Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

2017

This Form is Open to **Public Inspection**

OMB Nos. 1210-0110

1210-0089

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

Part I		dentification Information					
For calenda	ar plan year 2017 or fise	cal plan year beginning 01/01/2	<u>2017</u>	and ending 12	/31/2017		
A This ret	turn/report is for:	a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) (F ployer information in acc		_	
P This rote	urn/report is	a one-participant plan	a foreign plan				
D mis reu	um/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)		
C Check I	box if filing under:	Form 5558	automatic extension		DFVC prog	jram	
David II	Daria Blancia	special extension (enter descr	· ,				
Part II		rmation—enter all requested inf	formation		4 h ==	P. 5	
1a Name S. E. AND K		FINED BENEFIT PENSION PLAN			1b Three-oplan nu (PN) ▶	mber	
					1c Effectiv	e date of plan 01/01/1991	
Mailing	ponsor's name (employ g address (include room		2b Employer Identification Number (EIN) 13-2676617				
	town, state or province CORPORATION	e, country, and ZIP or foreign posta	al code (if foreign, see instr	uctions)	2c Sponso	or's telephone number 212-962-5307	
					2d Busines	ss code (see instructions)	
	2ND STREET - 7B					531110	
NEW YORK,	NY 10016						
22 Dlan a	dminiatratar'a nama an	d addraga V Cama, as Dlan Char	2005		3b Adminis	atrotoria EINI	
Ja Plan a	uministrator's name and	d address X Same as Plan Spor	ISOI.		JD Adminis	Mator S EIN	
					3c Adminis	strator's telephone number	
		plan sponsor or the plan name ha sor's name, EIN, the plan name a			4b EIN		
•	or's name				4d PN		
C Plan N	lame						
5a Total	number of participants a	at the beginning of the plan year			5a	3	
b Total i	number of participants a	at the end of the plan year			5b	3	
		account balances as of the end of t		·	5c		
d(1) Tota	al number of active part	ticipants at the beginning of the pla	an year		5d(1)	0	
d(2) Tot	al number of active part	ticipants at the end of the plan yea	ar		5d(2)	0	
than	100% vested	terminated employment during the			5e	0	
		or incomplete filing of this return					
SB or Sche		er penalties set forth in the instructed signed by an enrolled actuary, a lete.					
SIGN	Filed with authorized/\	valid electronic signature.	09/18/2018	KARIN E. CHOY		_	
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	ıal signing as	plan administrator	
SIGN							
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ıal signing as	employer or plan sponsor	
						E EEOO OE (0047)	

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 									
_								Not determined		
С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
	If Yes is checked, enter the My PAA confirmation number from th	іе РВСС р	remium filing for this p	ian yea				. (See instructions.)		
Pai	t III Financial Information	_								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year		
а	Total plan assets	. 7a	60	39572				679707		
b	Total plan liabilities	. 7b		0						
С	Net plan assets (subtract line 7b from line 7a)	. 7c	60	39572				679707		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) 1	- Total		
а	Contributions received or receivable from: (1) Employers	. 8a(1)		0						
	(2) Participants	. 8a(2)		0						
	(3) Others (including rollovers)	. 8a(3)		0						
b	Other income (loss)	. 8b	Ç	95580						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						95580		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	ţ	55445						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. 8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						55445		
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i						40135		
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the ins	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plan	n Chara	cterist	ic Cod	es in the instr	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's \		*	40-		V				
b	Program)			10a		Χ				
	reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f				10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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Part	VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			0			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver	d enter t Day		of the letter Year	ruling			
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year	12b						
С	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	\Box	Yes	No	N/A			
Part '	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	s X No)			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to						
1	3c(1) Name of plan(s): 13c(2) EIN(s)	•	13c(3)	PN(s)			

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

Fo	r calendar plan year 2017 or fiscal plan year beginning 01/01/2017		and ending	g 12/3	31/2017	
	Round off amounts to nearest dollar.					
	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reaso	nable cause	e is established	d		
	Name of plan		B Three-dig	git		
	S. E. AND K. CORPORATION DEFINED BENEFIT PENSION PLAN		plan num	ber (PN) •	001
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	Identific	ation Number (E	·IN)
	S.E. AND K. CORPORATION		2 Employer	13-267		•)
				10 201	0017	
E ·	Type of plan: X Single Multiple-A Multiple-B F Prior year pl	an size: X	100 or fewer	101-	500 More th	an 500
P	Part I Basic Information			<u></u>	<u> </u>	
1	Enter the valuation date: Month 01 Day 01 Year 2	017				
2	Assets:					
	a Market value			2a		639572
	b Actuarial value			2b		639572
3	Funding target/participant count breakdown	` '	umber of	. ,	sted Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment		2	·		
	b For terminated vested participants		1		16989	16989
	c For active participants		0		0	0
	d Total		3		328882	328882
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)					
	a Funding target disregarding prescribed at-risk assumptions			4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for pla at-risk status for fewer than five consecutive years and disregarding loading factor	ans that hav	ve been in	4b		
5	Effective interest rate			5		5.19%
6	Target normal cost			6		0
Sta	tement by Enrolled Actuary					
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements a accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into ac					
	combination, offer my best estimate of anticipated experience under the plan.					·
	SIGN					
	HERE				09/17/201	8
	Signature of actuary				Date	
V	VILLIAM J CLEMANS, E.A.				17-07149)
	Type or print name of actuary			Most	recent enrollmer	nt number
L	ONG ISLAND EMPLOYEE BENEFITS GROUP				631-273-92	20
3	Firm name 25 WIRELESS BLVD		Te	lephone	number (includ	ing area code)
	IAUPPAUGE, NY 11788					
	Address of the firm					
If the	e actuary has not fully reflected any regulation or ruling promulgated under the statute in	n completin	g this schedule	e, check	the box and see	<u> </u>
	uctions	1				

P	art II	Begir	ning of Year	Carryov	er and Prefunding B	alances							
							(a) (Carryover balance		(b) P	refundir	ig balance	
7		Ū	0 , ,		able adjustments (line 13 fro	•		718				0	
8			•	•	nding requirement (line 35 f			0				0	
9	Amount	remainin	g (line 7 minus line	8)				718				0	
10	Interest	on line 9	using prior year's	actual retu	rn of6.84_%			49				0	
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:								
				,	38a from prior year)	-						0	
					a over line 38b from prior year interest rate of							0	
	` ,		•	•	edule SB, using prior year's							0	
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balanc	æ						0	
d Portion of (c) to be added to prefunding balance									0				
12	Other re	ductions i	in balances due to	elections	or deemed elections			0				0	
	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)									0			
Р	Part III Funding Percentages												
14	14 Funding target attainment percentage										14	194.23%	
					·						15	194.46%	
16					of determining whether carry				educe	current	16	191.47%	
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls								
18					ar by employer(s) and empl			T (1) 1		1 .			
(1)	(a) Dat √M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) [(MM-DD		(b) Amount pai employer(s		(C	(c) Amount paid by employees		
						Totals ▶	19/b)			19(0)			
19	Diagount	ad amala	v vor contributions	ann inntr	uctions for small plan with a	l.	18(b)	hadinaing of the ve	0	18(c)		0	
13			•		num required contributions t				9a			0	
	_				usted to valuation date				9b			0	
				•	ired contribution for current ye			_	9c			0	
20			itions and liquidity			,							
					e prior year?						П	Yes X No	
	b If line	20a is "Y	es," were required	l quarterly	installments for the current	year made in	a timely m	anner?				Yes No	
	C If line	20a is "Y	es," see instructio	ns and cor	mplete the following table as	applicable:							
		(4)			Liquidity shortfall as of en	d of quarter of	•	•			4)		
		(1) 1s	t		(2) 2nd		(3)	3rd		(4) 4th		

F	art V	Assumpti	ions Used to Deter	mine	e Funding Target an	d Targ	et Normal Cost						
21	Discount									-			-
	a Segm	ent rates:	1st segment: 4.16%		2nd segment: 5.72%		3rd segment: 6.48 %			N/A, ful	yield	curv	e used
	b Applica	able month (e	nter code)					21	b		C)	
22	Weighted	d average retir	ement age					22	2		65		
23	Mortality	table(s) (see	instructions)	Pres	cribed - combined	Presc	ribed - separate	Sub	stitute				
Pa	art VI	Miscellane	ous Items										
24		Ū	•		arial assumptions for the c	•	•				· 🖂		. V N.
													No No
	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment												
26	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment												
27					r applicable code and see			27	7				
P	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years												
28	Unpaid m	ninimum requi	red contributions for all p	rior ye	ears			28	3				
29					unpaid minimum required o			29	•				0
30	(line 19a) Remaining amount of unpaid minimum required contributions (line 28 minus line 29)							30)				0
Pá	art VIII	Minimum	Required Contribu	ution	For Current Year								
31	31 Target normal cost and excess assets (see instructions):												
	a Target	normal cost (li	ine 6)					31	а				0
	b Excess	assets, if app	olicable, but not greater t	han lin	ne 31a			31	b				
32	Amortiza	tion installmer	nts:				Outstanding Bala	nce		In	stallm	ent	
									0				0
									0				0
33					er the date of the ruling lett) and the waived am			33	3				
34	Total fun	ding requirem	ent before reflecting carr	yover/	prefunding balances (lines	s 31a - 3	1b + 32a + 32b - 33)	34	Į.				0
					Carryover balance)	Prefunding balan	ice		Tot	al bala	ance	
35			se to offset funding			0		C)				0
36								36	,				0
37	Contribut	ions allocated	I toward minimum require	ed con	ntribution for current year a	djusted	o valuation date (line	37					0
38			s contributions for currer		r (see instructions)								
					(see instructions)			38	а				0
					efunding and funding stan			38	_				0
39					ar (excess, if any, of line 36			39	_				0
40							•	40					0
Pa	rt IX	1			Pension Relief Act of			5)	1				
41	If an elec	tion was made	e to use PRA 2010 fundir	ng relie	ef for this plan:								
	a Schedu	ule elected							2	plus 7 yea	s	15	years
	b Eligible	plan year(s)	for which the election in	line 41	la was made				2008	2009	201	0	2011
42	Amount o	f acceleration	adjustment					42	2	<u>'</u>			
43	Excess in	stallment acce	eleration amount to be ca	arried	over to future plan years.			43	3				

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions: Options:

Male Nonannuitant: 2017 Nonannuitant Male Use optional combined mortality table for small plans: Yes

Female Nonannuitant: 2017 Nonannuitant Female Use discount rate transition: No

Male Annuitant:2017 Annuitant MaleLump sums use proposed regulations:Yes

Female Annuitant: 2017 Annuitant Female <u>Actuarial Equivalent Floor</u>

Applicable months from valuation month: 0 **Stability period:** plan year

Probability of lump sum: 100.00% Lookback months: 0

Use pre-retirement mortality: Yes Nonannuitant: 2017 Applicable

Annuitant: 2017 Applicable

1st <u>2nd</u> <u>3rd</u> <u>1st</u> 2nd <u>3rd</u> 2.00 3.91 **Current:** 4.66 4.73 **Segment rates:** 1.57 3.77 Override: 0.00 0.00 0.00 **High Quality Bond rates:** N/A N/A N/A

 Final rates:
 4.16
 5.72
 6.48

 Override:
 0.00
 0.00
 0.00

Salary Scale <u>Late Retirement Rates</u>

 Male:
 0.00%
 Male:
 N/A

 Female:
 0.00%
 Female:
 N/A

Withdrawal Marriage Probability Setback

Male:N/AMale:0.00%0Female:N/AFemale:0.00%

Withdrawal-Select Expense loading: 0.00%

Male: N/A <u>Disability Rates</u>

Female: N/A Male: N/A

v Retirement Rates

Early Retirement Rates Female: N/A

Male: N/A Mortality Setback

Female: N/A

Female: N/A Male: N/A 0

Subsidized Early Retirement Rates Female: N/A 0

Male: N/A Female: N/A

Name of Plan: S.E.& K. CORPORATION DEFINED BENEFIT PENSION PLAN

Plan Sponsor's EIN: 13-2676617

Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements Service/Participation Requirements

Age (yrs): 21 Definition of years: Hours worked

Age (months): 0 Continuing hours: 1,000

Wait (months): 12 Excluded classes: Union Members

Two year eligibility: No

Earnings

Total compensation excluding : 403(b)

Cafeteria Other

Prior to participation 415 prior to participation

 Retirement
 Normal
 Early
 Subsidized Early
 Disability
 Death

 Age:
 65

 Service:
 0

 Participation:
 5

 Defined:
 Plan valuation date nearest

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceN/A0Female:Actuarial EquivalenceActuarial EquivalenceN/A0

Rates - Male: N/A N/A N/A N/A Rates - Female: N/A N/A N/A N/A

Use Social Security Retirement Age: No REACT Benefits Percentage: 50.00%

Vesting Schedule: 2/20 Pre-retirement death benefit

Vesting Definition:Hours WorkedPercentage of accrued benefit:0.00%Death Benefit Payment method:PVAB

AnnuityPercentYearsNormal:Life only0.00%0QJSA:Joint and contingent50.00%0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: S.E.& K. CORPORATION DEFINED BENEFIT PENSION PLAN

Plan Sponsor's EIN: 13-2676617

Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula: Benefit formula Type of Formula: Flat benefit **Effective Date:** 01/01/1991

Percent Flat benefit non-integrated type: Total percent of salary: 50.00% **Dollar amount:** None Reduction based on: Participation

Benefit reduction for years less than: 25

Averaging

Current Compensation Apply exclusion to accrued benefit: **Projection method:** No Final Average Annualize short compensation years: Based on: No Annualize short plan years: **Highest:** 0 No

In the last: 0 Include compensations based

0 **Excluding:** Accrual on years of:

Accrual

Frozen: Yes

Hours worked Fractions based on: N/A **Definition of years:**

Precision: N/A **Continuing Died Disabled** Retired **Terminated** Accrual credit: 1000 1000 1000 1000 1000 Limit current credit

> N/A to:

0 Years based on: Participation Cap/floor years: 0.0000 Cap or floor: Maximum past accrual years: Floor Method: Fractional Accrual % per year: 0.00% No

Apply 415 before accrual:

Name of Plan: S.E.& K. CORPORATION DEFINED BENEFIT PENSION PLAN

Plan Sponsor's EIN: 13-2676617

Plan Number: 001

Form 59000-SF

Opening of the Transpirers

CREST OF LESS Poprescr Bernett Gesewater Levensekur

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be Med under sections 104 and 4065 of the Employee Featnement income Security Act of 1974 (ERISA), and sections 6057(b) and 6066(a) of the Internal Heverum Code (the Code)

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

ONE WES 1210 C110 1210 0089

2017

This Form is Open to Public Inspection

	rt Identification Information		galletioopen elektrony op 1,5,5	Autorities Section and Conference of the Confere	na z zamena na najproveniena z
For casardar part year 2017 or	Uscal gian year beginning	manufactured to be broken to be been as a second	कर्म, सम्बद्धान	and the second s	
A Tres reharringport is for	a mille-employer than	a multiple-employer plant list of periodpains empl			
20%] a one-participant par	🗋 a terego plan			
B the recoveration	the last return report	Eve final return/eport			
	an americal mismreport	u spou tym lom tepnaci	eport (less than 12 m	scribs)	
C Check box if thing under	Form 5558	[] aramalic extension		DFVC program	
	toeosi extersion lemor das	3(phpa)			
Part II BasticiPion In	formation enter all requested a	formation	politically and the second of the second of	- generalismos memberatus sementus mentus me	nga - i hi dan mara in iyo adawadan ngaron iy
1a Name of plan				1b Three digit	
S. E. MICE. CORPO		T PENSION		plan nurriber	
\$ 15 \$ 40 Ap.; \$ 3. \$ 9. \$ 10.				PNI	<u> </u>
				16 Cleare care o	*
100 mm of the contract of the	difficulty and the second seco	······································		1 01/01/199	e no el estre misso, como propries austria e del congresiona que a
	stoyer, it for a single-employer plant; ware, apt. scalar no and street, or P			2b Employer Idace	
	nost coursely and 20P or foreign pos		ikors)	(EM): 3-26	en residence - i regiment during 1 - in in il in suprim
S.E. AND M. CORPOR	-			2c Sponsor's teles	
				1212,962-	
				2d Business code	(1600 TISULKANIS)
200 BASI SUND YIRE	166				
	· · · · · · · · · · · · · · · · · · ·	GOOD BOOK OF THE PROPERTY OF T	10016		
3a Plan administrator's name	and address 🖟 Samo 🚓 Plan Spo	MISO#		3b Administrator's	EIM
				3C Administrator's	lelephone number
4 If the name and/or Eth of	the pain sponsor or the plan marke t	ras changed since the last mit.	crereport fleet for	4b Eby	riander expressió del motormosque estilla propaga Estado o 4,004 e 1800 o oso. esto e estado
	consors name. EIN the plan name	and the gran number from the	lessi return/repairi	4d PN	***************************************
a Sponsor's name c Plan Name					
Street providence reconstruction of the control of	Billionnessengalageath billion de manure - de sous en		MANAGEMENT CONTRACTOR		
Sa. Total oumbor of participan	ts, at the buginning of the plan year	e e e	, a secondary of the	5a	* A A A A A A A A A A A A A A A A A A A
b total rember dipertupas	és at the and of the plan year	April Marie Commence of the Co		5b	
 C Murrow of periodpants will complete this item? 	h account batances as of the end o	fifte plan year (only defined or	withdon plans	5c	
***************************************	sartiopants at the beginning of the p	ART YEAR		5d(1)	75
d(2) total exertises at exture t	carcipate at the end of the plan. P	57		5d(2)	3
e. Number of participants w	to berminate overpoyment during the		slits that word less	50	. •
Pran 150% reistei: Cautien: A noneith: In: Die lat	o or incomplete filing of this retu	retreport will be assessed in	iless reasonable ca	use is established.	n na nagamandan manasamuni - mila manyakilakilahappahilakilahappahilakilahap
Under penalties of perjury and 58 or Schnode NB completed	other penaltips set forth in the instru and 1997ed by an emalled actuary.	rctions. I declare that I have ex	conversed this returning	recrt, including, il appi	icable, a Schedule w knowledge and
SIGN X.24	21 K	19/18/2018 F	and the second s	-KARN E. C	ZHQY
HERE (Signature of plan	administrator [Erder certs of italian	hia synny as pan ac	himstric
SIGN	en e		namenaning namining to relative policy and the second seco		
hand the second	layerplan sporsor	ที่เหลายายายายายายายาย (สามารถสายเกรียก เพราะเกราะ เพราะเกราะ เพราะเกราะ เพราะเกราะ เพราะเกราะ เพราะเกราะ เพรา	Enter name of malnic	had sagring as employ	residence and the second contraction of the
Lor Panersonie Hadrathory Act No.	sion, and the lentractions for Form 15t	08-SF.			Form \$560-58 (3011)

	Form 5500-SF 2017		Page 2						
	Were all of the plan's assets during the plan year invested in eligib							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	and condi	itions.)	• • • • • • • • • • • • • • • • • • • •				X Yes No	
	If you answered "No" to either line 6a or line 6b, the plan cann								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance	program (see ERISA se	ection 4	021)?		Yes X No	Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC _I	premium filing for this pl	an yea	r			(See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) En	d of Year	
a	Total plan assets	7a		639 ,	572			679 , 707	
b	Total plan liabilities	7b			0				
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7с	·	639,	572			679 , 707	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а 	Contributions received or receivable from: (1) Employers	8a(1)			0				
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		95,	580				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		34.1				95,580	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		55,445					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						55,445	
i	Net income (loss) (subtract line 8h from line 8c)	8i						40,135	
j	Transfers to (from) the plan (see instructions)	8i							
Pa	rt IV Plan Characteristics				-		· · · · · · · · · · · · · · · · · · ·		
9a		feature c	odes from the List of Pla	an Cha	racteri	istic Co	des in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature co	des from the List of Pla	n Char	acteris	tic Cod	es in the inst	ructions:	
Pai	rt V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary/	Fiduciary Correction	10a		Х			
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	:? (Do not	include transactions	10b		X			
- 0				10c		Х			

10d

10e

10f

10g

10h

10i

Χ

Χ

Χ

Χ

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....

e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)....

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....

For	n 550	0-SF	2017

Page	3-	Ì	

Part	VI Pension Funding Compliance								
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio ERISA?		f	Y	′es ∑ No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the walver	d enter Da		of the letter Year	r ruling				
<u> </u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
<u>b</u>	Enter the minimum required contribution for this plan year	12b							
с	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No [N/A				
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X N	0				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to							
	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)				

SCHEDULE SB (Form 5500)

Department of the Treasury internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

2017

OMB No. 1210-0110

This Form is Open to Public Inspection

	rension benefit Guaranty Corporation	File as an	attachment to Form	5500 or 55	00-SF.			
For	calendar plan year 2017 or fiscal plar	n year beginning	01/01/2017		and endin	g	12/3	1/2017
	Round off amounts to nearest dolla							
	Caution: A penalty of \$1,000 will be a	assessed for late filing of this	report unless reasor					
A Name of plan S.E. AND K. CORPORATION DEFINED BENEFIT PENSION PLAN					Three-dig	-) >	001
	lan sponsor's name as shown on line	2a of Form 5500 or 5500-S	F	C	Employer		ation Number (E	EIN)
	· · · · · · · · · · · · · · · · · · ·							
E T	ype of plan: 🛛 Single 🔲 Multiple-A	A Multiple-B	F Prior year pla	an size: 🏻 🌣	100 or fewer	101-	500 🔲 More th	nan 500
Pá	art I Basic Information							
1	Enter the valuation date:	Month <u>1</u> Day	1Year	2017				
2	Assets:							
	a Market value					. 2a		639 , 572
	b Actuarial value		***************************************			. 2b		639,572
3	Funding target/participant count bre	akdown		. , ,	mber of ipants		sted Funding Target	(3) Total Funding Target
	a For retired participants and benefit	- · ·			2		311,893	311,893
	b For terminated vested participants				1		16,989	16,989
	c For active participants				0		0	0
	d Total	•••••••			3		328,882	328,882
4	If the plan is in at-risk status, check	the box and complete lines ((a) and (b)					
	a Funding target disregarding preso	cribed at-risk assumptions				4a		
	b Funding target reflecting at-risk as at-risk status for fewer than five co					4b		
5	Effective interest rate		***************************************			5		5.19%
6	Target normal cost					6		0
a c	ement by Enrolled Actuary o the best of my knowledge, the information supprocordance with applicable law and regulations. In ombination, offer my best estimate of anticipated	n my opinion, each other assumption is	ng schedules, statements ar s reasonable (taking into acc	nd attachments, count the experie	if any, is complet ence of the plan a	e and accu nd reasons	rate. Each prescribed able expectations) an	d assumption was applied in d such other assumptions, in
1 .	BIGN						09/17/20	18
	Sig	gnature of actuary					Date	
_WI	LLIAM J CLEMANS, E.A.						17-0714	9
т О	•	r print name of actuary					recent enrollme	
TO!	NG ISLAND EMPLOYEE BEN						(631)273-	
32	5 WIRELESS BLVD	Firm name			Тє	elephone	number (includ	ling area code)
HAI	JPPAUGE	N	Y 11788					
		Address of the firm						
If the	actuary has not fully reflected any req	gulation or ruling promulgate	d under the statute ir	completing	this schedul	e, check	the box and se	е

P	art II Beginning of Year	Carryover and Prefunding B	alances							
				(a) C	arryover balance	(b) Prefundi	ng balance		
7		after applicable adjustments (line 13 fro	•		7	18		0		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							0		
9	Amount remaining (line 7 minus lin	ne 8)			7	18		0		
10	Interest on line 9 using prior year's	actual return of <u>6.84</u> %				49	1			
11	Prior year's excess contributions to	be added to prefunding balance:				a Billion				
	a Present value of excess contribu	ıtlons (line 38a from prior year)						0		
	b(1) Interest on the excess, if any Schedule SB, using prior year	v , of line 38a over line 38b from prior year's effective interest rate of $5 \cdot 91$	ar %					0		
	• •	or year Schedule SB, using prior year's						0		
	C Total available at beginning of cur	rent plan year to add to prefunding baland	æ					0		
	d Portion of (c) to be added to pre	funding balance						0		
12	Other reductions in balances due	o elections or deemed elections				0		0		
13	Balance at beginning of current ye	ar (line 9 + line 10 + line 11d - line 12).			7	67		0		
	Part III Funding Percent				<u> </u>	<u> </u>				
		age					14	194.23%		
	***	percentage						194.46%		
	Prior year's funding percentage fo	r purposes of determining whether carn	/over/prefu	nding balance	es may be used to re	duce curre	ent 16	191.47%		
17		f the plan is less than 70 percent of the						%		
F	Part IV Contributions ar	nd Liquidity Shortfalls						-		
18		the plan year by employer(s) and empl	oyees:							
	(a) Date (b) Amount			Date	(b) Amount paid	by		(c) Amount paid by		
(1	MM-DD-YYYY) employe	r(s) employees	(IVIIVI-D	D-YYYY)	employer(s)		emp	oyees		
					:					
			Totals >	18(b)		0 1	8(c)	0		
19	Discounted employer contributions	s – see instructions for small plan with a	valuation	late after the	beginning of the ver	- V				
	• •	unpaid minimum required contributions						0		
	b Contributions made to avoid res	trictions adjusted to valuation date			19	b		0		
		nimum required contribution for current ye			<u> </u>	С		0		
20	Quarterly contributions and liquidit				l					
		ortfall" for the prior year?						Yes X No		
	b If line 20a is "Yes," were require	ed quarterly installments for the current	year made	in a timely m	anner?		 	Yes ∏ No		
		ons and complete the following table as	-	-						
		Liquidity shortfall as of en	<u> </u>		year			·····		
	(1) 1st	(2) 2nd			3rd		(4) 4t	h		

P	Part V Assumpti	ions Used to Determine	Funding Target and Targ	get Normal Cost				
21		++++++	<u> </u>					
	a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %		N/A, full yield	d curve us	sed
	b Applicable month (er	nter code)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21b			0
22	Weighted average retir	ement age			22			65
23	Mortality table(s) (see	instructions) X Pres	cribed - combined Pres	cribed - separate	Substitu	te		
Pa	art VI Miscellane	ous Items						
24			arial assumptions for the current p					No
25	Has a method change	been made for the current plar	n year? If "Yes," see instructions r	egarding required attach	ment		Yes X	No
26	Is the plan required to p	provide a Schedule of Active F	articipants? If "Yes," see instructi	ons regarding required a	ttachment		Yes X	No
27	· · · · · · · · · · · · · · · · · · ·		r applicable code and see instructi		27			
P	art VII Reconcili	ation of Unpaid Minimu	um Required Contribution	s For Prior Years				
28	Unpaid minimum requi	red contributions for all prior ye	ears		28			
29			unpaid minimum required contribu		29			0
30	Remaining amount of u	unpaid minimum required conti	ibutions (line 28 minus line 29)		30			0
Pa	art VIII Minimum	Required Contribution	For Current Year					
31	Target normal cost and	d excess assets (see instructio	ns):					
	a Target normal cost (li	ine 6)			31a			0
			ne 31a	T	31b			
32	Amortization installmer	nts:		Outstanding Bala	nce	Installr	ment	
	_				0			0
					Q			0
			r the date of the ruling letter grant) and the waived amount		33			
34	Total funding requirem	ent before reflecting carryover	prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34			0
			Carryover balance	Prefunding balar	ice	Total ba	alance	
35	Balances elected for us	se to offset funding	0		0			0
36	Additional cash require	ement (line 34 minus line 35)			36	· · · · · · · · · · · · · · · · · · ·		0
37			ntribution for current year adjusted	•	37			0
38	Present value of exces	s contributions for current year	r (see instructions)		•			
	a Total (excess, if any,	of line 37 over line 36)			38a		-	0
	b Portion included in III	ne 38a attributable to use of pr	efunding and funding standard ca	rryover balances	38b			0
39	Unpaid minimum requi	red contribution for current yea	ır (excess, if any, of line 36 over li	ne 37)	39			0
40	Unpaid minimum requi	red contributions for all years.			40			0
Pa	rt IX Pension	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions	s)			
41	If an election was made	e to use PRA 2010 funding reli	ef for this plan:					
	a Schedule elected					2 plus 7 years	15 yea	ars
	b Eligible plan year(s)	for which the election in line 4°	la was made		20	08 2009 20	10 20	11
42	Amount of acceleration	adjustment			42			
43	Excess installment acc	eleration amount to be carried	over to future plan years		43			

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For	calendar plan year 2017 or fiscal plan year beginning		and ending	g				
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable	e cause is	s established	d.				
	lame of plan	В						
C P	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D	D Employer Identification Number (EIN)					
Ет	ype of plan: Single Multiple-A Multiple-B F Prior year plan siz	ze: 10	00 or fewer	101-	500 More th	nan 500		
Pa	art I Basic Information							
1	Enter the valuation date: Month Day Year							
2	Assets:							
	a Market value			. 2a				
	b Actuarial value			2b				
3	Funding target/participant count breakdown	(1) Num particip		. ,	sted Funding Target	(3) Total Funding Target		
	a For retired participants and beneficiaries receiving payment							
	b For terminated vested participants							
	C For active participants							
	d Total							
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)							
	a Funding target disregarding prescribed at-risk assumptions			4a				
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans the at-risk status for fewer than five consecutive years and disregarding loading factor			4b				
5	Effective interest rate			5		%		
6	Target normal cost			6				
T a	ement by Enrolled Actuary on the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and atta accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account to combination, offer my best estimate of anticipated experience under the plan.							
	BIGN IERE							
	Signature of actuary				Date			
	Type or print name of actuary	Most r	ecent enrollme	nt number				
	Firm name		Te	lephone	number (includ	ding area code)		
	Address of the firm							
	actuary has not fully reflected any regulation or ruling promulgated under the statute in conctions	mpleting tl	his schedule	e, check	the box and se	е		

Page 2 -				
-----------------	--	--	--	--

Pa	art II	Begin	ning of Year	Carryov	ver and Prefunding B	alances								
			g 0 0		<u> </u>			(a) C	arryover balance	,	(b) F	Prefundir	ng bala	nce
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)													
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)													
9	Amount i	emaining	g (line 7 minus line	8)										
10	Interest of	on line 9 ເ	using prior year's	actual retu	rn of%									
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:									
	a Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)									
	b(1) Into Sch	erest on t nedule SE	he excess, if any, B, using prior year	of line 38a 's effective	a over line 38b from prior ye e interest rate of	ear _%								
	b(2) Inte	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's	actual	-							
	C Total a	vailable at	t beginning of curre	ent plan yea	ar to add to prefunding baland	œ	-							
	d Portion	n of (c) to	be added to pref	unding bala	ance									
12	Other red	ductions i	n balances due to	elections	or deemed elections									
13	Balance	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 12)									
Р	art III	Fun	ding Percenta	ages										
14	Funding	target att	ainment percenta	ge								14		%
15	Adjusted	funding t	target attainment	percentage	ə							15		%
16	6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									%				
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls									
18	Contribut	ions mad	de to the plan for t	he plan ye	ar by employer(s) and emp	loyees:								
(1)	(a) Date MM-DD-Y		(b) Amount p employer				(b) Amount paid by employer(s)			(c) Amount paid by employees			by	
(,	Ginpleyer	(0)	Cimpioyece	(IVIIVI D		,	omployo	(0)		Ompic	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
						Totals ▶	•	18(b)			18(c)			
19	Discount	ed emplo	yer contributions	– see instr	ructions for small plan with a	a valuation o	late	after the	beginning of the	year:				
a Contributions allocated toward unpaid minimum required contributions from prior years														
b Contributions made to avoid restrictions adjusted to valuation date														
					ired contribution for current ye	ear adjusted	to va	luation d	ate	19c				
20	•		tions and liquidity										V [7
		•	-		ne prior year?							느	Yes	∐ No
				-	installments for the current	-		timely ma	anner?				Yes	No
	C If line	20a is "Ye	es," see instructio	ns and cor	nplete the following table as			nio nic	100r					
		(1) 1st	<u> </u>		Liquidity shortfall as of er (2) 2nd	iu oi quarter	UI (I		year 3rd			(4) 4th	l	
		. ,			, ,			. ,				. ,		
						•				•				

Part V Assumptions Used to Determine Funding Target and Target Normal Cost										
21	Discount	rate:								
	a Segme	ent rates:	1st segment:		2nd segment: %	3rd segment:		N/A, full yield curve used		
	b Applica	able month (er	21b							
22							22			
23	Mortality	table(s) (see	instructions)	Pres	cribed - combined Pre	escribed - separate	Substit	ute		
Pa	art VI	Miscellane	ous Items							
24	4 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 I	been made for the curr	ent plar	n year? If "Yes," see instruction	s regarding required attach	nment			
26	Is the pla	n required to p	provide a Schedule of	Active F	Participants? If "Yes," see instru	ctions regarding required a	attachmer	nt		
27		•	-		r applicable code and see instru		27			
P	art VII	Reconcilia	ation of Unpaid N	/linim	um Required Contribution	ons For Prior Years				
28	Unpaid m	inimum requir	red contributions for all	prior ye	ears		28			
29					unpaid minimum required contril	' '	29			
30	Remainin	g amount of u	ınpaid minimum requir	ed cont	ributions (line 28 minus line 29)		30			
Pá	art VIII	Minimum	Required Contril	oution	For Current Year					
31			d excess assets (see in					T		
	_						31a			
				than lii	ne 31a		31b			
32		ion installmen				Outstanding Bala	nce	Installment		
	_									
33					er the date of the ruling letter gra					
	(Month _	D	ay Year) and the waived amount .		33			
34	Total fund	ding requireme	ent before reflecting ca	rryover	/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34			
					Carryover balance	Prefunding balar	nce	Total balance		
35			se to offset funding							
36	Additiona	l cash require	ment (line 34 minus lin	e 35)			36			
37			•		ntribution for current year adjuste	,	37			
38	Present v	alue of excess	s contributions for curr	ent yea	r (see instructions)					
	a Total (e	xcess, if any,	of line 37 over line 36)				38a			
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38									
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)									
	40 Unpaid minimum required contributions for all years									
Pa	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)									
41	41 If an election was made to use PRA 2010 funding relief for this plan:									
	a Schedu	le elected					[2 plus 7 years 15 years		
	b Eligible	plan year(s) f	or which the election in	n line 4	la was made		20	008 2009 2010 2011		
42	Amount o	f acceleration	adjustment				42			
43	Excess in	stallment acce	eleration amount to be	carried	over to future plan years		43			

Attachment to 2017 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name S.E. AND K. CORPORATION DEFINED BENEFIT PENSION PLAN	EIN:	13-2676617							
Plan Sponsor's Name S.E. AND K. CORPORATION	PN:	001							
The weighted average retirement age is equal to the normal retirement age of65	-								
List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.									
The Weighted Average Retirement Age is the Normal Retirement Age	under	the Plan.							