Form 5500	•	rt of Employee Benefit Plan		OMB Nos. 12	210-0110
Department of the Treasury	and 4065 of the Employee Retirem	r employee benefit plans under sections 104 ent Income Security Act of 1974 (ERISA) and			
Internal Revenue Service		of the Internal Revenue Code (the Code).		2017	
Department of Labor Employee Benefits Security Administration		entries in accordance with ons to the Form 5500.			
Pension Benefit Guaranty Corporation	-		This	Form is Open to Pu Inspection	ıblic
	entification Information				
For calendar plan year 2017 or fisca	al plan year beginning 01/01/2017	and ending 12/31/20	017		
A This return/report is for:	a multiemployer plan	a multiple-employer plan (Filers checking t participating employer information in accor			ns.)
	X 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 1	2 months)	
C If the plan is a collectively-barga	ined plan, check here			• 🗆	
D Check box if filing under:	X Form 5558	automatic extension	□ th	e DFVC program	
D Check box in hing under.	special extension (enter description)			e Dr vo program	
Part II Basic Plan Inform	nation—enter all requested informatio				
1a Name of plan		11	1b	Three-digit plan	
•	, INC. RETIREMENT PLAN AND TRUS	ST		number (PN) >	002
			1c	Effective date of pla 03/31/1986	an
	r, if for a single-employer plan) apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code	(if foreign, see instructions)	2b	Employer Identifica Number (EIN) 14-1442194	ition
PERRECA ELECTRIC COMPANY,	INC.		2c	Plan Sponsor's tele number 845-564-2080	
520 BROAD WAY PO BOX 2530 NEWBURGH, NY 12550-0772	520 BROA PO BOX 25 NEWBURG		2d	Business code (see instructions) 238210	e

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	Filed with authorized/valid electronic signature.	10/10/2018 Date	LUDWIG BACH 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 (2017) v. 170203

	Form 5500 (2017) Page 2		
3a	Plan administrator's name and address X Same as Plan Sponsor	3b Ad	ministrator's EIN
			ninistrator's telephone mber
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,	4b EII	N
а	enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: Sponsor's name	4d PN	
C	Plan Name		
5	Total number of participants at the beginning of the plan year	5	15
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	. 6a(1)	13
a(2) Total number of active participants at the end of the plan year	. 6a(2)	15
b	Retired or separated participants receiving benefits	. 6b	5
С	Other retired or separated participants entitled to future benefits	. 6c	15
d	Subtotal. Add lines 6a(2), 6b, and 6c	. 6d	35
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	. 6e	0
f	Total. Add lines 6d and 6e	. 6f	35
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	0
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	. 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:

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 fur	nding	arrangement (check all that apply)	9b P	an ber	nefit a	arrangement (check all that apply)
	(1)	X	Insurance	(1)	X	Insurance
	(2)		Code section 412(e)(3) insurance contracts	(2)		Code section 412(e)(3) insurance contracts
	(3)	X	Trust	(3)	X	Trust
	(4)		General assets of the sponsor	(4)		General assets of the sponsor
10	Check a	all ap	plicable boxes in 10a and 10b to indicate which schedules are at	tached,	and, w	here	indicated, enter the number attached. (See instructions)
а	Pensio	n Scl	hedules	bo	enera	l Sch	nedules
	(1)		R (Retirement Plan Information)	(*)		H (Financial Information)
	(2)	П	MP (Multiamplayor Defined Panefit Blan and Cartain Manay	(2	2)	X	I (Financial Information – Small Plan)
	(2)	Ш	MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(;	5)	X	_1 A (Insurance Information)
			actuary	(4	!)		C (Service Provider Information)
	(3)	X	SB (Single-Employer Defined Benefit Plan Actuarial	(!	j)		D (DFE/Participating Plan Information)
			Information) - signed by the plan actuary	(i)		G (Financial Transaction Schedules)

Page 3

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
2520.	plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 101-2.)
11b Is the	plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)
Recei	the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the pt 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 pt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE	•	Incuran	oo Informati	ion			
(Form 5500		insuran	ce Informati	ion		ON	IB No. 1210-0110
Department of the Treas		This schedule is require	d to be filed under se	ection 104 of th	ne		
Internal Revenue Serv Department of Labo		Employee Retirement Ir	ncome Security Act of	f 1974 (ERISA	.).		2017
Employee Benefits Security Ad	ministration	File as an a	attachment to Form	5500.			
Pension Benefit Guaranty Co	prporation	Insurance companies pursuant to	are required to provid ERISA section 103(a		tion	This For	rm is Open to Public Inspection
For calendar plan year 20	17 or fiscal plar	n year beginning 01/01/2017		and er	nding 12/3	31/2017	Γ
A Name of plan PERRECA ELECTRIC CO	OMPANY, INC.	RETIREMENT PLAN AND TRU	JST		e-digit 1 number (P	'N) 🕨	002
0							
C Plan sponsor's name a PERRECA ELECTRIC CO					oyer Identific 1442194	cation Number	(EIN)
		ning Insurance Contrac					
1 Coverage Information:							
(a) Name of insurance ca THE U.S. LIFE INSURANC							
	(c) NAIC	(d) Contract or	(e) Approximate	e number of		Policy or c	ontract year
(b) EIN	code	identification number	persons covere policy or cont		(f)	From	(g) To
		47101		7	01/01/201	17	12/31/2017
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	tal commissions paid	. List in line 3	the agents,	, brokers, and o	other persons in
(a) Total a	amount of com	missions paid		(b) T	otal amount	of fees paid	
		0					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report	all persons).			
	(a) Name a	nd address of the agent, broker	, or other person to w	hom commise	sions or fees	s were paid	
(b) Amount of sales ar			es and other commis	and other commissions paid			
commissions pa	Id	(c) Amount		(d) Purpos	e		(e) Organization code
	(a) Name a	nd address of the agent, broker	, or other person to w	hom commiss	sions or fees	s were paid	
	T	Fa	es and other commis	sions paid			
(b) Amount of sales ar commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
			<u> </u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

Schedule A (Form 5500) 2017

S	Schedule A (Form 5500) 2017	Page 3		
Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	vidual contracts with eac	n carrier may be treated as a unit for	ourposes of
4 Current	value of plan's interest under this contract in the general account at year	end		
5 Current	value of plan's interest under this contract in separate accounts at year e	end		
6 Contract	ts With Allocated Funds:			
a Sta	ate the basis of premium rates 🕨			
	emiums paid to carrier			
	emiums due but unpaid at the end of the year			
ret	he carrier, service, or other organization incurred any specific costs in co ention of the contract or policy, enter amount			
Sp	ecify nature of costs			
е Ту	pe of contract: (1) 🛛 individual policies (2) 🗌 group deferre	d annuity		
	other (specify)			
(0)				
f If c	contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here		
	ts With Unallocated Funds (Do not include portions of these contracts ma			
		•		
а ту		ate participation guarant	20	
	(3) guaranteed investment (4) other	•		
b Ba	lance at the end of the previous year			
C Ad	ditions: (1) Contributions deposited during the year	7c(1)		
(2)	Dividends and credits	= (a)		
(3)	Interest credited during the year	7c(3)		
(4)	Transferred from separate account	7c(4)		
(5)	Other (specify below)	7c(5)		
•				
(6)	Total additiona			
. ,	Total additions al of balance and additions (add lines 7b and 7c(6))			
			74	
		7e(1)		
	Disbursed from fund to pay benefits or purchase annuities during year			
	Administration charge made by carrier Transferred to separate account			
()				
(4)	Other (specify below)			
▶				
(5)	Total deductions			
f Ba	lance at the end of the current year (subtract line 7e(5) from line 7d)			

f
•

Ρ	art		Welfare Benefit Contract Informa	tion				
			If more than one contract covers the same of					
			the information may be combined for reporti employees, the entire group of such individu					
8	Bon	ofit ar	nd contract type (check all applicable boxes)					
U	Г	-			م [Vision		
	a	4	alth (other than dental or vision)	b Dental	c	Vision		d Life insurance
	е	Те	mporary disability (accident and sickness)	f Long-term disabilit	ty g	Supplemental unemp	oloyment	h Prescription drug
	i [Sto	op loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m	Ot	her (specify)					
	L							
9	Expe	erienc	e-rated contracts:					
	a	Premi	iums: (1) Amount received		9a(1)			
		(2) Ir	ncrease (decrease) in amount due but unpaid		9a(2)			
		(3) Ir	crease (decrease) in unearned premium res	erve	9a(3)			
		(4) E	arned ((1) + (2) - (3))				9a(4)	
	b	Bene	efit charges (1) Claims paid		9b(1)			
		(2) Ir	crease (decrease) in claim reserves		9b(2)			
		(3) Ir	ncurred claims (add (1) and (2))				9b(3)	
		(4) C	laims charged				9b(4)	
	С	Rem	nainder of premium: (1) Retention charges (or	n an accrual basis)				
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs		9c(1)(C)			_
		(D) Other expenses		9c(1)(D)			_
		(E) Taxes		9c(1)(E)			_
			F) Charges for risks or other contingencies					_
		(G) Other retention charges		9c(1)(G)			
			H) Total retention	_			9c(1)(H)	
		(2) E	Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)	
	d	State	us of policyholder reserves at end of year: (1)	Amount held to provide	benefits afte	r retirement	9d(1)	
		(2) (Claim reserves				9d(2)	
		(3) (Other reserves				9d(3)	
	е	Divio	dends or retroactive rate refunds due. (Do no	t include amount entered	d in line 9c(2)) .)	9e	
10	No	nexp	erience-rated contracts:					
	а	Tota	I premiums or subscription charges paid to ca	arrier			10a	
	b		e carrier, service, or other organization incurre					
		reter	ntion of the contract or policy, other than repo	rted in Part I, line 2 abov	e, report amo	ount	10b	

Part IV	Provision of Information			
11 Did the	insurance company fail to provide any information necessary to complete Schedule A?	Yes	×	No

12 If the answer to line 11 is "Yes," specify the information not provided.

Specify nature of costs.

	SCH		B	Sir	nale-Fr	nnlov	/er Define	d Re	nefit	Plan			OMB	No. 1210-0110
		orm 5500)	-		-		rial Inform			i iuii				0047
	Depar	r tment of the Treasu												2017
		nal Revenue Service		This scl	hedule is re	quired to	be filed under s Act of 1974 (ER	section 10	04 of the	Employe	ee			
	Employee Be	nefits Security Admi		Retreint			Revenue Code (t			0009 01	uie	11		is Open to Public spection
		nefit Guaranty Corp				an atta	chment to Forn	n 5500 or	r 5500-S	F.				
		plan year 2017			ning 0	1/01/201	7		а	nd endin	g 12/	31/201	17	
		amounts to n			late filing of	f this ran	ort unless reasc	nahla ca	م ادم ا	tablisho	Ч			
-	Name of pla				late hing of				_	Three-di				
	•	ELECTRIC CC	OMPANY, IN	IC. RETIREM	IENT PLAN	I AND TF	RUST			plan num	0	1)	•	002
									-					
C	Plan spons	or's name as sl	hown on line	2a of Form	5500 or 550	00-SF			DE	mplover	Identific	ation	Number (I	=IN)
		ELECTRIC CC										42194)
						-								
Ε٦	ype of plar	: X Single	Multiple-A	A Multipl	e-B		F Prior year p	lan size:	X 100 c	or fewer	101	-500	More th	nan 500
Р	art I	Basic Infor	mation											
1	Enter the	valuation date	:	Month 0	<u>1</u> D	01_01	Year 2	017	_					
2	Assets:										. 2a			2525444
											2a 2b			3535114 3535114
3		target/participa						1	Numbe	of	-	ested F	unding	(3) Total Funding
U	i unung	largel/participa		akuowii				· · ·	articipan		(_)	Targe	-	Target
	a For ret	ired participant	s and benefi	iciaries recei	ving payme	nt				5			2520362	2520362
			• •							15			221387	221387
										25			555151	555620
4										45			3296900	3297369
4						. ,	nd (b)				4a			
							nsition rule for pl							
							ng loading factor				4b			
5	Effective	interest rate									5			5.78%
6	0	ormal cost									6			0
	To the best of accordance wi		information supp d regulations. In	n my opinion, eac	h other assump									d assumption was applied in d such other assumptions, in
	SIGN													
ŀ	IERE												09/26/201	8
			Się	gnature of ac	tuary								Date	
A	ARON VEI	NOUZIOU	Time e		-ft						Maat		17-0229	
P	ENCERT L	тр	туре о	r print name	of actuary						WOSt		30-789-07	nt number
		.10		Firm name	9				·	Te	elephone			ling area code)
	35 N CASS S WESTM	S AVENUE ONT, IL 60559									·		,	о ,
			Ą	Address of th	e firm									
	actuary ha	as not fully refle	ected any ree	gulation or ru	ling promul	gated un	ider the statute i	n comple	eting this	schedul	e, check	the b	ox and se	e
For	Paperwoi	k Reduction A	Act Notice, s	see the Instr	uctions for	r Form 5	500 or 5500-SF					S	chedule S	B (Form 5500) 2017

v. 170203

Pa	art II	Begir	nning of Year	Carryove	er and Prefunding Bal	ances							
							(a) Ca	arryover balance		(b) P	refundir	ıg balaı	nce
7		0	0 1 2	••	ble adjustments (line 13 from	•		117364				442	299
8				,	nding requirement (line 35 from			0					0
9	Amount	remaining	g (line 7 minus line	8)				117364				442	299
10	Interest	on line 9	using prior year's a	actual retur	n of <u>8.98</u> %			10539				39	978
11	Prior yea	ar's exces	s contributions to	be added to	o prefunding balance:								
	a Preser	nt value o	of excess contributi	ons (line 3	8a from prior year)							2173	348
					over line 38b from prior year interest rate of 6.00%							130	041
	• •		•		chedule SB, using prior year's actual								0
					r to add to prefunding balance							2303	
	d Portio	n of (c) to	be added to prefu	Inding bala	ince								0
12	Other re	ductions i	in balances due to	elections of	or deemed elections			0					0
					ine 10 + line 11d – line 12)			127903				482	277
	art III		ding Percenta										
14	Funding			-							14	10	1.86%
											15	10	7.21%
	-			ourposes o	f determining whether carryo	ver/prefundir	ng balance	s may be used to	reduce				9.84%
17	•	-				Opercent of the funding target, enter such percentage.					17		%
	art IV		tributions and										
18	Contribu	tions mad	de to the plan for th	ne plan yea	ar by employer(s) and employ	ees:							
()	(a) Dat MM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount pa employer(s		(c)	Amour emplo	•	у
0	9/14/2018	3		240000					,		· · · ·	-	
						Totals 🕨	18(b)		240000	18(c)			0
19	Discount	ed emplo	oyer contributions -	- see instru	uctions for small plan with a v	aluation date	e after the l	beginning of the y	ear:				
	a Contri	butions a	llocated toward un	paid minim	num required contributions fro	m prior year	rs	1	9a				0
	b Contri	butions m	nade to avoid restr	ictions adju	usted to valuation date			1	9b				0
	C Contri	outions all	located toward mini	mum requir	red contribution for current year	adjusted to	valuation da	ate 1	9c			218	8118
20	Quarterl	/ contribu	itions and liquidity	shortfalls:									
	a Did th	e plan ha	ive a "funding shor	tfall" for the	e prior year?						X	Yes	No
	b If line	20a is "Y	es," were required	quarterly in	nstallments for the current ye	ar made in a	a timely ma	anner?			🗙	Yes	No
	C If line	20a is "Y	es," see instructior	ns and com	plete the following table as a	pplicable:						-	-
					Liquidity shortfall as of end		this plan y	vear					
		(1) 1s	t		(2) 2nd		(3) 3	3rd	+	(4) 4th		

Page 3

P	art V	Assumpti	ions Used to Determin	e Funding Target and T	arget Normal Cost						
21	Discount	rate:									
	a Segm	Segment rates:1st segment:2nd segment:3rd segm4.16 %5.72 %6.4						N/A, ful	l yield cu	irve use	d
	b Applic	able month (er	nter code)			21	b		4		
22	Weighted	d average retire	ement age			. 22	2		62		
23	Mortality	table(s) (see i	instructions) X Pres	scribed - combined	escribed - separate	Sub	stitute				
Pa	art VI	Miscellane	ous Items								
24		-	•	arial assumptions for the currer					·	es X I	No
25	Has a me	ethod change b	been made for the current pla	n year? If "Yes," see instruction	ns regarding required attac	hment			Y	es 🗙 I	No
26	Is the pla	in required to p	provide a Schedule of Active I	Participants? If "Yes," see instru	uctions regarding required	attachi	ment		X Y	es 🗌 I	No
27	•	•	alternative funding rules, ente	er applicable code and see instr	uctions regarding	27	,				
Р	art VII Reconciliation of Unpaid Minimum Required Contributions For Prior Yea										
28	Unpaid n	ninimum requir	red contributions for all prior y	ears		. 28	3			0	
29				unpaid minimum required contr		29				0	
30	Remainir	ng amount of u	inpaid minimum required cont	ributions (line 28 minus line 29)		. 30)			0	
Pa	art VIII	Minimum	Required Contribution	n For Current Year							
31	Target n	ormal cost and	d excess assets (see instruction	ons):							
	a Target	normal cost (lii	ne 6)			31	а			0	
	b Excess	s assets, if app	olicable, but not greater than li	ne 31a		. 31	b			0	
32	Amortiza	tion installmen	nts:		Outstanding Bala	ance		In	stallmen	t	
	a Net sh	ortfall amortiza	ation installment				0			0	
	b Waiver	r amortization i	installment				0			0	
33				er the date of the ruling letter gr) and the waived amount		33	5				
34	Total fun	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a	ı - 31b + 32a + 32b - 33)	. 34	L I			0	
				Carryover balance	Prefunding bala	nce		To	al balan	се	
35			se to offset funding	0		0				0	
36	Additiona	al cash require	ment (line 34 minus line 35)			36	;			0	
37			•	ntribution for current year adjus		37	,			218118	
38	Present	value of excess	s contributions for current yea	r (see instructions)							
	a Total (e	excess, if any,	of line 37 over line 36)			38	а			218118	
	b Portion	n included in lin	ne 38a attributable to use of p	refunding and funding standard	carryover balances	38	b				
39	Unpaid n	ninimum requir	red contribution for current ye	ar (excess, if any, of line 36 ove	r line 37)	39)			0	
40	Unpaid n	ninimum requir	red contributions for all years.			40)				
Ра	rt IX	Pension	Funding Relief Under	Pension Relief Act of 20	10 (See Instructions	s)					
41	If an elec	tion was made	e to use PRA 2010 funding rel	ief for this plan:							
	a Schedu	ule elected					2	plus 7 yea	's 7	15 years	;
	b Eligible	e plan year(s) f	for which the election in line 4	1a was made			2008	2009	2010	2011	
42	Amount o	of acceleration	adjustment			42	2	-			
43	Excess ir	stallment acce	eleration amount to be carried	over to future plan years		43	;				

	SCHEDULE I	Financial In	form	ation—	Small	Plan		OMB No. 1210-0110
	(Form 5500)				•			
	Department of the Treasury	This schedule is required t						2017
	Internal Revenue Service	Retirement Income Security		74 (ERISA), Code (the (n 6058(a) of the	•	This Form is Open to Public
	Department of Labor Employee Benefits Security Administration			hment to Fo	,			Inspection
	Pension Benefit Guaranty Corporation							
-	calendar plan year 2017 or fiscal pl	an year beginning 01/01/2017					2/31/20	17
	Name of plan RECA ELECTRIC COMPANY, INC.	RETIREMENT PLAN AND TR	UST			e-digit number (PN)	►	002
				-	pian			002
C	Plan sponsor's name as shown on li	ne 2a of Form 5500			D Emplo	yer Identificatio	n Num	ber (EIN)
PER	RECA ELECTRIC COMPANY, INC.				14	-1442194		
Con	nplete Schedule I if the plan covered	fower then 100 participants on a	f the he	ainning of the		Vou mov alao a	omplot	o Sobodulo Lifvou are filing es e
	all plan under the 80-120 participant r						ompieu	e Schedule i li you are filling as a
Pa	rt I Small Plan Financial	Information						
	port below the current value of asset		ses, trar	sfers and ch	anges in n	et assets during	the pla	an year. Combine the value of plan
ass	ets held in more than one trust. Do i	not enter the value of the portion	n of an i	nsurance co	ntract that g	juarantees duri	ng this	plan year to pay a specific dollar
	efit at a future date. Include all incol arance carriers. Round off amounts		cluaing	any trust(s) c	or separate	y maintained tu	nd(s) a	ind any payments/receipts to/from
1	Plan Assets and Liabilities:			(a)	Beginning	of Year		(b) End of Year
а	Total plan assets		. 1a			3554633		3989309
b	Total plan liabilities							
С	Net plan assets (subtract line 1b fr		1c			3554633		3989309
2	Income, Expenses, and Transfer				(a) Amo			(b) Total
a	Contributions received or receivab				(4) / 1110			
			. 2a(1)			240000	-	
						210000		
	()							
b	Noncash contributions		. ,					
С	Other income					433648		
d	Total income (add lines 2a(1), 2a(2	2). 2a(3). 2b. and 2c)	-					673648
е	Benefits paid (including direct rollo					238972		
f	Corrective distributions (see instru	,	2f					
g	Certain deemed distributions of pa							
	(see instructions)		. 2g				_	
h			26					
i	commissions) Other expenses						-	
;							_	228072
٦ ا	Total expenses (add lines 2e, 2f, 2		-				-	238972
K	Net income (loss) (subtract line 2) Transfers to (from) the plan (see in	,	2k 2l				-	434676
3	() , , (v of the follow	ving optogor	an abaak "Vaa"	and ant	for the ourrent value of any accete
5	Specific Assets: If the plan held as remaining in the plan as of the end of							
	line-by-line basis unless the trust me						-	·
						Yes No		Amount
а	Partnership/joint venture interests.					Х	_	
b	Employer real property				3b	Х	_	
С	Real estate (other than employer r	eal property)			3c	X		
d	Employer securities				3d	X		
е	Participant loans				Зе	Х		
f	Loans (other than to participants)				3f	Х		
g	Tangible personal property				3g	X		
Fo	r Paperwork Reduction Act Notic	e, see the Instructions for For	rm 5500	•	-			Schedule I (Form 5500) 2017

Pa	art II	Compliance Questions				
4	During	g the plan year:		Yes	No	Amount
а	describ	ere a failure to transmit to the plan any participant contributions within the time period ed in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until rrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x	
b	close o	ny loans by the plan or fixed income obligations due the plan in default as of the f plan year or classified during the year as uncollectible? Disregard participant loans d by the participant's account balance	4b		X	
С		ny leases to which the plan was a party in default or classified during the year as ctible?	4c		×	
d		here any nonexempt transactions with any party-in-interest? (Do not include tions reported on line 4a.)	4d		x	
е	Was th	e plan covered by a fidelity bond?	4e	Х		340000
f		plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was I by fraud or dishonesty?	4f		X	
g		plan hold any assets whose current value was neither readily determinable on an shed market nor set by an independent third party appraiser?	4g		x	
h		plan receive any noncash contributions whose value was neither readily inable on an established market nor set by an independent third party appraiser?	4h		x	
i		plan at any time hold 20% or more of its assets in any single security, debt, ge, parcel of real estate, or partnership/joint venture interest?	4i		×	
j		II the plan assets either distributed to participants or beneficiaries, transferred to r plan, or brought under the control of the PBGC?	4j		×	
k	public a	u claiming a waiver of the annual examination and report of an independent qualified accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 04-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
L	Has the	e plan failed to provide any benefit when due under the plan?	41		Х	
m		s an individual account plan, was there a blackout period? (See instructions and 29 520.101-3.)	4m		X	
n		ras answered "Yes," check the "Yes" box if you either provided the required notice or the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
5a		esolution to terminate the plan been adopted during the plan year or any prior plan yea enter the amount of any plan assets that reverted to the employer this year	ar?	🗌 Ye	s 🗙 N	lo
		g this plan year, any assets or liabilities were transferred from this plan to another plan ed. (See instructions.)	(s), ide	entify the	e plan(s	s) to which assets or liabilities wer

			,
5b(1) Name o	f plan(s)

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 d	etermined.

	-			'	
If "Yes" is checked, enter the M	y PAA confirmation number from the PBG	C premium	filing for this plan ye	ear	(See instructions.)

Form 5500	•	rt of Employee Benefit Plan	OMB Nos.	1210 - 0110 1210 - 0089
Department of the Treasury Internal Revenue Service	and 4065 of the Employee Retireme	ent Income Security Act of 1974 (ERISA) and	2017	
Department of Labor Employee Benefits Security Administration	Complete all e	of the Internal Revenue Code (the Code). ntries in accordance with ons to the Form 5500.	This Form is Open	to Public
Pension Benefit Guaranty Corporation	the instruction	ons to the Form 5500.	Inspection	
Part I Annual Repor	t Identification Information			
For calendar plan year 2017 or		and ending		
A This return/report is for:	a multiemployer plan	a multiple-employer plan (Filers checking participating employer information in account		
B This return/report is:	 a single-employer plan the first return/report an amended return/report 	a DFE (specify) the final 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:	X Form 5558	automatic extension	the DFVC program	
	special extension (enter desc			
	ormation—enter all requested inform			
1a Name of plan			1b Three-digit plan	002
	COMPANY, INC. RETIREMENT		number (PN) >	002
TRUST			1c Effective date of plan 03/31/1986	
Mailing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.O. B nce, country, and ZIP or foreign postal c	ox)	2b Employer Identification Number (EIN) 14-1442194	n
PERRECA ELECTRIC (COMPANY, INC.		2c Plan Sponsor's teleph number 845-564-2080	one
520 BROADWAY P.O.E	30X 2530 SEE S	STATEMENT	2d Business code (see instructions) 238210	
NEWBURGH	NY 12550			

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	Alletorm	10/5/18	JULIE FORMAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Carlie toma	10/5/14	JULIE FORMAN
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
			= ===== (00.17)

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

5.

Form 5500 (2017)

PERRECA ELECTRIC COMPANY, INC.

Form 5500 (2017)

14-1442194

3a	Plan administrator's name and address X Same as Plan Sponsor	3b Ad	Iministrator's EIN
			Iministrator's telephone Imber
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,	4b EI	N
	enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		
a	Sponsor's name	4d Pl	1
	Plan Name		
5	Total number of participants at the beginning of the plan year	5	15
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).		1
a	1) Total number of active participants at the beginning of the plan year	6a(1)	13
a	2) Total number of active participants at the end of the plan year	<u>6a(2)</u>	15
b	Retired or separated participants receiving benefits	<u>6b</u>	5
c	Other retired or separated participants entitled to future benefits	<u>6c</u>	15
d	Subtotal. Add lines 6a(2), 6b, and 6c	<u>6d</u>	35
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<u>6e</u>	0
f	Total. Add lines 6d and 6e	6f	35
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<u>6g</u>	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<u>6h</u>	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 Characteristic Codes in the instructions:

1A

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) X Insurance	(1) 🕱 Insurance
(2) Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3) insurance contracts
(3) 🕱 Trust	(3) 🕱 Trust
(4) General assets of the sponsor	(4) General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, a	and, where indicated, enter the number attached. (See instructions)
a Pension Schedules	b General Schedules
(1) R (Retirement Plan Information)	(1) H (Financial Information)
(2) MB (Multiemployer Defined Benefit Plan and Certain Money	y (2) X I (Financial Information - Small Plan)
Purchase Plan Actuarial Information) - signed by the plan	(3) X 1 A (Insurance Information)
actuary	(4) C (Service Provider Information)
(3) 🕱 SB (Single-Employer Defined Benefit Plan Actuarial	(5) D (DFE/Participating Plan Information)
Information) - signed by the plan actuary	(6) G (Financial Transaction Schedules)

Schedule SB, Part V Summary of Plan Provisions

Perreca Electric Company, Inc. Retirement Plan and Trust

14-1442194 / 002

For the plan year 01/01/2017 through 12/31/2017

Employer: Type of Entity -	Perreca Electric Company, Inc. C Corporation					
	EIN: 14-1442194 TIN: Plan #: 002 Plan Type: Defined Benefit					
<u>Dates:</u>	Effective - 03/31/1986 Year end - 12/31/2017 Valuation - 01/01/2017 Top Heavy Years - 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997					
<u>Eligibility:</u>	All employees excluding non-resident aliens, members of an excluded class and union					
	Minimum age - 21 Months of service - 12					
Hours Required for -	Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000					
Plan Entry -	Anniversary date nearest eligibility satisfaction					
	Attainment of age 65 and completion of 5 years of participation Not provided					
Average Compensation: Top Heavy Minimum Benefit -	Highest 5 consecutive years of service Highest 5 consecutive top heavy years of participation					
Plan Benefits: Retirement -	Frozen benefit formula					
Accrued Benefit -	Frozen accrued benefit as of 09/12/2011					
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality					
Early Retirement -	None					
Death Benefit -	100 times the Monthly Retirement Benefit					
Disability Benefit -						
Top Heavy Minimum:	Frozen Top-Heavy benefit					
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$215,000					
	Maximum 401(a)(17) compensation - \$270,000					
PBGC:	Plan is covered by Pension Benefit Guaranty Corporation					
Normal Form:	Life Annuity					
Optional Forms:	Lump Sum Life Annuity Guaranteed for 10 Years Joint with 50%, 75% or 100% Survivor Benefit					
<u>Vesting Schedule:</u>	Years Percent 0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%					

Service is calculated using all years of service, except years prior to age 18

Schedule SB, Part V Summary of Plan Provisions

Perreca Electric Company, Inc. Retirement Plan and Trust

14-1442194 / 002

For the plan year 01/01/2017 through 12/31/2017

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

<u>417(e):</u>

Interest Rates -	Segment # Segment 1 Segment 2	Years	Rate %	
	Segment 1	0 - 5	2.04	
	Segment 2	6 - 20	4.03	
	Segment 3	> 20	4.82	

Mortality Table - 17E - 2017 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement -	Interest -	6%
	Mortality Table -	None
Post-Retirement -		6%
	Mortality Table -	183M - 1983 Individual Annuity (male)

SCHEDULE SB	Single-Employe	er Defined Be	enefit Plan	0	MB No. 1210-0110
(Form 5500)		ial Informatio			
Department of the Treasury			/		2017
Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be Retirement Income Security Ac	t of 1974 (ERISA) and	section 6059 of the		in Once to Public
Pension Benefit Guaranty Corporation	Internal Rev	enue Code (the Code)).	inis ro	orm is Open to Public Inspection
For colorida esta a contra a		nent to Form 5500 or	r 5500-SF.		_
For calendar plan year 2017 or fiscal p		1/2017	and ending	2/31/201	7
Round off amounts to nearest do					
Caution: A penalty of \$1,000 will be A Name of plan	assessed for late filing of this repo	rt unless reasonable c			
•			B Three-digit		
Perreca Electric Company,	Inc. Retirement Plan and	l Trust	plan number (F		002
C Plan sponsor's name as shown on lin	ne 2a of Form 5500 or 5500-SE		D Employer Identifi		
Perreca Electric Company,			D Employer Identifie	ation Numbe	r (EIN)
			14-14	42194	
E Type of plan: Single Multiple	-A Multiple-B	Prior year plan size:	X 100 or fewer 101	-500 🔲 Ma	ore than 500
Part Basic Information					
1 Enter the valuation date:	Month 01 Day 01	Year2017	····		
2 Assets:					
a Market value					3,535,114
b Actuarial value		******			3,535,114
3 Funding target/participant count br	∋akdown:	(1) Number of participants	(2) Vested Fund Target	ing	(3) Total Funding Target
a For retired participants and bene	ficiation monitors and mont	5	2 52	0,362	2 520 260
		15			2,520,362
b For terminated vested participant		15		1,387	221,387
C For active participants		45		5,151	555,620
	the box and complete lines (a) and			6,900	3,297,369
a Funding target disregarding press	cribed at-risk assumptions	(D)			
b Funding target reflecting at-risk a	ssumptions, but disregarding transiti	ion rule for plans that i			
at-risk status for fewer than five	e consecutive years and disregardin	g loading factor	40		
	•••••••••••••••••••••••••••••••••••••••				5.78 %
Statement by Enrolled Actuary				<u>.</u>	0
To the best of my knowledge, the information supplie accordance with applicable law and regulations. In m combination, offer my best estimate of anticipated exp	d Trithis schedule and accompanying schedules y opinion, each other assumption is reasonable periarpe under the plan.	;, statements and attachments (taking into account the expe	s, if any, is complete and accur rience of the plan and reasona	ate. Each presribe ble expectations)	ed assumption was applied in and such other assumptions, in
		•		09/26/20:	18
Sig	nature of actuary			Date	
Aaron Venouziou				17-02291	
	print name of actuary	······································	Most n	ecent enrolim	ent number
Pencert LTD			(6:	30) 789-0 [.]	700
735 N Cass Avenue	Firm name		Telephone	number (inclu	uding area code)
US Westmont	IL 60559-1100				
Ad	dress of the firm				
the actuary has not fully reflected any reg structions	ulation or ruling promulgated under	the statute in complet	ing this schedule, chec	the box and	see
or Paperwork Reduction Act Notice, se					
,	s and manufactions for Form 5500 0	1 33UU-3F,		Schedul	e SB (Form 5500) 2017

Schedule SB (Form 5500) 2017 v. 170203

.

Schedule SB (Form 5500) 2017

Page	2
Page	2

Pa	art II B	eginning of Ye	ear Carryo	over and Prefunding I	Balanaaa							
						1 (a) Carryover balar	ice	(b)	Prefur	iding baland	0
7	Balance at year)	beginning of prior	year after ap	plicable adjustments (line 1	3 from prior			17,364	(0)	1 Terui		4,299
8	Portion ele	cted for use to offs	et prior vear	s funding requirement (line :	25 from	1		0				
9	Amount rer	maining (line 7 min	us line 8)			1	1	17,364				0
10	Interest on	line 9 using prior y	ear's actual i	return of8.98%		1						4,299
11	Prior year's	excess contributio	ons to be add	led to prefunding balance:		The second		10,539	1. 1. 1.	Tara a		3,978
	a Present	value of excess co	ntributions (I	ine 38a from prior year)				() () () ()	AND NOT THE PARTY			
	b(1) Intere	est on the excess, i	f any, of line	38a over line 38b from prior ctive interest rate of6.	vear							7,348
	b(2) Intere	st on line 38b from	i prior year S	chedule SB, using prior yea	r's actual						1:	3,041
						and the dependence						0
	d Portion o	f (c) to be added to	or current pr	an year to add to prefunding	balance .		All is and a second	Menandarian (Menandarian)			230	0,389
12	Other reduct		pretunding	balance	•••••	anna a Bhan		antenber oler Antenberger				0
13	Balance at h	egipping of ourroa	ue to election	ns or deemed elections				0				0
	8.115月1945年(1943)3457			+ line 10 + line 11d - line 12	2)		12	7,903			48	3,277
-1.7 molecter 200		unding Percer										
14	Funding targ	et attainment perc	entage			· · · · · · · · · · · · · · · ·				14	101.8	36 %
15	Adjusted fun	ding target attainm	ient percenta							15	107.2	21 %
10	current year's	s funding percentage	ent	s of determining whether car	rryover/prefi	unding bal	ances may be use	d to reduc		16		34 %
17	If the current	value of the asset	s of the plan	is less than 70 percent of th	e funding ta	rget, ente	r such percentage			17		%
Par	t IV C	ontributions a	nd Liquid	lity Shortfalls						<u> </u>		/0
18				year by employer(s) and emp	olovees:							
(MM	(a) Date -DD-YYYY)	(b) Amount employe	paid by	(c) Amount paid by employees	(a)	Date D-YYYY)	(b) Amoun employ		(0		unt paid by oyees	
09/1	4/2018		240,000									
					1							
					Totals 1	► 18(b)			19(2)			
19 D	iscounted en	nplover contributio	ns see inc	tructions for small plan with	64.			240,000	10(0)			0
а	Contribution	is allocated toward	lunnaid mini	imum required contributions		date atter	the beginning of th					
								19a				0
				ljusted to valuation date				19b				0
20 0		ributions and liquic	minimum re	equired contribution for curre	nt year adju	sted to va	luation date	19c	419-53105-54	1./21.00 A.L.	218,	118
				ne prior year?						X	Yes 🗌 N	0
				installments for the current			manner?	•••••	•••••	X	Yes 🗌 N	0
c	If line 20a is	"Yes," see instruc	tions and co	mplete the following table as								化加加加 Generally,
	(1)	1st		Liquidity shortfall as of end	of quarter of				110.000			
				(2) 2nd		(3)	3rd		(4)	4th		

Page 3

32.44	Part V Assumptions U	sed To Determine	Funding Target and Tar	rget Normal Cost		
2	1 Discount rate:		g thigttand tu	gornonnarooot		
	a Segment rates:	1st segment:	2nd segment:	3rd segmen		
		4.16 %	5.72 %	-	~ %	N/A, full yield curve used
	b Applicable month (enter o	ode)		· · · · · · · · · · · · · · · · · · ·	. 21b	4
	2 Weighted average retirement	tage			. 22	62
2	3 Mortality table(s) (see instruc	tions) X Pr		escribed - separate	Substi	tute
P	art VI Miscellaneous it	ems			· · · · · · · · · · · · · · · · · · ·	
24	4 Has a change been made in	the non-prescribed act	tuarial assumptions for the current	nt plan year? If "Yes." se	e instructio	ans required
	auachment	• • • • • • • • • • •	• • • • • • • • • • • • • • • • •	• • • • • • • • • • • •		Yes Y No
2	Has a method change been i	made for the current pla	an year? If "Yes," see instruction	s regarding required atta	schment .	••••• Yes 🕱 No
26	is the plan required to provide	e a Schedule of Active	Participants? If "Yes," see instru	ctions regarding require	d attachme	ent
- 27	If the plan is subject to alternative	ative funding rules, ent	er applicable code and see instr	uctions regarding	27	
Pa	art VII Reconciliation of	of Unpaid Minimu	m Required Contributior	s For Prior Years		
28	Unpaid minimum required con	ntributions for all prior y	/ears	<u></u>	28	
29	Discounted employer contribu	itions allocated toward	unpaid minimum required contri	butions from prior years		<u>_</u>
	(line 19a)	• • • • • • • • • • • •		* * * * * * * * * * * *	29	0
30	Remaining amount of unpaid	minimum required con	tributions (line 28 minus line 29)	•••••	30	0
Pa	ntVIII Minimum Requi	red Contribution	For Current Year			
31	Target normal cost and exces	s assets (see instruction	ons):	· · · · · · · · · · · · · · · · · · ·		
	a Target normal cost (line 6).		• • • • • • • • • • • • • • • • • •		31a	0
	b Excess assets, if applicable	, but not greater than li	ne 31a		31b	0
32	Amortization installments:			Outstanding Bala	ince	Instailment
	a Net shortfall amortization ins	stallment			0	0
	b Waiver amortization installm	ient			0	0
	If a waiver has been approved	for this plan year, ente	er the date of the ruling letter gran	nting the approval	33	
34						
	Total funding requirement befor				24	
	Total funding requirement befor		refunding balances (lines 31a - 31	b + 32a + 32b - 33)	34	0 Tatal halago
35		re reflecting carryover/p				0 Total balance
35	Balances elected for use to off	re reflecting carryover/p	refunding balances (lines 31a - 31	b + 32a + 32b - 33)		
	Balances elected for use to off requirement	re reflecting carryover/p	refunding balances (lines 31a - 31 Carryover balance 0	b + 32a + 32b - 33) Prefunding Bala	nce 0	Total balance
	Balances elected for use to off requirement	re reflecting carryover/prise set funding ne 34 minus line 35) . minimum required con	refunding balances (lines 31a - 31 Carryover balance 0 tribution for current year adjusted	b + 32a + 32b - 33) Prefunding Bala		Total balance 0 0
36 37	Balances elected for use to off requirement	re reflecting carryover/p set funding ne 34 minus line 35) . minimum required con	refunding balances (lines 31a - 31 Carryover balance 0 tribution for current year adjusted	b + 32a + 32b - 33) Prefunding Bala	0 36	Total balance
36 37 38	Balances elected for use to off requirement	e reflecting carryover/poset funding set funding ne 34 minus line 35) . minimum required con poutions for current year	refunding balances (lines 31a - 31 Carryover balance 0 tribution for current year adjuster (see instructions)	b + 32a + 32b - 33) Prefunding Bala	0 36 37	Total balance 0 0 218,118
36 37 38	Balances elected for use to off requirement	re reflecting carryover/prise set funding ne 34 minus line 35) . minimum required con putions for current year 37 over line 36)	refunding balances (lines 31a - 31 Carryover balance 0 tribution for current year adjusted (see instructions)	b + 32a + 32b - 33) Prefunding Bala	0 36 37 38a	Total balance 0 0
36 37 38	Balances elected for use to off requirement	re reflecting carryover/prover/prover/prover funding ne 34 minus line 35) . minimum required con butions for current year 37 over line 36) ttributable to use of pre-	refunding balances (lines 31a - 31 Carryover balance 0 tribution for current year adjuster (see instructions)	b + 32a + 32b - 33) Prefunding Bala	0 36 37 38a 38b	Total balance 0 0 218,118
36 37 38 39	Balances elected for use to off requirement	re reflecting carryover/prover/prover funding set funding ne 34 minus line 35) . minimum required con poutions for current year 37 over line 36) ttributable to use of pre- ribution for current year	refunding balances (lines 31a - 31 Carryover balance 0 tribution for current year adjuster (see instructions) efunding and funding standard ca r (excess, if any, of line 36 over l	b + 32a + 32b - 33) Prefunding Bala 	0 36 37 38a 38a 38b 39	Total balance 0 0 218,118
36 37 38 39	Balances elected for use to off requirement	re reflecting carryover/prise reflecting carryover/prise funding	refunding balances (lines 31a - 31 Carryover balance 0 tribution for current year adjusted (see instructions) efunding and funding standard ca r (excess, if any, of line 36 over l	b + 32a + 32b - 33) Prefunding Bala d to valuation date http://www.selances ine 37)	0 36 37 38a 38b	Total balance 0 0 218,118
36 37 38 39 40 Par	Balances elected for use to off requirement	re reflecting carryover/pro- set funding ne 34 minus line 35) . minimum required con putions for current year 37 over line 36) ttributable to use of pre- ribution for current year ributions for all years g Relief Under Per	refunding balances (lines 31a - 31 Carryover balance 0 tribution for current year adjuster (see instructions) efunding and funding standard ca r (excess, if any, of line 36 over 1 nsion Relief Act of 2010	b + 32a + 32b - 33) Prefunding Bala d to valuation date http://www.selances ine 37)	0 36 37 38a 38a 38b 39	Total balance 0 0 218,118
36 37 38 39 40 Par 41 1	Balances elected for use to off requirement	re reflecting carryover/pro- set funding ne 34 minus line 35) . minimum required con putions for current year 37 over line 36) ttributable to use of pre- ribution for current year ributions for all years g Relief Under Per PRA 2010 funding relief	refunding balances (lines 31a - 31 Carryover balance 0 tribution for current year adjusted (see instructions) efunding and funding standard ca r (excess, if any, of line 36 over l nsion Relief Act of 2010 (b + 32a + 32b - 33) Prefunding Bala d to valuation date 	0 36 37 38a 38b 39 40	Total balance 0 0 0 218,118 218,118 0 0 0 0 0
36 37 38 39 40 Par 41	Balances elected for use to off requirement	re reflecting carryover/pro- set funding ne 34 minus line 35) . minimum required con butions for current year a7 over line 36) ttributable to use of pre- ribution for current year ributions for all years g Relief Under Per PRA 2010 funding relief	refunding balances (lines 31a - 31 Carryover balance 0 tribution for current year adjuster (see instructions) efunding and funding standard ca r (excess, if any, of line 36 over line nsion Relief Act of 2010 (f for this plan:	b + 32a + 32b - 33) Prefunding Bala d to valuation date http://www.second.com/ 	0 36 37 38a 38b 39 40	Total balance 0 0 218,118 218,118 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 15 years
36 37 38 39 40 Par 41 1 3	Balances elected for use to off requirement	re reflecting carryover/prise iset funding ine 34 minus line 35) . minimum required con buttons for current year a7 over line 36) ttributable to use of pro- ribution for current year ributions for all years g Relief Under Per PRA 2010 funding relief the election in line 41a	refunding balances (lines 31a - 31 Carryover balance 0 tribution for current year adjusted (see instructions) efunding and funding standard ca r (excess, if any, of line 36 over l nsion Relief Act of 2010 (b + 32a + 32b - 33) Prefunding Bala d to valuation date mryover balances ine 37) See Instructions)	0 36 37 38a 38b 39 40	Total balance 0 0 218,118 218,118 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 15 years

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

Perreca Electric Company, Inc. Retirement Plan and Trust 14-1442194 / 002

For the plan year 01/01/2017 through 12/31/2017

Valuation Date:	01/01/2017						<u> </u>	
Funding Method:	As prescribed in IRC	Section 43	30					
Age	e - Eligibility age at last birthday and other ages at last birthday							
	New participants are i	ncluded ir	n current yea	r ':	s valuation			
Retrospective Compensation	- Highest 5 consecutive	years of	service					
Form of Payment	 Assumed form of pays the greater of the press Applicable Mortality T equivalence discounts exceed 415 maximum the Applicable Mortality 	ent value able or lur d using a allowable	of accrued to of sum at the ppropriate se distribution	e e ∋g	nefit computed us assumed retirem ment rate. Lump which is the lesse	sing funding se ent date of acc sum on plan a amount comp	egment rates crued benefit ctuarial equi outed using a	and 417(e) using plan actuaria valence rates will n
Interest Rates	- Segment rates for the Val Date as permitted				Segment rates as permitted under IR HATFA			
	Segment #	Year	Rate %		Segment #	Year	Rate %	
	Segment 1	0 - 5	1.52		Segment 1	0 - 5	4.16	
	Segment 2	6 - 20	3.80		Segment 2	6 - 20	5.72	
	Segment 3	> 20	4.79		Segment 3	> 20	6.48	
Pre-Retirement - Post-Retirement -	Early Retirement Table Turnover Table - Disability Table - Salary Scale - Expense Load - Ancillary Ben Load - Mortality Table - Cost of Living - Lump Sum -	None None None None 17C - 2 None 183M - or 17E - 2	017 Applica	u: bl	al Annuity (male) a e Mortality Table	for 417(e) (uni	sex)	
Asset Valuation Method:	Fair market value of as	sets adju	sted for cont	rit	outions under IRC	430(g)(4)		
Discrimination Test Assumption HCE Determination -	<u>1s:</u> Based on all employee	s						
Otherwise Excludable -	Otherwise Excludable	HCEs are	included wit	h	the Not Otherwise	e Excludable e	mployees	
410(b)/401(a)(4) Testing:								
Pre-Retirement -	Interest - 8%	, 0						
Post-Retirement -			Individual A	nr	nuity (male)			
Permissively Aggregated Plans -	Not tested As Single Pl	an						
Compensation -	Use current compensat	tion to cal	culate the be	n	efit accrual rate (a	innual method)	
Testing Age -	Normal retirement age	or attaine	d age, if olde	۲				
Testing Service -	Separate benefiting ser	vice for D	C and for DE	3 1	for Accrued-to-Da	te Method		
Normal Form for MVAR -	Joint with 50% Survivor	Benefits						

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

Perreca Electric Company, Inc. Retirement Plan and Trust 14-1442194 / 002

For the plan year 01/01/2017 through 12/31/2017

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule SB, line 26 -Schedule of Active Participant Data Perreca Electric Company, Inc. Retirement Plan and Trust

14-1442194/002

For the plan year 01/01/2017 through 12/31/2017

Years of Credited Service

Attained	Under		5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Age Under 25	No.	No.	No	No.	No.	No.	No.	No.	No.	No	
25 to 29			1								
30 to 34			5	ĺ							
35 to 39			2								
40 to 44					1						
45 to 49			2	1			1				
50 to 54			1	1							
55 to 59		2	1	1	1		1				
60 to 64								1			
65 to 69	1		1								
70 & up											

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