	rm 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee Retir	rement	2016			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974		7(b) and 6058(a) of the Int		This Form is Open to Public Inspection			
	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 5500)-SF.				
For calenda	Annual Report IC	dentification Information	016	and ending 12/3	1/2016				
	turn/report is for:	a single-employer plan a one-participant plan	a multiple-employer pla	an (not multiemployer) (File ployer information in acco	ers check	•			
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mont	ths)				
C Check	box if filing under:	K Form 5558	automatic extension		DFVC pr	rogram			
	[special extension (enter descri	iption)						
Part II	Basic Plan Inform	mation—enter all requested info	ormation		-	-			
1a Name NABER ELE	of plan CTRIC CORPORATION	PENSION PLAN			(PN)	number ▶ 002			
				1	C Effec	tive date of plan 01/01/2003			
Mailing	g address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		uctions)	(EIN)	oyer Identification Number 13-3361340			
	CTRIC CORPORATION	2	C Spon	sor's telephone number 914-941-2244					
1025 SAW M YONKERS, M	IILL RIVER RD NY 10710			2	2 d Busin	ess code (see instructions) 238210			
3a Plan a	dministrator's name and	address X Same as Plan Spon	sor.	3	b Admii	nistrator's EIN			
						nistrator's telephone number			
name		blan sponsor has changed since t ber from the last return/report.	he last return/report filed fo		ID EIN				
· · · · ·		t the beginning of the plan year			5a	4			
_		t the end of the plan year			5b	4			
C Numb	er of participants with ac	count balances as of the end of t	he plan year (only defined	contribution plans	5c				
d(1) Tota	al number of active parti	cipants at the beginning of the pla	an year		5d(1)	3			
d(2) Tot	al number of active parti	cipants at the end of the plan yea	ır		5d(2)	3			
than	100% vested	rminated employment during the			5e	0			
		incomplete filing of this return r penalties set forth in the instruc							
SB or Sche		signed by an enrolled actuary, a							
SIGN	Filed with authorized/va	lid electronic signature.	08/10/2017	DINA NABER	२				
HERE	Signature of plan ad	ministrator	Date	Enter name of individual	signing a	as plan administrator			
SIGN									
HERE	Signature of employe		Date			as employer or plan sponsor			
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite numbe	r) P	reparer's	telephone number			
		age the Instructions for Form FEOD				Form 5500 SE (2016)			

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public accountant (I tions.)	IQPA)
C	If the plan is a defined benefit plan, is it covered under the PBGC in			
Pa	rt III Financial Information		-	
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	1631940	1804860
b	Total plan liabilities	7b	130137	136058
C	Net plan assets (subtract line 7b from line 7a)	7c	1501803	1668802
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	100000	
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	74512	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		174512
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	7513	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		7513
i	Net income (loss) (subtract line 8h from line 8c)	8i		166999

Part IV Plan Characteristics

j

Transfers to (from) the plan (see instructions)

9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3D 3H
	1A 3D 3H

8j

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

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			160000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Page **3-** 1

11	VI	Pension Funding Compliance							
		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co n 5500) and line 11a below)	•					X Ye	es 🗌 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Ye	es 🗙 No
		A? /es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					']	
а	lf a w	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instring the waiver.		, and e	enter tl Dav			letter ar	ruling
lf y	<u> </u>	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			,				
b	Enter	the minimum required contribution for this plan year			12b				
		the amount contributed by the employer to the plan for this plan year			12c				
	Subti	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)	ft of a		12d				
е		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N)	N/A
Part '	VII	Plan Terminations and Transfers of Assets							
		a resolution to terminate the plan been adopted in any plan year?				Yes	s)	No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a			_	
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	nt undei	the			Ye	s X	No
С	lf, du	ol of the PBGC? ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify							
		n assets or liabilities were transferred. (See instructions.) Name of plan(s):	13	a(2) E			1	20(2)	PN(s)
	36(1)		10	8 c(2) E	.111(5)		1	50(3)	FIN(5)
Part	VIII	Trust Information							
14a	Name	of trust			11h -		.		
					140	rust's E	IN		
440					140	rust's E	IN		
14C	Name	of trustee or custodian				rust's E		stodia	ın's
14C	Name				14d ⊺		s or cu		ın's
		of trustee or custodian			14d ⊺	rustee'	s or cu		in's
14C Part					14d ⊺	rustee'	s or cu		in's
Part	t IX	of trustee or custodian		/es	14d ⊺ t	rustee' elephoi	s or cu ne num	ber	
Part 15a 15b	t IX Is the How c	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		/es	14d T t	rustee' elephoi	s or cu ne num	ber	ar" ADP
Part 15a 15b	t IX Is the How c	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		/es esign- afe ha	14d T t	rustee' elephor	s or cu ne num	ber	
Part 15a 15b	t IX Is the How c 401(k) What	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes resign- afe ha DP tes Ratio	based rbor t year"	rustee' elephoi	s or cu ne num No "Pri test N/A verage	ber or yea	ar" ADP
Part 15a 15b	t IX Is the How c 401(k) What	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		/es esign- afe ha DP tes	based rbor t year"	rustee' elephoi	s or cu ne num No "Pri test N/A	ber or yea	
Part 15a 15b 16a 16b	t IX Is the How c 401(k) What year? Did th	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes esign- afe ha DP tes Ratio percen	based rbor t year"	rustee' elephoi	s or cu ne num No "Pri test N/A verage	ber or yea	ar" ADP
Part 15a 15b 16a 16b	t IX Is the How c 401(k) What year? Did th for the	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules?plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or		/es esign- afe ha Curren DP tes Ratio bercen est /es	based rbor t year" st	rustee' elephor	s or cu ne num No "Pri test N/A verage enefit te	ber or yea	ar" ADP
Part 15a 15b 16a 16b 17a	t IX Is the How c 401(k) What year? Did th for the If the the le	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules?plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or		Yes Pesign- afe ha Curren DP tes Ratio Dercen est Yes etter c	•based rbor t year" st tage	rustee' elephor	s or cu ne num No "Pri test N/A verage enefit te no verage	ber or yea est	ar" ADP
Part 15a 15b 16a 16b 17a 17b 18	t IX Is the How of 401(k) What year? Did th for the If the letter Define Were	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or tter and the serial number	F F F t F t t ter the c	resign- afe ha Curren DP tes Ratio bercen est res etter co date of	•based rbor t year" st tage	rustee' elephor	s or cu ne num No "Pri test N/A verage enefit te no verage	ber or yea est	ar" ADP

	SCH	EDULE S	BB	S	-		er Define			it Plan			OMB N	lo. 1210-0110	_
	(Fe	orm 5500)			A	Actua	rial Inform	natior	า					2016	
		ment of the Treasu											4		
	De	partment of Labor					be filed under Act of 1974 (EF					Tł	nis Form i	is Open to Public	-
		nefits Security Admining nefit Guaranty Corp					evenue Code (†							spection	
							chment to Forr	n 5500 or	5500						
		blan year 2016			inning 0	1/01/201	6			and ending	12/3	31/201	16		
		amounts to n			or late filing o	f this ren	ort unless reaso	nahle cai	ise is	established					
	Name of pla		,000 Will be t	100000001					B	Three-dig					
		ECTRIC CORF	PORATION I	PENSION	PLAN					plan numl		I)	•	002	
												,			
<u> </u>			hown on line	Do of For	m EEOO or EE	00.00			D	Employer	dontifio	otion	Number /		_
		or's name as sl ECTRIC CORF		e za or Fori	11 2200 01 22	00-5F				Employer I	13-33			EIN)	
											10-000	01340			
E ·	Type of plan	: 🗙 Single	Multiple-A	A Mult	tiple-B		F Prior year p	lan size:	X 10	0 or fewer	101-	500	More th	nan 500	
Р	Part I	Basic Infor	mation												
1		valuation date		Month	01	Day01	Year	2016							
2	Assets:								-						
		value									2a			1500455	
	b Actuari	al value									2b			1500455	
3	Funding	target/participa	int count bre	eakdown				· · ·		ber of	(2) Ve	sted F	unding	(3) Total Funding	
	6 F a a a		a and barred					· ·	articip			Targe		Target	_
					0. 7					0			0		0
								-		1			1203	120	_
										3			1493968	150873	
										4			1495171	150993	3
4							nd (b)				4-				
											. 4a	_			
							nsition rule for pling factor				^{5k} 4b				
5		interest rate									5			5.63 %	,
6	Target no	ormal cost									6			116035	
	To the best of accordance with		information supp id regulations. In	n my opinion, e	each other assump									d assumption was applied in d such other assumptions, in	
	SIGN													_	
ľ	HERE		0	anatura of									07/12/201	7	
^			SI	gnature of	actuary								Date	0	
	NDREA L /		Type o	or print nam	ne of actuary				_		Most	recent	17-06318 t enrollme	nt number	
Г	ANZIGER	& MARKHOFF		n print nam	ie of doldary						WOOT		31-501-98		
			,	Firm na	me				_	Tel	ephone			ling area code)	
	35 PINELA SUITE 245S												,	- ,	
	IELVILLE, I														
			A	Address of	the firm				_						
	e actuary ha uctions	as not fully refle	ected any reg	gulation or	ruling promu	lgated un	der the statute	n comple	ting tl	his schedule	, check	the b	ox and se	e 🗌	
		De du etterrit		a a a tha too	atmostions fo	- Fame 5		-				<u> </u>	ala adud c. O	D (Come EE00) 2040	_

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

Schedule SB (Form 5500) 2016 v. 160205

P	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	lances								
_							(a) C	arryover balance		(b) P	Prefundir	ng bala	nce	
7		-	• • •		able adjustments (line 13 fron)			237	194	
8				5	nding requirement (line 35 fro				C			38	147	
9	Amount	remaining	g (line 7 minus line	9 8)					C			199	047	
10	Interest	on line 9	using prior year's	actual retur	rn of <u>1.48</u> %				C			2	946	
11	Prior yea	ar's exces	s contributions to	be added t	to prefunding balance:									
	a Prese	nt value c	of excess contribut	ions (line 3	88a from prior year)								0	
					over line 38b from prior year interest rate of $\frac{4.83}{2}$ %								0	
	• •			•	dule SB, using prior year's a	ctual								
					r to add to prefunding balance							0		
	d Portic	n of (c) to	be added to prefu	unding bala	ance								0	
12)				0	
					or deemed elections))			201	993	
		-			ine 10 + line 11d – line 12)				5			201	000	
	Part III		ding Percenta	-						<u> </u>	14		25.000/	
											14		35.99% 35.99%	
					f determining whether carry						16	(10.00 %	
	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce or year's funding requirement.												30.00%	
17	If the cu	rrent valu	e of the assets of	the plan is	less than 70 percent of the fu	unding target	, enter suc	h percentage			17		%	
P	Part IV	Con	tributions and	d Liquid	ity Shortfalls									
18	Contribu	itions ma	de to the plan for t	he plan yea	ar by employer(s) and employ	yees:								
1)	(a) Dat MM-DD-Y		(b) Amount p employer	-	(c) Amount paid by employees	(a) Da (MM-DD-)			(b) Amount paid by (c) employer(s)				by	
(05/01/201	7		100000										
														
						Totals 🕨	18(b)		100000) 18(c)			0	
19					uctions for small plan with a v				1					
					num required contributions fro				19a				0	
			hade to avoid restr		19b				0					
					red contribution for current yea	r adjusted to	valuation da	ate	19c			8	9463	
20		,	itions and liquidity			L				<u> </u>				
			-		e prior year?							Yes	No	
					installments for the current ye		a timely ma	anner?	F		······∐	Yes	X No	
	C If line	20a is "Y	es," see instruction	ns and con	nplete the following table as a		this plan :							
		(1) 1s	t		Liquidity shortfall as of end (2) 2nd	or quarter of	(3) 3rd				(4) 4th			
		(.) 10	-		(=/ =	1	(3) 3rd (4) 4th					•		

Page 3

F	Part V													
21	Discount	rate:												
	a Segm	ent rates:	1st segment: 4.43%	2nd segmen 5.91 S		3rd segment: 6.65 %		N/A, full yield curve used						
	b Applic	able month (er	nter code)				21b	1						
22	Weightee	d average retire	ement age				22	65						
23	Mortality	table(s) (see i	instructions)	Prescribed - combined	Presc	ribed - separate	Substitu	ute						
Pa	art VI	Miscellane	ous Items											
24		-		actuarial assumptions for the										
25	Has a me	ethod change b	been made for the current	plan year? If "Yes," see ins	structions re	garding required attach	iment	Yes 🗙 No						
	Is the pla	in required to p	provide a Schedule of Acti	ve Participants? If "Yes," se	ee instructio	ns regarding required a	ittachmen	ntX Yes 🗌 No						
27	If the pla attachme	•	alternative funding rules, e	enter applicable code and so	ee instructio	ns regarding	27							
P	art VII	Reconcilia	ation of Unpaid Min	imum Required Cont	tribution	s For Prior Years		L						
28	Unpaid n	ninimum requir	ed contributions for all pri-	or years			28	0						
29		• •		ard unpaid minimum require			29	0						
30	Remainir	ng amount of u	inpaid minimum required o	contributions (line 28 minus	line 29)		30	0						
Pa	Part VIII Minimum Required Contribution For Current Year													
31														
	a Target	normal cost (lii	ne 6)		31a	116035								
	b Excess	s assets, if app	licable, but not greater that	an line 31a			31b	0						
32	Amortiza	tion installmen	its:			Outstanding Bala	nce	Installment						
	a Net sh	ortfall amortiza	tion installment			2	211471	52043						
33	<i></i>			enter the date of the ruling I) and the waived a			33							
34	Total fun	ding requireme	ent before reflecting carryo	over/prefunding balances (li	nes 31a - 3 [.]	lb + 32a + 32b - 33)	34	168078						
				Carryover balar	nce	Prefunding balan	ice	Total balance						
35			se to offset funding			;	78615	78615						
36	Additiona	al cash require	ment (line 34 minus line 3	5)			36	89463						
37				contribution for current yea	-	-	37	89463						
38	Present	value of excess	s contributions for current	year (see instructions)										
	a Total (e	excess, if any,	of line 37 over line 36)				38a	0						
	b Portior	n included in lir	ne 38a attributable to use	yover balances	38b	0								
39	Unpaid n	ninimum requir	ed contribution for current	year (excess, if any, of line	36 over lin	ə 37)	39	0						
40	Unpaid n	ninimum requir	ed contributions for all year	ars			40	52						
Pa	rt IX	Pension	Funding Relief Und	er Pension Relief Act	t of 2010	(See Instructions)							
41	If an elec	tion was made	to use PRA 2010 funding	relief for this plan:										
	a Schedu	ule elected						2 plus 7 years 15 years						
	b Eligible	e plan year(s) f	or which the election in lin	e 41a was made			20	008 2009 2010 2011						
42	Amount o	of acceleration	adjustment				42							
43	Excess ir	stallment acce	eleration amount to be car	ried over to future plan year	S		43							

Schedule of Active Participant Data Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 1/1/2016

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	1	0	0	0	0	0	0	0	0	1
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	1	0	0	0	0	0	0	0	0	1
60-64	0	0	0	1	0	0	0	0	0	0	1
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	2	0	1	0	0	0	0	0	0	3

*Employees who have not met the minimum eligibility requirements are excluded

Average Age: 52.3

Average Service:

6

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 1/1/2016

	For Funding <u>Min Max</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>					
Interest Rates	Seg 1: 4.43% 1.39%	Seg 1: 1.82%	Pre-Retirement: 5.50%					
	Seg 2: 5.91% 3.98%	Seg 2: 4.12%	Post-Retirement: 5.50%					
	Seg 3: 6.65% 5.00%	Seg 3: 5.01%						
Pre-Retirement								
Turnover	None	None	None					
Mortality	None	None	None					
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation					
Post-Retirement								
Mortality	Male-modified RP2000 combined healthy male projected 31 & 23 years Female-modified RP2000 combined healthy female projected 31 & 23 years	2016 Applicable Mortality Table from Notice 2015-53	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F					
Assumed Benefit Form	For Funding	Lump Sum						
Calculated Effective Int	erest Rate	5.63%						
Actuarial Cost Method		The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.						

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

(Form 5500) Department of the Treasury Internet of the Treasury Internet Security Action 104 of the Employee Employee Binetis Security Action 104 of the 1074 (ERISA) and section 6059 of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Provide Binetic Security Action 1074 (The Single) File as an attachment to Form 5500 or 5500-SF. This Form is Open to Public Inspection For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 A Name of plan NaBER ELECTRIC CORPORATION PENSION PLAN B Three-digit plan number (PN) 002 C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employee Identification Number (EIN) 13-3361340 002 E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 2a 1500-045 100-2 2 Assets: 2a 100 or fewer 101-500 More than 500 3 Funding target/participant count breakdown (1) Number of participants 2a 1500-0573 4 Urbain is na t-risk status, check the box and complete lines (a) and (b). 1 1 1203 1203 4 Urbain is na t-risk status, check the box and	••••••	SCH	EDULE	SB		Single-Empl	loye	r Define	d Be	nef	it Plan			OMB I	No. 1210-01	10
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Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>								<i>.</i>			و سو د.				2010	
Procealendar band > File as an attachment to Form 5500 or 5500-SF. For calendar plan year 2016 or facal plan year beginning 0.101/02016 and ending 12/31/2016 For calendar plan year 2016 or facal plan year beginning 0.101/02016 and ending 12/31/2018 A Name of plan NABER ELECTRIC CORPORATION PENSION PLAN B Three-digit plan number (PN) 002 C Plan sponsor's name as shown on line 2a of form 5500 or 5500-SF D Employer identification Number (EIN) 13-3361340 E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part to the valuation dize: Month 01 Day 01 Year 2016 2a 1500455 2 Assets: 2a 1500456 2b 1500456 2b 1500456 3 Funding target/participants and beneficiaries receiving payment. 0 <td></td> <td>Der Employee Ben</td> <td>partment of Labor efits Security Adm</td> <td>inistration</td> <td></td> <td>Retirement Income Secu</td> <td>urity Ac</td> <td>t of 1974 (ER</td> <td>SA) and</td> <td>sect</td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td>Public</td>		Der Employee Ben	partment of Labor efits Security Adm	inistration		Retirement Income Secu	urity Ac	t of 1974 (ER	SA) and	sect			1			Public
Pound 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 NABER ELECTRIC CORPORATION PENSION PLAN Definition: A plan ourber (PN) OO2 Definition: A plan ourber (PN) OO2 Definition: Definition		Pension Ber	efit Guaranty Cor	poration		► File as an a	attachi	ment to Form	5500 or	r 550	0-SF.				0000000	
• Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan NABER ELECTRIC CORPORATION PENSION PLAN B Three digit pen number (PN) 002 C Plan sponsor's name as shown on ince 2a of Form 5500 or 5500-SF NABER ELECTRIC CORPORATION D Employer Identification Number (EIN) 13-3381340 002 E Type of plan: Single Multiple: A Multiple: A Multiple: B F Prior year plan size. (D) 100 or fewer [101-500] More than 550 More than 550 Part I Basic Information 2 2 1500455 1 Enter the valuation date: Month 01 Day 01 Year 2016 2 1500455 2 Assets: 2 1500455 1500455 3 Funding target/participant count breakdown (1) Number of 0 O (C) 100 or fewer [101-500] More than 550 3 For retired participants 1 100 or fewer [101-500] More than 550 1500455 4 Target 1 100 or fewer [101-500] More than 550 1500455 1500455 4 For retired participants 1 100 or fewer [100-500] More than 550 1500533 4 Total = 0 O (C) 1 100 or fewer [100-500] More than 550 100055 4 Target O	Fo	or calendar p	lan year 2016	or fiscal plar	i yea	r beginning 01/01	1/2016				and ending	12	/31/2	2016		
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d Total 4 1495171 1509933 4 If the plan is in at-risk status, check the box and complete lines (a) and (b).		b For terr	ninated veste	d participants							1			1203		1203
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		C For acti	ve participant	S				·····			3			1493968		1508730
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status for fewer than five consecutive years and disregarding loading factor Image: Consecutive years and disregarding loading factor 5 Effective interest rate 5 5.63 % 6 Target normal cost 6 116033 Statement by Enrolled Actuary Statement by Enrolled Actuary To the best, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE J <td></td> <td>a Funding</td> <td>g target disreg</td> <td>parding presci</td> <td>ribed</td> <td>at-risk assumptions</td> <td></td> <td></td> <td>• • • • • • • • • • • • • • • • • •</td> <td>••••••</td> <td></td> <td>4a</td> <td></td> <td></td> <td></td> <td></td>		a Funding	g target disreg	parding presci	ribed	at-risk assumptions			• • • • • • • • • • • • • • • • • •	••••••		4a				
6 Target normal cost. 6 11603 Statement by Enrolled Actuary To be 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 accurate with applicable taw and regulations. new 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 superience under the plan. SIGN HERE 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 1 0 1 1 0 1 1 0 1												4b				
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 112-3017 Signature of actuary Date Andrea L Abolafia 17-06318 Type or print name of actuary Most recent enrollment number Danziger & Markhoff, LLP (631) 501-9800 Firm name Suite 245S Melwille, NY 11747 Address of the firm Address of the firm ft he actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions	5	Effective	nterest rate			****										5.63 %
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 combination, offer my best estimate of anticipated agreemence under the plan.	6	Target no	rmal cost		·····							6				116035
HERE 112 2017 Signature of actuary Date Andrea L Abolafia 17-06318 Type or print name of actuary Most recent enrollment number Danziger & Markhoff, LLP (631) 501-9800 Firm name Telephone number (including area code) 135 Pinelawn Rd Suite 245S Melville, NY 11747 Address of the firm f the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see Image: Comparison of Stool - SF. Schedule SB (Form 5500) 2016		To the best of n accordance with combination, of	ny knowledge, the n applicable law ar	information suppl nd regulations. In a	my opi	nion, each other assumption is										
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nstructions For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2016									<u></u>	_						
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P	art II	Begir	ning of Year	Carryov	er and Prefunding Bal	ances						
1		na dha bha an an an ann an ann an ann ann ann an			(a) Carryover balance		e	(b) Prefunding balance				
7	7 Balance at beginning of prior year a year)				• •	· ·			0			237194
8				•	ding requirement (line 35 fro				0			38147
9	Amount	remaining	g (line 7 minus line	ə 8)					0			199047
10	Interest	on line 9 i	using prior year's	actual retur	n of1.48%				0			2946
11												
	a Preser	nt value o	f excess contribut	ions (line 3	8a from prior year)							0
	b(1) Int Sc	erest on t hedule St	he excess, if any, 3, using prior year	of line 38a 's effective	over line 38b from prior year interest rate of <u>4.83</u> %							0
	• •		•	•	dule SB, using prior year's ac	ļ.						
					r to add to prefunding balance	1	1.11.11					0
	d Portio	n of (c) to	be added to pref	unding bala	nce							0
12	Other re	ductions i	n balances due to	elections of	or deemed elections				0	0		
					ne 10 + line 11d - line 12)				0			201993
P	art III	Fun	ding Percenta	ades								
											14	85.99 %
											15	85.99 %
	15 Adjusted funding target attainment percentage 15 85 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 80.							80.00 %				
							17	%				
P	Part IV Contributions and Liquidity Shortfalls											
18	Contribu				r by employer(s) and employ	ees:						
()	(a) Date (b) Amount paid by (MM-DD-YYYY) employer(s)				(c) Amount paid by employees	(a) Da (MM-DD-Y				y (c) Amount paid by employees		
	05-01-201	7		100000								
						·····			******			
<u> </u>	<u>anna a</u>			<u>1996), 199</u>	and a state of the	Totals ►	18(b)		10000	0 18(c)		0
19							للمحتجب والمسالي	perciping of the				
10	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. 19											
b Contributions made to avoid restrictions adjusted to valuation date								0				
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date						89463					
20	20 Quarterly contributions and liquidity shortfalls:						Nad Gal					
a Did the plan have a "funding shortfall" for the prior year?												
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			t		(2) 2nd		(3) 3	Brd			4) 4th	

Page 3

Part V Assumptions Used to Determine Funding Target and Target Normal Cost									
21	Discount	rate:							
				3rd segment 6.65 %		N/A, full yield curve used			
	b Applica	able month (er	21b	1					
22	Weighted	average retir	22	65					
		able(s) (see			escribed - separate	Substit	ute		
Pa	art VI	Miscellane	ous Items				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.								
25	Has a me	thod change l	been made for the current plan	year? If "Yes," see instructions	s regarding required attac	hment	Yes 🛛 No		
26	Is the pla	n required to p	provide a Schedule of Active P	articipants? If "Yes," see instruc	ctions regarding required	attachmer	itX Yes 🗌 No		
27				applicable code and see instru-		27			
P	art VII	Reconcili	ation of Unpaid Minimu	m Required Contributio	ons For Prior Years				
28	Unpaid m	inimum requir	red contributions for all prior ye	ars		. 28	0		
29				npaid minimum required contrib		29	0		
_30	Remainin	g amount of u	inpaid minimum required contr	butions (line 28 minus line 29).		. 30	0		
Pa	art VIII	Minimum	Required Contribution	For Current Year					
31	Target no	ormal cost and	f excess assets (see instruction	ns):	***********				
	a Target r	ormal cost (li	ne 6)		·····	31a	116035		
	b Excess	assets, if app	licable, but not greater than lin	e 31a		31b	0		
32	Amortizat	ion installmen	its:		Outstanding Bala	ance	Installment		
	a Net sho	rtfall amortiza	ition installment			211471	52043		
	b Waiver	amortization i	installment			-	********		
33				r the date of the ruling letter gran) and the waived amount		33			
34	Total func	ling requireme	ent before reflecting carryover/	prefunding balances (lines 31a -	- 31b + 32a + 32b - 33)	34	168078		
				Carryover balance	Prefunding bala	nce	Total balance		
35	Balances requireme		e to offset funding			78615	78615		
36	Additiona	cash require	ment (line 34 minus line 35)			36	89463		
37	Contributi	ons allocated	toward minimum required con	tribution for current year adjuste	d to valuation date (line	37	89463		
38			s contributions for current year			JJ			
			***	***********		38a	0		
	 a Total (excess, if any, of line 37 over line 36) b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 						0		
39							0		
	40 Unpaid minimum required contributions for all years						52		
	40 Unpaid minimum required contributions for all years 40 52 Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) 52								
41 If an election was made to use PRA 2010 funding relief for this plan:									
	a Schedule elected								
	b Eligible plan year(s) for which the election in line 41a was made								
42	12 Amount of acceleration adjustment								
				over to future plan years		43			
					······································	<u> </u>	· /····		

Naber Electric Corporation Pension Plan Employer ID# 13-3361340: Plan No. 002

Quarterly Installment Payment: \$37,818.00

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: 1/1/2016

<u>Date</u> 05-01-2017	<u>Amount</u> 37,818.00	<u>Year</u> 2016	<u>Rate</u> 10.63%	<u>Period</u> 05-01-2017 to 04-15-2016	<u>Adj Ctb</u>
05 01 2017	57,010.00	2010	5.63%	04-15-2016 to 01-01-2016	33,494.90
	37,818.00	2016	10.63%	05-01-2017 to 07-15-2016	
			5.63%	07-15-2016 to 01-01-2016	33,884.42
	24,364.00	2016	10.63%	05-01-2017 to 10-15-2016	
			5.63%	10-15-2016 to 01-01-2016	22,083.68
Totals:	100,000.00				89,463.00

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 contribution from prior years
 19a
 0.00

a	Controlations anocated toward anpaid minimum required controlation from prior years	1/4	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
с	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	89,463.00

Attachment to 2016 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 13-3361340 PN: 002

Naber Electric Corporation Pension Plan

Weighted Average Retirement Age Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 1/1/2016

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65 Completion of 5 years of participation from entry date

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 65

Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 1/1/2016

Plan Effective Date	January 1, 2003
Plan Year	From January 1, 2016 to December 31, 2016
Eligibility	All employees not excluded by class are eligible to enter on the January 1 nearest the completion of the following requirements:
	1 year of service Minimum age 18
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following:
	Attainment of age 65 Completion of 5 years of participation from entry date
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:
	5% of average compensation plus 0.65% of compensation in excess of 2016 t-2 per credited year of service with a maximum of 15 years. Credited years are 12-month periods from date of hire to the anniversaries of date of hire excluding years with less than 1,000 hours.
	The maximum monthly benefit is the lesser of \$17,500 and 100% of the highest 3-year average salary, subject to service requirements.
	The benefit is based on average salary during the highest 5 consecutive years of service from date of hire.
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	A fraction, not exceeding one, of the normal retirement benefit, calculated based on average salary on the calculation date. The numerator of the fraction is equal to the participant's credited years earned on the calculation date, and the denominator is equal to the participant's total projected credited years at normal retirement, up to a maximum of 15 credited years.
	Credited years are plan years from date of hire excluding the following:
	Years before January 1, 2002 Years with less than 1,000 hours
	invalid table name
Termination Benefit	Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 1/1/2016

	Credited Years	Vested Percent		
	1	0		
	2	20		
	3	40		
	4	60		
	5	80		
	6	100		
	Credited years are plan years from date of hire following:	e excluding the		
	Years with less than 1,000 hours			
Top-Heavy Minimum Benefit	Each participant will be entitled to a minimum accrued benefit equal to the following:			
	2% of average compensation times credit	ted years		
	Credited years are plan years from the first day of the plan year containing date of entry excluding the following:			
	Years with less than 1,000 hours Years plan is not top-heavy			
	with a maximum of 10 years			
	Benefit is based on average salary during the years of employment	highest 5 consecutive		
Top-Heavy Normal Form	A benefit payable for the life of the participant	ht		
Top-Heavy Status	A plan is top-heavy if over 60% of the value of in all of the employer's plans are for the benef key employee is generally an officer or owner plan is currently top-heavy.	fit of key employees. A		
Death Benefit	Proceeds of any insurance policies on the life the actuarial reserves under a typical Individu method less the cash value of such policies bu the larger of 100 times the anticipated retirem reserves under a typical Individual Level Prer	al Level Premium at in no event more than ent benefit or the		

Shortfall Amortization Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 1/1/2016

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

Valuation Date	Amortization <u>Method</u>	Number of Future <u>Installments</u>	<u>Installment</u>	Value of Future <u>Installments</u>
01/01/2013	7-year	4	\$39,649	\$148,787
01/01/2015	7-year	6	\$17,402	\$92,994
01/01/2016	7-year	7	<u>\$(5,008)</u>	<u>\$(30,310)</u>
Total	-		\$52,043	\$211,471