Minimum Funding Purposes	Based on segment rates, each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates, without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.76%
3rd Segment Rate	4.66%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	See Table 2
Mortality Rates	
Healthy and Disabled	RP-2000 IRS PPA@2018 Non-Annuitant & Annuitant
Withdrawal Rates	See Table 3
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Optional Payment Form Election Percentage	50% - Single Life Annuity 20% - Joint and 100% Survivor Annuity 15% - Joint and 50% Survivor Annuity 5% - Joint and 66 2/3% Survivor Annuity 5% - Joint and 75% Survivor Annuity 5% - 20 Year Certain and Continuous Annuity

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

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

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$220,000.
Valuation of Plan Assets	Fair market value of assets
Trust Expenses Included in Target Normal Cost	29,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2018

Changes in ERISA Methods/Assumptions Since the Prior Year

Method Changes

A change in the Asset Valuation Method from the Three-Year Smoothed Method to the Fair Value of Assets Method.

Assumption Changes

There have been no assumption changes in the funding valuation since the prior year.

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

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

Table 1

Retirement Rates—Retirement Rates

<u>Age</u>	<u>Rate</u>
60	5.00%
61	5.00%
62	10.00%
63	5.00%
64	50.00%
65+	100.00%

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

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

Table 2

Retirement Rates—Terminated Vested Participants

<u>Age</u>	<u>Rate</u>
62	5.00%
63	10.00%
64	25.00%
65+	100.00%

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

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

Table 3

Withdrawal Rates—Terminated Vested Participants

<u>Age</u>	<u>Rate</u>
35	8.00%
36	8.00%
37	8.00%
38	8.00%
39	8.00%
40	7.00%
41	7.00%
42	7.00%
43	7.00%
44	7.00%
45	6.00%
46	6.00%
47	6.00%
48	6.00%
49	6.00%
50	6.00%
51	6.00%
52	6.00%
53	6.00%
54	6.00%
55+	6.00%

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	November 1, 1968
Effective Date of Last Amendment:	January 1, 2016
Plan Year:	January 1st to December 31st
Employer Fiscal Year	January 1st to December 31st
Employer ID Number:	23-1501990
Plan Administrator's ID Number:	23-1501990
Plan Number:	001

Eligibility

Age 21 and one year of service. Participation was frozen effective July 1, 1997

Normal Retirement Benefit

The amount of annual benefit based on service to Normal Retirement Date is based on the following service and formulary breakdowns:

Service after June 30, 1997:

Credited Service:	None
Benefit:	Effective July 1, 1997, participation and benefit accruals were frozen.

Service between January 1, 1997 and June 30, 1997:

Credited Service:	At least 500 hours of service
Benefit:	1.15% of compensation plus .35% of compensation over 75% of the Social Security Taxable Wage Base (rounded to the next lowest \$100).

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Normal Retirement Benefit (con.)

Service between January 1, 1989 and December 31, 1996:

Credited Service: A Calendar year with at least 1,000 hours of service. (If any employee has between 1,000 and 1,999 hours of service, compensation is annualized as if he had 2,000 hours, but the benefit for the year is prorated. The proration fraction equals the number of hours of service divided by 2,000, rounded up to the next tenth).

Benefit: 1.15% of compensation plus .35% of compensation over 75% of the Social Security Taxable Wage Base (rounded to the next lowest \$100).

Service between January 1, 1979 and December 31, 1988:

Credited Service: A Calendar year with at least 1,000 hours of service. (If any employee has between 1,000 and 1,999 hours of service, compensation is annualized as if he had 2,000 hours, but the benefit for the year is prorated. The proration fraction equals the number of hours of service divided by 2,000, rounded up to the next tenth).

Benefit: 1.00% of compensation plus .70% of compensation over 75% of the Social Security Taxable Wage Base (rounded to the next lowest \$100).

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Normal Retirement Benefit (con.)

Service before January 1, 1979:

Credited Service: A Calendar year with at least 1,000 hours of service. (If any employee has between 1,000 and 1,999 hours of service, compensation is annualized as if he had 2,000 hours, but the benefit for the year is prorated. The proration fraction equals the number of hours of service divided by 2,000, rounded up to the next tenth).

Benefit: Greater of a. and b.:

- a. 0.9% of Earnings as of January 1, 1979 up to \$8,700 plus 1.5% of Earnings as of January 1, 1979 over \$8,700 times years of Credited Service prior to January 1, 1979
- b. Sum of 1. plus 2.:
 - 1. 1% of Final Earnings plus 0.5% of Final Earnings over Covered Compensation, multiplied by years of Credited Service prior to January 1974
 - 2. 0.8% of Final Earnings plus 0.4% of Final Earnings over Covered Compensation, multiplied by years of Credited Service after December 31, 1973 but prior to January 1, 1979.

Compensation

Effective January 1, 1989, the annual compensation of each Participant shall comply with the limitations set forth in Section 2.1, definition of Compensation, pertaining to Section 401(a)(17) of the Code.

Earnings

January 1, 1979 base pay, but not more than the 36 consecutive month average prior to January 1, 1979 which produces the highest average.

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Final Earnings

The average Earnings (as defined above) for any five consecutive calendar years (or actual years of participation, if less) before 1979 which yields the highest average.

Covered Compensation

The average annual amount of compensation for a Participant, with respect to which old age and survivors insurance benefits would be provided for him/her under the Social Security Act computed as though for each year until he/she reaches age 65, his/her annual compensation is equal to the Taxable Wage Base, but in no event more than \$22,900.

Normal Retirement Date

Normal Retirement Date is first day of the month coincident with or next following the attainment of age 65.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using average compensation and Credited Service as of the accrual date.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the benefit based on service and compensation as of actual Retirement Date.

Early Retirement Benefit

Upon the completion of 5 years of Credited Service and the attainment of age 60, a participant may elect to retire. He may receive an immediate benefit equal to the Accrued Benefit at the early retirement date and reduced for early commencement by .6% for each month commencement precedes his normal retirement date.

Disability Retirement Benefit

A participant who becomes totally and permanently disabled shall be entitled to benefits commencing at Normal Retirement Date. The benefit will be calculated assuming service continues to accrue from the disability date to the earlier of June 30, 1997, recovery or normal retirement age and earnings remain at the same level. The pension will be reduced for commencement prior to Normal Retirement Date.

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Death Benefit

In the event of a married participant's death after the completion of 5 years of Credited Service, but prior to Normal Retirement Date, it will be assumed:

- a) The participant terminated employment on the date of death or actual termination date, if earlier.
- b) Survived to the earliest retirement date (or date of death, if later).
- c) Retired with a 50% joint and survivorship option in effect.
- d) Died on the following day.

Payment of the death benefit begins on the participants earliest retirement date, or date of death if later.

Severance Benefit

A participant is 100% vested in their accrued benefit at the earlier of completing 5 years of service and reaching normal retirement age. Participants who were age 60 on August 29, 1994 are 100% vested without regard to length of service. Participants who had 3 years of service on August 29, 1994 will be 100% vested upon reaching age 60 (even if they have less than 5 years of service at age 60).

A participant is entitled to their accrued benefit payable at age 65, or reduced benefit payable on or after the attainment of age 60, if eligible.

Normal Form of Payment

The Normal Form of Payment for a single participant is an annuity paid in monthly installments for the life of the participant with no further payments following the participant's death.

For a married participant, the Normal Form of Payment is an actuarially equivalent 50% Joint and Survivor Annuity with the spouse as beneficiary.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of Payment. The options are:

- (1) A Single Life Annuity
- (2) 50 %, 66 $\frac{2}{3}$ %, 75 % or 100 % Joint and Survivor Annuity
- (3) 5, 10, 15, or 20 Year Certain and Life Annuity
- (4) Lump Sum (if \$1,000 or less)

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure, and the Employer shall be liable for any unfunded vested to the extent required by law.

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, line 25 – Change in Method

A change in the Asset Valuation Method from the Three-Year Smoothed Method to the Fair Value of Assets Method.

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2018

Weston Solutions, Inc.
Weston Solutions, Inc. Retirement Income Plan
Active Employees

EIN: 23-1501990 PN: 001

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44						1				
45-49						8	4	3		
50-54						9	33	8		
55-59				1		3	31	15	3	
60-64						1	21	11	5	2
65-69							3			
70+						1				

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Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, line 19 – Discounted Employer Contributions

Date of Contribution	Amount	Year Applied	Effective Interest Rate	Interest Adjusted Contribution
04/11/2018	\$49,922	2018	5.68%	\$49,172
Total	\$49,922			\$49,172

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

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

(A)	(B)	(C)	(D)	(E)
Age	lx	Retirement Rates	(B)*(C)	(A)*(D)
60	1000	5.0%	50	3000
61	950	5.0%	48	2928
62	902	10.0%	90	5580
63	812	5.0%	41	2583
64	771	50.0%	386	24704
65	385	100.0%	385	25025
			Total	63820
				63820/1000

63.82

The weighted average retirement age is 64.

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, line 25 – Change in Method

A change in the Asset Valuation Method from the Three-Year Smoothed Method to the Fair Value of Assets Method.

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2018

Weston Solutions, Inc.
Weston Solutions, Inc. Retirement Income Plan
Active Employees

EIN: 23-1501990 PN: 001

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44						1				
45-49						8	4	3		
50-54						9	33	8		
55-59				1		3	31	15	3	
60-64						1	21	11	5	2
65-69							3			
70+						1				

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Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods **For ERISA Requirements**

Interest Rates for Minimum Funding Purposes	Based on segment rates, each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates, without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.76%
3rd Segment Rate	4.66%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	See Table 2
Mortality Rates	
Healthy and Disabled	RP-2000 IRS PPA@2018 Non-Annuitant & Annuitant
Withdrawal Rates	See Table 3
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Optional Payment Form Election Percentage	50% - Single Life Annuity 20% - Joint and 100% Survivor Annuity 15% - Joint and 50% Survivor Annuity 5% - Joint and 66 2/3% Survivor Annuity 5% - Joint and 75% Survivor Annuity 5% - 20 Year Certain and Continuous Annuity

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

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

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$220,000.
Valuation of Plan Assets	Fair market value of assets
Trust Expenses Included in Target Normal Cost	29,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2018

Changes in ERISA Methods/Assumptions Since the Prior Year

Method Changes

A change in the Asset Valuation Method from the Three-Year Smoothed Method to the Fair Value of Assets Method.

Assumption Changes

There have been no assumption changes in the funding valuation since the prior year.

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

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

Table 1

Retirement Rates—Retirement Rates

<u>Age</u>	<u>Rate</u>
60	5.00%
61	5.00%
62	10.00%
63	5.00%
64	50.00%
65+	100.00%

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

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

Table 2

Retirement Rates—Terminated Vested Participants

<u>Age</u>	<u>Rate</u>
62	5.00%
63	10.00%
64	25.00%
65+	100.00%

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

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

Table 3

Withdrawal Rates—Terminated Vested Participants

Age	Rate
35	8.00%
36	8.00%
37	8.00%
38	8.00%
39	8.00%
40	7.00%
41	7.00%
42	7.00%
43	7.00%
44	7.00%
45	6.00%
46	6.00%
47	6.00%
48	6.00%
49	6.00%
50	6.00%
51	6.00%
52	6.00%
53	6.00%
54	6.00%
55+	6.00%

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	November 1, 1968
Effective Date of Last Amendment:	January 1, 2016
Plan Year:	January 1st to December 31st
Employer Fiscal Year	January 1st to December 31st
Employer ID Number:	23-1501990
Plan Administrator's ID Number:	23-1501990
Plan Number:	001

Eligibility

Age 21 and one year of service. Participation was frozen effective July 1, 1997

Normal Retirement Benefit

The amount of annual benefit based on service to Normal Retirement Date is based on the following service and formulary breakdowns:

Service after June 30, 1997:

Credited Service:	None
Benefit:	Effective July 1, 1997, participation and benefit accruals were frozen.

Service between January 1, 1997 and June 30, 1997:

Credited Service:	At least 500 hours of service
Benefit:	1.15% of compensation plus .35% of compensation over 75% of the Social Security Taxable Wage Base (rounded to the next lowest \$100).

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Normal Retirement Benefit (con.)

Service between January 1, 1989 and December 31, 1996:

Credited Service: A Calendar year with at least 1,000 hours of service. (If any employee has between 1,000 and 1,999 hours of service, compensation is annualized as if he had 2,000 hours, but the benefit for the year is prorated. The proration fraction equals the number of hours of service divided by 2,000, rounded up to the next tenth).

Benefit: 1.15% of compensation plus .35% of compensation over 75% of the Social Security Taxable Wage Base (rounded to the next lowest \$100).

Service between January 1, 1979 and December 31, 1988:

Credited Service: A Calendar year with at least 1,000 hours of service. (If any employee has between 1,000 and 1,999 hours of service, compensation is annualized as if he had 2,000 hours, but the benefit for the year is prorated. The proration fraction equals the number of hours of service divided by 2,000, rounded up to the next tenth).

Benefit: 1.00% of compensation plus .70% of compensation over 75% of the Social Security Taxable Wage Base (rounded to the next lowest \$100).

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Normal Retirement Benefit (con.)

Service before January 1, 1979:

Credited Service: A Calendar year with at least 1,000 hours of service. (If any employee has between 1,000 and 1,999 hours of service, compensation is annualized as if he had 2,000 hours, but the benefit for the year is prorated. The proration fraction equals the number of hours of service divided by 2,000, rounded up to the next tenth).

Benefit: Greater of a. and b.:

- a. 0.9% of Earnings as of January 1, 1979 up to \$8,700 plus 1.5% of Earnings as of January 1, 1979 over \$8,700 times years of Credited Service prior to January 1, 1979
- b. Sum of 1. plus 2.:
 - 1. 1% of Final Earnings plus 0.5% of Final Earnings over Covered Compensation, multiplied by years of Credited Service prior to January 1974
 - 2. 0.8% of Final Earnings plus 0.4% of Final Earnings over Covered Compensation, multiplied by years of Credited Service after December 31, 1973 but prior to January 1, 1979.

Compensation

Effective January 1, 1989, the annual compensation of each Participant shall comply with the limitations set forth in Section 2.1, definition of Compensation, pertaining to Section 401(a)(17) of the Code.

Earnings

January 1, 1979 base pay, but not more than the 36 consecutive month average prior to January 1, 1979 which produces the highest average.

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Final Earnings

The average Earnings (as defined above) for any five consecutive calendar years (or actual years of participation, if less) before 1979 which yields the highest average.

Covered Compensation

The average annual amount of compensation for a Participant, with respect to which old age and survivors insurance benefits would be provided for him/her under the Social Security Act computed as though for each year until he/she reaches age 65, his/her annual compensation is equal to the Taxable Wage Base, but in no event more than \$22,900.

Normal Retirement Date

Normal Retirement Date is first day of the month coincident with or next following the attainment of age 65.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using average compensation and Credited Service as of the accrual date.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the benefit based on service and compensation as of actual Retirement Date.

Early Retirement Benefit

Upon the completion of 5 years of Credited Service and the attainment of age 60, a participant may elect to retire. He may receive an immediate benefit equal to the Accrued Benefit at the early retirement date and reduced for early commencement by .6% for each month commencement precedes his normal retirement date.

Disability Retirement Benefit

A participant who becomes totally and permanently disabled shall be entitled to benefits commencing at Normal Retirement Date. The benefit will be calculated assuming service continues to accrue from the disability date to the earlier of June 30, 1997, recovery or normal retirement age and earnings remain at the same level. The pension will be reduced for commencement prior to Normal Retirement Date.

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Death Benefit

In the event of a married participant's death after the completion of 5 years of Credited Service, but prior to Normal Retirement Date, it will be assumed:

- a) The participant terminated employment on the date of death or actual termination date, if earlier.
- b) Survived to the earliest retirement date (or date of death, if later).
- c) Retired with a 50% joint and survivorship option in effect.
- d) Died on the following day.

Payment of the death benefit begins on the participants earliest retirement date, or date of death if later.

Severance Benefit

A participant is 100% vested in their accrued benefit at the earlier of completing 5 years of service and reaching normal retirement age. Participants who were age 60 on August 29, 1994 are 100% vested without regard to length of service. Participants who had 3 years of service on August 29, 1994 will be 100% vested upon reaching age 60 (even if they have less than 5 years of service at age 60).

A participant is entitled to their accrued benefit payable at age 65, or reduced benefit payable on or after the attainment of age 60, if eligible.

Normal Form of Payment

The Normal Form of Payment for a single participant is an annuity paid in monthly installments for the life of the participant with no further payments following the participant's death.

For a married participant, the Normal Form of Payment is an actuarially equivalent 50% Joint and Survivor Annuity with the spouse as beneficiary.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of Payment. The options are:

- (1) A Single Life Annuity
- (2) 50 %, 66 $\frac{2}{3}$ %, 75 % or 100 % Joint and Survivor Annuity
- (3) 5,10,15, or 20 Year Certain and Life Annuity
- (4) Lump Sum (if \$1,000 or less)

Plan Name: Weston Solutions, Inc. Retirement Income Plan
Plan Sponsor: Weston Solutions, Inc.
EIN: 231501990
Plan Number: 001

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure, and the Employer shall be liable for any unfunded vested to the extent required by law.

Weston Solutions, Inc.
Retirement Income Plan

Financial Statements
December 31, 2018 and 2017
Supplemental Schedules
December 31, 2018

Weston Solutions, Inc. Retirement Income Plan

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* Other supplemental schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosures under ERISA have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of Weston Solutions, Inc. Retirement Income Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Weston Solutions, Inc. Retirement Income Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2017 and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Charles Schwab Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2018 and 2017 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.



Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Form 5500 Schedule H, Line 4(i): Schedule of Assets (Held at End of Year) as of December 31, 2018 and Form 5500 Schedule H, Part IV, Line 4(j): Schedule of Reportable Transactions for the year ended December 31, 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

Philadelphia, Pennsylvania
August 30, 2019

Weston Solutions, Inc. Retirement Income Plan
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

	2018	2017
Assets		
Cash	<u>\$ 278,341</u>	<u>\$ 211,725</u>
Investments, at fair value		
Mutual funds	<u>31,666,360</u>	<u>28,258,690</u>
Total investments, at fair value	<u>31,666,360</u>	<u>28,258,690</u>
Receivables		
Employer's contribution	<u>-</u>	<u>5,820,000</u>
Total receivables	<u>-</u>	<u>5,820,000</u>
Total assets	<u>31,944,701</u>	<u>34,290,415</u>
Liabilities		
Accrued expenses	<u>102,093</u>	<u>-</u>
Total liabilities	<u>102,093</u>	<u>-</u>
Net assets available for benefits	<u>\$ 31,842,608</u>	<u>\$ 34,290,415</u>

The accompanying notes are an integral part of these financial statements.

Weston Solutions, Inc. Retirement Income Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2018 and 2017

	2018	2017
Additions		
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ -	\$ 2,910,328
Dividends and interest	1,160,925	907,973
Net investment income	1,160,925	3,818,301
Contributions		
Employer's	49,922	5,820,000
Total contributions	49,922	5,820,000
Total additions	1,210,847	9,638,301
Deductions		
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	2,137,897	-
Benefits paid to participants	1,388,930	1,292,128
Administrative expenses	131,827	29,477
Total deductions	3,658,654	1,321,605
Net (decrease) increase	(2,447,807)	8,316,696
Net assets available for benefits		
Beginning of year	34,290,415	25,973,719
End of year	\$ 31,842,608	\$ 34,290,415

The accompanying notes are an integral part of these financial statements.

Weston Solutions, Inc. Retirement Income Plan
Statement of Accumulated Plan Benefits
December 31, 2017

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving payments

\$ 14,317,868

Other participants

13,891,940

Total actuarial present value of accumulated plan benefits

\$ 28,209,808

The accompanying notes are an integral part of these financial statements.

Weston Solutions, Inc. Retirement Income Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2017

Actuarial present value of accumulated plan benefits at beginning of year	\$ 27,476,889
Increase (decrease) during the year attributed to	
Increase for interest	1,631,894
Benefits paid	(1,292,128)
Changes in assumptions	389,977
Actuarial loss	<u>3,176</u>
Net increase	<u>732,919</u>
Total actuarial present value of accumulated plan benefits at end of year	<u>\$ 28,209,808</u>

The accompanying notes are an integral part of these financial statements.

Weston Solutions, Inc. Retirement Income Plan

Notes to Financial Statements

December 31, 2018 and 2017

1. Description of the Plan

The following description of the Weston Solutions, Inc. Retirement Income Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory, defined benefit pension plan covering eligible employees of Weston Solutions, Inc. (the "Company") who had an accrued benefit on June 30, 1997. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan was frozen effective June 30, 1997 in accordance with the Plan document as amended on January 1, 1997. As of July 1, 1997, participants no longer accrue additional benefits; however, the Plan currently remains in existence subject to Plan termination (see Note 6).

Retirement Benefits

Normal retirement is age 65. The Plan permits early retirement at age 60 with five years of service. The Plan was amended effective January 1, 2011 to permit phased retirement. Under this provision an employee who (a) has attained age 62, (b) has completed at least five years of service, (c) is in the Company's employ and (d) is scheduled to provide an average of 20 hours of service or less per week on a regular and permanent basis may elect to receive an immediate reduced pension on the same basis as for early retirement.

Married participants will receive their retirement income benefits in the form of a joint and 50% survivor annuity with their spouse as survivor annuitant unless the spouse consents to a different form of settlement. Single participants will receive their retirement income benefits in the form of a straight life annuity unless they elect a different form of settlement. Settlement options include a joint and survivor annuity with a 66-2/3, 75 or 100% survivor benefit and period certain and life annuities. Subject to the spousal consent rules, the participant may select a beneficiary of any survivor annuity or guaranteed payments.

Death Benefits

A vested participant who is active can start receiving his or her benefit at any time after age 62, but subject to the above conditions if younger than age 65. If a participant dies while active and in benefit, the beneficiary's benefit amount, if any, is determined by the employee's benefit election. If a participant dies prior to the commencement of benefits, a death benefit is payable only to the participant's surviving spouse in the minimum amount required by ERISA.

Funding Policy

The Plan's funding policy is for the Company to make annual contributions to the extent necessary to satisfy minimum funding requirements of ERISA and to make such additional contributions as it determines are necessary to fund the Plan on an acceptable actuarial basis. A contribution of \$49,922 was made for the 2018 Plan year, which exceeded the minimum funding requirements of ERISA. The Company contributed \$5,820,000 in 2017 which exceeded the minimum funding requirements of ERISA.

Weston Solutions, Inc. Retirement Income Plan

Notes to Financial Statements

December 31, 2018 and 2017

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, the disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for disclosures of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains or losses on investments bought and sold, as well as held during the year.

The Plan's Joint Administrative Committee determines the Plan's valuation policies utilizing information provided by its investment advisors.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services employees have rendered. The accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) active participants or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered up to the Plan freeze date of July 1, 1997. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by a consulting actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected payment date. The Statement of Accumulated Plan Benefits is presented at December 31, 2017 and the Statement of Changes in Accumulated Plan Benefits is presented for the year ended December 31, 2017. However, these financial statements use actuarial data as of and for the year ended January 1, 2018. There is not a significant difference between the actuarial data as of December 31, 2017 and January 1, 2018. The significant actuarial assumptions used in the valuation as of January 1, 2018 (a) a life expectancy of participants (the RP-2014 mortality table projected on a fully generational basis using Scale MP-2018 for employees and healthy annuitants) (b) Retirement age assumptions (normal retirement age of 65); and (c) interest rate. The 2018 and 2017 valuations included an interest rate of 5.93% and 6.08% respectively. The 2018 valuation reflects an updated mortality improvement scale from Scale MP 2017 used in 2017. The valuation actuarial cost method is the traditional unit credit method.

Weston Solutions, Inc. Retirement Income Plan

Notes to Financial Statements

December 31, 2018 and 2017

All of the foregoing actuarial information is based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

The Company provides participant data services to the Plan at no charge. The Company pays administrative fees including accounting fees, actuarial fees, legal fees, investment management fees and the Pension Benefit Guaranty Corporation ("PBGC") insurance premiums; the Plan pays for trustee expenses (see Note 5) and certain actuarial fees. Actuarial fees paid by the Plan were \$102,093 and \$0, for the years ended December 31, 2018 and 2017, respectively. Administrative expenses of the Plan totaled \$444,155 and \$553,605 for the years ended December 31, 2018 and 2017, respectively, of which \$312,328 and \$524,128 were paid by the Company, respectively.

Payment of Benefits

Benefits are recorded when paid.

3. Information Certified by Trustee

The Plan Administrator has elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. All of the Plan's assets at December 31, 2018 and 2017 were held by Charles Schwab Trust Company, the Trustee of the Plan. Accordingly, investment amounts on the Statements of Net Assets Available for Benefits at December 31, 2018 and 2017, investment income (including net appreciation in fair value of investments and interest and dividends) on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2018 and 2017, and information included in the accompanying supplemental schedule have been compiled from statements certified as complete and accurate by the Trustee of the Plan in accordance with DOL Regulations Section 2520.103-8.

	2018	2017
Investments, at fair value	\$ 31,666,360	\$ 28,258,690
Net appreciation (depreciation) in fair value of investments	(2,137,897)	2,910,328
Dividends and interest	1,160,925	907,973

Weston Solutions, Inc. Retirement Income Plan
Notes to Financial Statements
December 31, 2018 and 2017

4. Fair Value Measurements

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurement and Disclosures* establishes a framework for measuring fair value and expands disclosures about fair value measurements in financial statements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodology used for assets measured at fair value at December 31, 2018 and 2017.

Mutual Funds

Valued at the net asset value ("NAV") of shares held by the Plan.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no transfers between levels and no changes in the methodology from 2017 to 2018.

Weston Solutions, Inc. Retirement Income Plan
Notes to Financial Statements
December 31, 2018 and 2017

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2018:

	Investments at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 1	Total
Mutual funds	\$ 31,666,360	\$ -	\$ -	\$ 31,666,360
Total investments at fair value	<u>\$ 31,666,360</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 31,666,360</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017:

	Investments at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 1	Total
Mutual funds	\$ 28,258,690	\$ -	\$ -	\$ 28,258,690
Total investments at fair value	<u>\$ 28,258,690</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 28,258,690</u>

5. Related Party Transactions

Certain Plan assets are managed by Charles Schwab. Charles Schwab is the trustee for the Plan and therefore, these transactions qualify as party-in-interest transactions. The Plan paid approximately \$29,734 and \$29,477 in fees in 2018 and 2017, respectively, to Charles Schwab, the Trustee as defined by the Plan, for trustee services. The Company and the Plan paid certain other expenses in connection with administration of the Plan (see Note 2).

The Plan is interpreted and administered by the Joint Administrative Committee of the Weston Solutions, Inc. Employee Benefit Plans, comprised entirely of the Company's management. The Committee has overall responsibility for the operation and administration of the Plan. The Committee reviews the appropriateness of the Plan's investment offerings, monitors investment performance, and provides quarterly updates to the Company's Board of Directors.

6. Plan Termination

On September 20, 2018, the Company's Board of Directors approved the termination of the Plan to be effective as of February 1, 2019. The Plan was amended January 28, 2019 to address the Plan termination. The Company received a favorable termination determination letter from the Internal Revenue Service (IRS) dated May 24, 2019 regarding Plan termination. The termination is expected to conclude within one year of the termination date. Upon termination, the Plan's assets will be allocated among Plan participants in the manner that Title IV of ERISA requires. No Plan assets will revert to the Company unless all benefit liabilities to Plan participants have been discharged in accordance with Title IV of ERISA.

Weston Solutions, Inc. Retirement Income Plan

Notes to Financial Statements

December 31, 2018 and 2017

7. Tax Status

The Plan received a favorable determination letter dated September 19, 2017 in which the IRS stated that the form of the Plan was in compliance with the applicable requirements of the Internal Revenue Code (IRC.) Other than the amendment referred to in Note 6, the Plan has not been amended since receiving the September 19, 2017 determination letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions by the Plan, and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is not subject to income tax examinations for years prior to 2015.

8. Risks and Uncertainties

The Plan invests in various investment securities. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases of defaults and credit rating downgrades. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities in the near term would materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions at any time would be material to the financial statements.

9. Subsequent Events

The Plan's management has evaluated all activity of the Plan through August 30, 2019 and concluded that there are no other subsequent events that are required to be reflected in the Plan's financial statements and disclosures.

Supplemental Schedules

Weston Solutions, Inc. Retirement Income Plan
Form 5500 Schedule H, Line 4(i): Schedule of Assets (Held at End of Year)
December 31, 2018

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investments	Cost	Current Value
Charles Schwab Trust Co.			
* Cash	Cash	\$ -	\$ 278,341
* JP Morgan High Yield Fund Select	Registered Investment Company	358,419	316,823
* PIMCO Extended Duration INSTL	Registered Investment Company	2,611,237	2,566,981
* Vanguard Developed Markets Index	Registered Investment Company	533,122	561,647
* Vanguard REIT Index Admiral Share	Registered Investment Company	279,082	320,520
* Vanguard 500 Index Fund Admiral Share	Registered Investment Company	500,133	877,365
* Vanguard Small Cap Index Fund	Registered Investment Company	318,405	548,164
* Vanguard Long Term Inv Grade Admiral Share	Registered Investment Company	28,088,947	26,189,293
* Vanguard Emerging Markets Stock Index FD ADM	Registered Investment Company	312,212	285,567
		<u>\$ 33,001,557</u>	<u>\$ 31,944,701</u>

* A party-in-interest as defined by ERISA.

The above information related to registered investment company investments has been certified as complete and accurate by Charles Schwab Trust Company, the Plan Trustee.

Weston Solutions, Inc. Retirement Income Plan
Form 5500 Schedule H, Part IV, Line 4(j): Schedule of Reportable Transactions
Year Ended December 31, 2018

(Represents transactions or a series of transactions in securities of the same issue in excess of 5% of the plan market value as of December 31, 2017)

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost (Historical) of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
* PIMCO Extended Duration INSTL	Registered Investment Company	\$ 2,939,247	\$ -	\$ -	-	\$ 2,939,247	\$ 2,939,247	\$ -
* PIMCO Extended Duration INSTL	Registered Investment Company	-	299,975	-	25	328,011	299,975	28,036
* Vanguard Developed Markets Index	Registered Investment Company	24,056	-	-	-	24,056	24,056	-
* Vanguard Developed Markets Index	Registered Investment Company	-	1,919,850	-	200	1,502,104	1,919,850	(417,746)
* Vanguard Long Term Inv Grade Admiral Share	Registered Investment Company	13,795,380	-	-	-	13,795,380	13,795,380	-
* Vanguard Long Term Inv Grade Admiral Share	Registered Investment Company	-	728,900	-	325	771,144	728,900	42,244
* Vanguard Mid Cap Index Fd Inv	Registered Investment Company	10,185	-	-	-	10,185	10,185	-
* Vanguard Mid Cap Index Fd Inv	Registered Investment Company	-	2,156,353	-	200	1,087,962	2,156,353	(1,068,391)
* Vanguard 500 Index Fund Admiral Share	Registered Investment Company	34,131	-	-	-	34,131	34,131	-
* Vanguard 500 Index Fund Admiral Share	Registered Investment Company	-	2,818,063	-	275	1,438,248	2,818,063	(1,379,815)

* Represents a party-in-interest as defined by ERISA.

The above information related to registered investment company investments has been certified as complete and accurate by Charles Schwab Trust Company, the Plan Trustee.

Weston Solutions, Inc. Retirement Income Plan
Form 5500 Schedule H, Line 4(i): Schedule of Assets (Held at End of Year)
December 31, 2018

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investments	Cost	Current Value
Charles Schwab Trust Co.			
* Cash	Cash	\$ -	\$ 278,341
* JP Morgan High Yield Fund Select	Registered Investment Company	358,419	316,823
* PIMCO Extended Duration INSTL	Registered Investment Company	2,611,237	2,566,981
* Vanguard Developed Markets Index	Registered Investment Company	533,122	561,647
* Vanguard REIT Index Admiral Share	Registered Investment Company	279,082	320,520
* Vanguard 500 Index Fund Admiral Share	Registered Investment Company	500,133	877,365
* Vanguard Small Cap Index Fund	Registered Investment Company	318,405	548,164
* Vanguard Long Term Inv Grade Admiral Share	Registered Investment Company	28,088,947	26,189,293
* Vanguard Emerging Markets Stock Index FD ADM	Registered Investment Company	312,212	285,567
		<u>\$ 33,001,557</u>	<u>\$ 31,944,701</u>

* A party-in-interest as defined by ERISA.

The above information related to registered investment company investments has been certified as complete and accurate by Charles Schwab Trust Company, the Plan Trustee.

Weston Solutions, Inc. Retirement Income Plan
Form 5500 Schedule H, Part IV, Line 4(j): Schedule of Reportable Transactions
Year Ended December 31, 2018

(Represents transactions or a series of transactions in securities of the same issue in excess of 5% of the plan market value as of December 31, 2017)

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost (Historical) of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
* PIMCO Extended Duration INSTL	Registered Investment Company	\$ 2,939,247	\$ -	\$ -	-	\$ 2,939,247	\$ 2,939,247	\$ -
* PIMCO Extended Duration INSTL	Registered Investment Company	-	299,975	-	25	328,011	299,975	28,036
* Vanguard Developed Markets Index	Registered Investment Company	24,056	-	-	-	24,056	24,056	-
* Vanguard Developed Markets Index	Registered Investment Company	-	1,919,850	-	200	1,502,104	1,919,850	(417,746)
* Vanguard Long Term Inv Grade Admiral Share	Registered Investment Company	13,795,380	-	-	-	13,795,380	13,795,380	-
* Vanguard Long Term Inv Grade Admiral Share	Registered Investment Company	-	728,900	-	325	771,144	728,900	42,244
* Vanguard Mid Cap Index Fd Inv	Registered Investment Company	10,185	-	-	-	10,185	10,185	-
* Vanguard Mid Cap Index Fd Inv	Registered Investment Company	-	2,156,353	-	200	1,087,962	2,156,353	(1,068,391)
* Vanguard 500 Index Fund Admiral Share	Registered Investment Company	34,131	-	-	-	34,131	34,131	-
* Vanguard 500 Index Fund Admiral Share	Registered Investment Company	-	2,818,063	-	275	1,438,248	2,818,063	(1,379,815)

* Represents a party-in-interest as defined by ERISA.

The above information related to registered investment company investments has been certified as complete and accurate by Charles Schwab Trust Company, the Plan Trustee.