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).

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

OMB Nos. 1210-0110 1210-0089

2018

Part I	Annual Report	t identification information	1				
For calend	lar plan year 2018 or f	fiscal plan year beginning 01/01/2	2018	and ending 1:	2/31/2018		
A This re	turn/report is for:	a single-employer plan		olan (not multiemployer) (mployer information in ac		=	
	·	a one-participant plan	a foreign plan	, ,		,	
B This reti	urn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	gram	
		special extension (enter desc	. ,				
Part II	Basic Plan Info	ormation—enter all requested in	formation				
1a Name METAL MAS	•	TING PRODUCTS CASH BALANCE	E PLAN		1b Three- plan nu (PN)	umber	
					1c Effectiv	ve date of plan 01/01/2007	
		oyer, if for a single-employer plan)			2b Employ	yer Identification Number	
		om, apt., suite no. and street, or P.C ice, country, and ZIP or foreign post		structions)	(EIN)	82-3646751	
S&S INTEGRITY CONSULTING LLC						or's telephone number 610-772-0858	
					2d Busine	ss code (see instructions)	
6 CROSSHII	LL ROAD E, NY 10530			335100			
TIARTODALI	L, 141 10000						
3a Plan a	administrator's name a	and address X Same as Plan Spo	nsor.		3b Admini	strator's EIN	
					3c Admini	strator's telephone number	
					, tallilli	orator o toropriorio riambor	
4 If the	nome and/or FINI of th	an plan appear or the plan name h	as shanged since the last	waterwaysanast filed for	4b EIN	54.0004040	
this p	lan, enter the plan spo	ne plan sponsor or the plan name h onsor's name, EIN, the plan name a	and the plan number from	the last return/report.		51-0301342	
•		ASTER CO. OF DELAWARE, INC.		PRODUCTS, INC.	4d PN	003	
C Plan N	NameMETAL MASTE	R/PEMCO LIGHTING PRODUCTS	CASH BALANCE PLAN				
5a Total	number of participants	s at the beginning of the plan year.			5a	13	
b Total	number of participants	s at the end of the plan year			5b	1	
		account balances as of the end of			5c		
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	2	
d(2) Tot	tal number of active pa	articipants at the end of the plan ye	ar		5d(2)	1	
		o terminated employment during the			5e 0		
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	d unless reasonable ca			
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, a polete					
SIGN		d/valid electronic signature.	08/20/2019	DONNA STEFFEN			
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as	s plan administrator	
SIGN		d/valid electronic signature.	08/20/2019	DONNA STEFFEN	<u> </u>	•	
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	ual cianina ac	e employer or plan sponsor	

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be under the p	an indeper and condit	ndent qualified public a	ccount	ant (IC	PA)		Yes No Yes No	
	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from the		- :				. – –	ee instructions.)	
_	·	•					· · · · · · · · · · · · · · · · · · ·		
Par					- 1				
7	Plan Assets and Liabilities		(a) Beginning o				(b) End of		
a	Total plan assets	7a	26	67148				250685	
b	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	26	67148				250685	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Tota	I	
	Contributions received or receivable from: (1) Employers	8a(1)	14	40000					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b		-8015					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						131985	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14	48448					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						148448	
	Net income (loss) (subtract line 8h from line 8c)	8i						-16463	
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics	٠,							
9a	If the plan provides pension benefits, enter the applicable pension to the plan provides pension to the	feature co	des from the List of Pla	an Chai	acteris	stic Co	odes in the instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan	n Chara	cterist	ic Cod	des in the instruction	ons:	
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Amo	ount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V-Program)	oluntary F	iduciary Correction	10a		X			
b	,	? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			150000	
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused	10d		X		130000	
е	by fraud or dishonesty? 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.)					X			
f	Has the plan failed to provide any benefit when due under the plar	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as			10q		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	•		10i					

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2018

Fo	or calendar plan year 2018 or fiscal plan year beginning 01/01/2018		and endin	g 12/3	31/2018	
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless	reasonable cau	se is establishe	d.		
Α	Name of plan METAL MASTER/PEMCO LIGHTING PRODUCTS CASH BALANCE PLAN		B Three-diplan num	git) •	003
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF S&S INTEGRITY CONSULTING LLC		D Employer	Identific	ation Number (E 46751	EIN)
E	Type of plan: X Single Multiple-A Multiple-B F Prior y	/ear plan size:	100 or fewer	☐ 101-	500 More th	an 500
	Part I Basic Information	<u> </u>				
1		ear <u>2018</u>				
2	Assets:					
	a Market value			. 2a		110231
	b Actuarial value			. 2b		110231
3	Funding target/participant count breakdown	` '	Number of rticipants	` '	sted Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment		0		0	0
	b For terminated vested participants		0		0	0
	C For active participants		1		89414	89414
	d Total		1		89414	89414
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 at-risk status for fewer than five consecutive years and disregarding loading			4b		
5	Effective interest rate					5.52 %
6	Target normal cost			6		104310
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, stated accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking combination, offer my best estimate of anticipated experience under the plan. SIGN					
	HERE		_		07/16/201	9
	Signature of actuary				Date	
	DANIEL L. RUEHR, ASA				17-08234	<u> </u>
5	Type or print name of actuary SELECT PENSION SERVICES			Most	recent enrollmer 610-608-07	
2	Firm name 2434 MANSFIELD AVE DREXEL HILL, PA 19026		Te	elephone	number (includ	ing area code)
_	Address of the firm		<u>-</u>			
If the	e actuary has not fully reflected any regulation or ruling promulgated under the sta	atute in complet	ing this schedule	e, check	the box and see	e []

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Schedule SB (Form 5500) 2018

P	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances								
				-				(a) C	arryover balanc	е	(b) F	Prefunding balance		
7		-	•		able adjustments (line 13 fro					0			49596	
8				•	nding requirement (line 35 f	•				0			0	
9	Amount	remaining	(line 7 minus line	e 8)						0		49596		
10	Interest	on line 9 เ	using prior year's	actual retur	n of <u>7.28</u> %					0			3611	
11	Prior yea	ır's exces	s contributions to	be added t	to prefunding balance:									
	a Prese	nt value o	f excess contribut	ions (line 3	88a from prior year)								0	
					over line 38b from prior year interest rate of							0		
	` '		•	•	dule SB, using prior year's									
					r to add to prefunding balanc								0	
	_												0	
d Portion of (c) to be added to prefunding balance								0						
					or deemed elections					0			20000	
					ine 10 + line 11d – line 12).		•			0			33207	
-	Part III Funding Percentages													
												14	84.09%	
					1							15	128.52%	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement							current	16	101.01%					
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the	funding tar	get, e	enter suc	h percentage			17	%	
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls									
18					ar by employer(s) and employer									
(1	(a) Dat MM-DD-Y		(b) Amount p employer	-	(c) Amount paid by employees		(a) Date (b) Amou (M-DD-YYYY) emplo				(c) Amount paid by employees			
C	9/20/2018	3		30000	0									
C	04/16/2019	9		110000	0									
						Totals I	•	18(b)		140000	18(c)		0	
19	Discount	ed emplo	yer contributions	– see instru	uctions for small plan with a	valuation	date a	after the	beginning of the	year:				
	a Contri	butions a	llocated toward ur	npaid minin	num required contributions t	rom prior y	ears			19a			0	
	b Contri	butions m	ade to avoid restr	rictions adju	usted to valuation date					19b			0	
	C Contril	outions all	ocated toward min	imum requii	red contribution for current ye	ar adjusted	to va	luation da	ate	19c			138751	
20	Quarterly	contribu	tions and liquidity	shortfalls:										
	a Did the plan have a "funding shortfall" for the prior year?													
	b If line	20a is "Y	es," were required	l quarterly i	installments for the current y	ear made	in a t	timely ma	anner?				Yes No	
	C If line	20a is "Ye	es," see instructio	ns and com	nplete the following table as	applicable	:					<u>—</u>	<u> </u>	
					Liquidity shortfall as of en			his plan y	/ear					
		(1) 1st	<u> </u>		(2) 2nd			(3)	3rd			(4) 4th		

P	Part V Assumptions Used to Determine Funding Ta	rget and Targ	et Normal Cost						
21	Discount rate:								
	a Segment rates: 1st segment: 2nd s	segment: 5.52%	3rd segment: 6.29 %		N/A, full yield curve used				
	b Applicable month (enter code)			21b	4				
22	Weighted average retirement age			22	65				
23		Prescribed - combir		- separat	e Substitute				
	Current regulation:	Prescribed - combir	ned Prescribed	- senarat	e Substitute				
		Tesonibed Combin	Tresembed	оориги	Odbolitato				
	art VI Miscellaneous Items								
24	Has a change been made in the non-prescribed actuarial assumption attachment.		-						
25	Has a method change been made for the current plan year? If "Yes,"	see instructions re-	garding required attach	ment	Yes X No				
26	Is the plan required to provide a Schedule of Active Participants? If "	es," see instruction	ns regarding required a	ttachmen	Yes No				
27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment								
P	art VII Reconciliation of Unpaid Minimum Required	Contributions	For Prior Years						
28	Unpaid minimum required contributions for all prior years			28	0				
29	Discounted employer contributions allocated toward unpaid minimum (line 19a)	• •	29	0					
30	Remaining amount of unpaid minimum required contributions (line 28	30	0						
Pa	Part VIII Minimum Required Contribution For Current Year								
31	Target normal cost and excess assets (see instructions):								
	a Target normal cost (line 6)			31a	104310				
	b Excess assets, if applicable, but not greater than line 31a			31b	0				
32	Amortization installments:		Outstanding Balar	nce	Installment				
	a Net shortfall amortization installment			0	0				
	b Waiver amortization installment		T	0	0				
33	If a waiver has been approved for this plan year, enter the date of the (Month Day Year) and the w			33					
34	Total funding requirement before reflecting carryover/prefunding balan	nces (lines 31a - 31	lb + 32a + 32b - 33)	34	104310				
	Carryove	er balance	Prefunding balan	ce	Total balance				
35	Balances elected for use to offset funding requirement	0		0	0				
36	Additional cash requirement (line 34 minus line 35)			36	104310				
37	Contributions allocated toward minimum required contribution for curr 19c)	ent year adjusted to	o valuation date (line	37	138751				
38	Present value of excess contributions for current year (see instruction	s)	1	Į.					
	a Total (excess, if any, of line 37 over line 36)			38a	34441				
	b Portion included in line 38a attributable to use of prefunding and fur	nding standard carr	yover balances	38b	0				
39	Unpaid minimum required contribution for current year (excess, if any	, of line 36 over line	e 37)	39	0				
40	Unpaid minimum required contributions for all years			40	0				
Pa	rt IX Pension Funding Relief Under Pension Reli	ef Act of 2010	(See Instructions)					
41	If an election was made to use PRA 2010 funding relief for this plan:								
	a Schedule elected				2 plus 7 years 15 years				
	b Eligible plan year(s) for which the election in line 41a was made			20	08				

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).

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

OMB Nos. 1210-0110 1210-0089

2018

Part I Annual Re	port Identification Informatio	n			7-12-12-12-12-12-12-12-12-12-12-12-12-12-
	8 or fiscal plan year beginning	01/01/2018	and ending	12/31/2	
A This return/report is for:	a single-employer plan	list of participating er	lan (not multiemployer) nployer information in a	(Filers checking the accordance with the	is box must attach a form instructions.)
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	m/report (less than 12 r	months)	
C Check box if filing unde	r: X Form 5558	automatic extension		DFVC program	n
	special extension (enter de	scription)			
Part II Basic Plan	Information—enter all requested	information			
1a Name of plan	Pemco Lighting Products		an	1b Three-digit plan numb	
				1c Effective d	\$2000 11 - 500 12 - 500 10 - 500 10 10 10 10 10 10 10 10 10 10 10 10 1
Mailing address (inclu	(employer, if for a single-employer plan de room, apt., suite no. and street, or f	P.O. Box)			dentification Number 3646751
	province, country, and ZIP or foreign portion of Consulting LLC	ostal code (if foreign, see ins	tructions)		telephone number 2-0858
6 Crosshill R	oad			2d Business	code (see instructions)
Hartsdale	NY 10	530		335100	
3a Plan administrator's n	ame and address X Same as Plan S	ponsor.		3b Administra	itor's EIN
		has channed since the lest	return/report filed for	4b EIN	
this plan enter the pl	N of the plan sponsor or the plan name an sponsor's name, EIN, the plan name	ne and the plan number from	the last return/report.	51-1	0301342
a Sponsor's name Met	al Master Co. of Delaware, al Master/Pemco Lightin	inc. dba Pemco Light. ng Products Cash	Balance Plan	003	
5a Total number of parti	cipants at the beginning of the plan ye	ar		5a	13
	cipants at the end of the plan year			De 1-	
c Number of participan	ts with account balances as of the end	of the plan year (only define	ed contribution plans	5c	
	tive participants at the beginning of the				MANUSANA AMARANSIS
	ctive participants at the end of the plan				
e Number of participar	nts who terminated employment during	the plan year with accrued l	benefits that were less	5e	
Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp	ne late or incomplete filing of this re and other penalties set forth in the ins leted and signed by an enrolled actual	turn/report will be assesse	d unless reasonable of examined this return	/report, including, i	applicable, a schedule
belief, it is true /correct, a	111111	8/20/19	Donna Steffe	n	OF STREET
SIGN KANNIL		Date	Enter name of indi	vidual signing as p	lan administrator
Signature of	f plan administrator	8/20/19	Donna Steffe		
SIGN Y SIAM	f employer/plan sponsor	Date			mployer or plan sponsor
Signature of	f employer/plan sponsor Act Notice, see the Instructions for Form		T Enter Harte of High		Form 5500-SF (2018)

_				
Р	a	a	e	1

b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the plan of	an independ and condition	dent qualified public a	ccounta	ant (IQ	PA)	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance pro	ogram (see ERISA se	ction 40	021)?	🛛 Ye	
Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
a	Total plan assets	7a		267,			250,685
b	Total plan liabilities	7b			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	ò	267,	148		250,68
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		140,	000		
	(2) Participants	8a(2)			0		
	(3) Others (including rollovers)	8a(3)			0	111112	
b	Other income (loss)	8b		-8,	015		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					131,98
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		148,			
e	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f			0	-1	
g	Other expenses	8g			0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					148,44
i_	Net income (loss) (subtract line 8h from line 8c)	8i					-16,46
j	Transfers to (from) the plan (see instructions)	8j			0		
9a b	If the plan provides pension benefits, enter the applicable pension 1B 1C If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.						
Par	t V Compliance Questions						
10	During the plan year:	no. Socrae			Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary Fi	duciary Correction	10a		х	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х	
C	Was the plan covered by a fidelity bond?			10c	X		150,00
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		Х	
6	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		х	
f	Has the plan failed to provide any benefit when due under the plan	in?		10f		Х	
- 6	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g		Х	1
T	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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i			

	Form 5500-SF (2018)	Page 3-				_		
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding (Form 5500) and line 11a below)						X Ye	es 🗌 No
11a	Enter the unpaid minimum required contributions for all ye	ears from Schedule SB (Form 5500) line 40		11a			0	
12	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 granting the waiver.			d enter Day			e letter /ear_	ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of 5	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 f	or this plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12 negative amount)	70.70% (70.00.70%) (10.00.70% (70.00%) €1.00% (70.00%) (10.00%) (10.00%) (10.00%) (10.00%)	eft of a	12d				
е	Will the minimum funding amount reported on line 12d be	met by the funding deadline?			Yes	1	No _	N/A
Part	VII Plan Terminations and Transfers of As	sets						
13a	Has a resolution to terminate the plan been adopted in any pla	an year?			Yes		X No	li e
	If "Yes," enter the amount of any plan assets that reverted	d to the employer this year		13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						es X	No
С	If, during this plan year, any assets or liabilities were transwhich assets or liabilities were transferred.	sferred from this plan to another plan(s), identi	fy the plan(s)) to				
1	3c(1) Name of plan(s):		13c(2)	EIN(s)			13c(3)	PN(s)

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).

OMB No. 1210-0110

2018

AND THE PROPERTY OF THE PARTY O	File as a	in attachment to Form 550	00 or 5500)-SF.			
For calendar plan year 2018 or fiscal plan	year beginning	01/01/2018		and ending	3	12/31/20	18
Round off amounts to nearest dollar							
Caution: A penalty of \$1,000 will be as	sessed for late filing of t	his report unless reasonabl	le cause is	established	i.		
A Name of plan		2 2 2	В	Three-dig	jit		
Metal Master/Pemco Light	ing Products C	Cash Balance Plar	1	plan num	ber (PN)•	003
C Plan sponsor's name as shown on line 2	2a of Form 5500 or 5500	-SF	D	Employer	Identific	ation Number (E	IN)
Transported sharife as shown on the	24 01 1 0111 0000 01 0000		-	Linployor	domano	(2	,
S&S Integrity Consulting	g LLC			82-364	6751		
E Type of plan: ☒ Single ☐ Multiple-A	Multiple-B	F Prior year plan s	ize: 🛛 10	0 or fewer	101-	500 More th	an 500
							777-0-00-95-95-0
Part I Basic Information	10 5	21 20	1.0				
1 Enter the valuation date:	Month 12 Da	y 31 Year 20	10				
2 Assets:					2a		110,231
a Market value							
b Actuarial value			(4) Ni	hf	2b	ated Francisco	110,231
3 Funding target/participant count brea	kdown		(1) Num particip			sted Funding Target	(3) Total Funding Target
a For retired participants and benefic	iaries receiving payment	t	- torionial	0		0	(
b For terminated vested participants				0		0	(
c For active participants				1		89,414	89,414
41 12				1		89,414	89,414
d Total							
					40		
a Funding target disregarding prescri					4a		
b Funding target reflecting at-risk ass at-risk status for fewer than five co					4b		
5 Effective interest rate					-		5.52%
6 Target normal cost					6		104,31
Statement by Enrolled Actuary							
To the best of my knowledge, the information suppli accordance with applicable law and regulations. In r	ed in this schedule and accompa	anying schedules, statements and at	tachments, if	any, is complete	and accu	rate. Each prescribed	assumption was applied in
combination, offer my best estimate of anticipated e	xperience under the plan.	on is reasonable (laking into account	t the expensi	ice of the plant a	ila reasonie	able expectations/ an	a sacri outer assumptions, in
SIGN .	201						
HERE Star	There					07/16/20	19
Sig	nature of actuary					Date	
Daniel L. Ruehr, ASA						170823	4
Type or	print name of actuary				Most	recent enrollme	nt number
Select Pension Services	#CO COMMENTED COMMENT PROPERTY TO A COMPANY					610-608-0	756
	Firm name			Te	lephone	number (includ	ling area code)
2434 Mansfield Ave					(190)	327	ross St
	126						
Drexel Hill PA 190	ddress of the firm						
		45 35 45 58 00 000 000	ADMEAN 1	BYEN CO. DUTTE	M. 1*	masi un ren	prost.
If the actuary has not fully reflected any reg	ulation or ruling promulg	ated under the statute in co	ompleting	this schedul	e, check	the box and se	e

Page 2 -			2	e	a	a	P
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P	art II	Begin	ning of Year (Carryove	r and Prefunding Ba	lances						
							(a) Ca	arryover balance	Э	(b) P	refundi	ng balance
7					le adjustments (line 13 fro				0			49,596
8			/하는 경기도 하는데 등이 잘 하는데 바로 하는데 !!		ling requirement (line 35 fr				0			0
9									0			49,596
10					of7.28%				0			3,611
11	/ ACHANA	17.		V/5.5% /559	prefunding balance:							
	a Prese	nt value of	excess contribution	ons (line 38	a from prior year)				31114			C
					over line 38b from prior year interest rate of5.799							0
			30000-11001118-3011 1*2-11000	**************************************	ule SB, using prior year's a	ectual						(
					to add to prefunding balance	·						C
	d Portio	n of (c) to	be added to prefu	nding balan	ce							C
12	Other re	ductions in	n balances due to	elections or	deemed elections				0			20,000
13	Balance	at beginn	ing of current year	(line 9 + lin	e 10 + line 11d – line 12)				0			33,207
F	Part III	Fund	ding Percenta	ges								
14	Funding	target atta	ainment percentag	e							14	84.09%
15	Adjusted	I funding t	arget attainment p	ercentage			****************				15	128.52%
16					determining whether carry						16	101.01%
17	If the cu	rrent value	of the assets of the	ne plan is le	ess than 70 percent of the f	unding targe	et, enter suci	n percentage			17	%
F	Part IV	Con	tributions and	l Liquidit	y Shortfalls							
18					by employer(s) and employer			(1) 1	111	1 .		-111
((a) Dat MM-DD-Y		(b) Amount pa employer(s		(c) Amount paid by employees	(a) [(MM-DD		(b) Amount employe		(C		int paid by loyees
0	9/20/2	018		30,000	0							
0	4/16/2	2019	1.	10,000	0	V						
										+		
_												
_												
_												
						Totals ▶	18(b)		140,00	0 18(c)		(
19	Discour	ted emplo	ver contributions -	- see instru	ctions for small plan with a							
					um required contributions			1	19a			(
	b Contr	ibutions m	ade to avoid restr	ictions adju	sted to valuation date	*************			19b			14
	c Contr	ibutions all	ocated toward mini	mum require	ed contribution for current ye	ar adjusted t	o valuation d	ate	19c			138,75
20			tions and liquidity								JET.	
					prior year?							Yes X No
					stallments for the current			anner?				Yes No
	C If line	20a is "Y	es," see instruction	ns and com	plete the following table as Liquidity shortfall as of en			/ear			4.	
_		(1) 1s	t		(2) 2nd	u or quarter	(3)				(4) 41	th
		1 /			State.		1095				A	

F	Part V	Assumption	ons Used to Determine	Funding Target and Targ	get Normal Cost		
21	Discoun	t rate:					
	a Segm	nent rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29%		N/A, full yield curve used
	b Applic	cable month (ent	er code)			21b	
22	Weighte	ed average retire	ment age			22	6
23	Mortality	/ table(s) (see in	Prior regulation Current regulat				
Pa	art VI	Miscellaneo	us Items				
24				rial assumptions for the current p	MANAGEMENT OF THE STANK STANKS		
25	Has a m	ethod change be	een made for the current plan	year? If "Yes," see instructions re	egarding required attach	ment	Yes X No
26	Is the pla	an required to pr	rovide a Schedule of Active Pa	articipants? If "Yes," see instruction	ons regarding required a	ttachment	X Yes No
27		The state of the s		applicable code and see instructi		27	
P	art VII	Reconcilia	tion of Unpaid Minimu	m Required Contribution	s For Prior Years		
28				ars		28	
29				npaid minimum required contribut		29	
30	Remain	ing amount of ur	paid minimum required contri	butions (line 28 minus line 29)		30	
P	art VIII	Minimum F	Required Contribution	For Current Year			
31	Target r	normal cost and	excess assets (see instruction	ns):			
	a Target	t normal cost (lin	e 6)			31a	104,31
	b Exces	ss assets, if appli	icable, but not greater than lin	e 31a		31b	
32		ation installment			Outstanding Bala		Installment
	a Net sh	hortfall amortizat	ion installment			0	
200						0	
33				the date of the ruling letter grant) and the waived amount		33	
34	Total fu	nding requireme	nt before reflecting carryover/	prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	104,31
				Carryover balance	Prefunding balar	nce	Total balance
35			e to offset funding	C		0	
36	Addition	nal cash requiren	nent (line 34 minus line 35)			36	104,31
37				tribution for current year adjusted		37	138,75
38	Present	t value of excess	contributions for current year	(see instructions)			
	a Total	(excess, if any, o	of line 37 over line 36)			38a	34,44
	b Portion	on included in lin	e 38a attributable to use of pr	efunding and funding standard ca	rryover balances	38b	
39	Unpaid	minimum require	ed contribution for current yea	r (excess, if any, of line 36 over li	ne 37)	39	
40	Unpaid	1				40	
Pa	rt IX	Pension F	unding Relief Under F	Pension Relief Act of 2010	(See Instructions	5)	
41	If an ele	ction was made	to use PRA 2010 funding relie	ef for this plan:		24,1	22.2
	a Sched	dule elected					2 plus 7 years 15 years
	b Fligib	le plan vear(s) fo	or which the election in line 41	a was made		20	08 2009 2010 2011

Schedule SB, line 15 -

Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

PLAN YEAR ENDED: 12/31/18

The percentage shown on line 15 is equal to the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date, divided by the sum of the current year's funding target and target normal cost.

Schedule SB, line 22 -

Weighted average retirement age

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

PLAN YEAR ENDED: 12/31/18

It was assumed that all participants will retire at Normal Retirement Age (65), or if later, on the current valuation date.

Statement of Actuarial Assumptions/Methods

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- · Assumed retirement age: Normal Retirement Age, or current val date if later
- · Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- · Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 3.00%

Summary of Plan Provisions

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

- Eligibility: Varies by class.
- Theoretical contributions: Varies by class.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 65 (1st of month after)
- Interest crediting rate: 30-year T-bond rate for 1st month before plan year
- Vesting: 3-year cliff

Schedule SB, line 26 - Schedule of Active Participant Data

PLAN: Metal Master/Pemco Lighting Products Cash Balance Plan EIN/PN: 82-3646751 / 003 PYE: 12/31/2018

-	324 25 to 29 30 to 34 35 to 39 40 & up											
Years of Credited Service	10 to 14 15 to 19 20 to 24							-				
	1 to 4 5 to 9 10											
Attained	Age Under 1 1	Inder 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 % 110

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).

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

OMB Nos. 1210-0110 1210-0089

2018

Part I Annual Re	port Identification Informatio	n			7-12-12-12-12-12-12-12-12-12-12-12-12-12-
	8 or fiscal plan year beginning	01/01/2018	and ending	12/31/2	
A This return/report is for:	a single-employer plan	list of participating er	lan (not multiemployer) nployer information in a	(Filers checking the accordance with the	is box must attach a form instructions.)
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	m/report (less than 12 r	months)	
C Check box if filing unde	r: X Form 5558	automatic extension		DFVC program	n
	special extension (enter de	scription)			
Part II Basic Plan	Information—enter all requested	information			
1a Name of plan	Pemco Lighting Products		an	1b Three-digit plan numb	
				1c Effective d	\$2000 11 - 500 12 - 500 10 - 500 10 10 10 10 10 10 10 10 10 10 10 10 1
Mailing address (inclu	(employer, if for a single-employer plan de room, apt., suite no. and street, or f	P.O. Box)			dentification Number 3646751
	province, country, and ZIP or foreign portion of Consulting LLC	ostal code (if foreign, see ins	tructions)		telephone number 2-0858
6 Crosshill R	oad			2d Business	code (see instructions)
Hartsdale	NY 10	530		335100	
3a Plan administrator's n	ame and address X Same as Plan S	ponsor.		3b Administra	itor's EIN
		has channed since the lest	return/report filed for	4b EIN	
this plan enter the pl	N of the plan sponsor or the plan name an sponsor's name, EIN, the plan name	ne and the plan number from	the last return/report.	51-1	0301342
a Sponsor's name Met	al Master Co. of Delaware, al Master/Pemco Lightin	inc. dba Pemco Light. ng Products Cash	Balance Plan	003	
5a Total number of parti	cipants at the beginning of the plan ye	ar		5a	13
	cipants at the end of the plan year			De 1-	
c Number of participan	ts with account balances as of the end	of the plan year (only define	ed contribution plans	5c	
	tive participants at the beginning of the				MANUSANA AMARANSIS
	ctive participants at the end of the plan				
e Number of participar	nts who terminated employment during	the plan year with accrued l	benefits that were less	5e	
Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp	ne late or incomplete filing of this re and other penalties set forth in the ins leted and signed by an enrolled actual	turn/report will be assesse	d unless reasonable of examined this return	/report, including, i	applicable, a schedule
belief, it is true /correct, a	111111	8/20/19	Donna Steffe	n	OF STREET
SIGN KANNIL		Date	Enter name of indi	vidual signing as p	lan administrator
Signature of	f plan administrator	8/20/19	Donna Steffe		
SIGN Y SIAM	f employer/plan sponsor	Date			mployer or plan sponsor
Signature of	f employer/plan sponsor Act Notice, see the Instructions for Form		T Enter Harte of High		Form 5500-SF (2018)

_				
Р	a	a	e	1

b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the plan of	an independ and condition	dent qualified public a	ccounta	ant (IQ	PA)	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance pro	ogram (see ERISA se	ction 40	021)?	🛛 Ye	
Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
a	Total plan assets	7a		267,			250,685
b	Total plan liabilities	7b			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	ò	267,	148		250,68
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		140,	000		
	(2) Participants	8a(2)			0		
	(3) Others (including rollovers)	8a(3)			0	111112	
b	Other income (loss)	8b		-8,	015		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					131,98
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		148,			
e	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f			0	-1	
g	Other expenses	8g			0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					148,44
i_	Net income (loss) (subtract line 8h from line 8c)	8i					-16,46
j	Transfers to (from) the plan (see instructions)	8j			0		
9a b	If the plan provides pension benefits, enter the applicable pension 1B 1C If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.						
Par	t V Compliance Questions						
10	During the plan year:	no. Socrae			Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary Fi	duciary Correction	10a		х	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х	
C	Was the plan covered by a fidelity bond?		***************************************	10c	X		150,00
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		Х	
6	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e		х	
f	Has the plan failed to provide any benefit when due under the plan	in?		10f		Х	
- 6	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g		Х	1
T	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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i			

	Form 5500-SF (2018)	Page 3-				_		
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding (Form 5500) and line 11a below)						X Ye	es 🗌 No
11a	Enter the unpaid minimum required contributions for all ye	ears from Schedule SB (Form 5500) line 40		11a			0	
12	Is this a defined contribution plan subject to the minimum ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12c						Ye	es X No
а	If a waiver of the minimum funding standard for a prior year granting the waiver.			d enter Day			e letter /ear_	ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of 5	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 f	or this plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12 negative amount)	70.70% (70.00.70%) (10.00.70% (70.00%) €1.00% (70.00%) (10.00%) (10.00%) (10.00%) (10.00%)	eft of a	12d				
е	Will the minimum funding amount reported on line 12d be	met by the funding deadline?			Yes	1	No _	N/A
Part	VII Plan Terminations and Transfers of As	sets						
13a	Has a resolution to terminate the plan been adopted in any pla	an year?			Yes		X No	li e
	If "Yes," enter the amount of any plan assets that reverted	d to the employer this year		13a				
b	Were all the plan assets distributed to participants or ben- control of the PBGC?	[HONE]] Y	es X	No
С	If, during this plan year, any assets or liabilities were transwhich assets or liabilities were transferred.	sferred from this plan to another plan(s), identi	fy the plan(s)) to				
1	3c(1) Name of plan(s):		13c(2)	EIN(s)			13c(3)	PN(s)

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).

OMB No. 1210-0110

2018

AND THE PROPERTY OF THE PARTY O	File as a	in attachment to Form 550	00 or 5500)-SF.			
For calendar plan year 2018 or fiscal plan	year beginning	01/01/2018		and ending	3	12/31/20	18
Round off amounts to nearest dollar							
Caution: A penalty of \$1,000 will be as	sessed for late filing of t	his report unless reasonabl	le cause is	established	i.		
A Name of plan		2 2 2	В	Three-dig	jit		
Metal Master/Pemco Light	ing Products C	Cash Balance Plar	1	plan num	ber (PN)•	003
C Plan sponsor's name as shown on line 2	2a of Form 5500 or 5500	-SF	D	Employer	Identific	ation Number (E	IN)
Transported sharife as shown on the	24 01 1 0111 0000 01 0000		-	Linployor	domano	(2	,
S&S Integrity Consulting	g LLC			82-364	6751		
E Type of plan: ☒ Single ☐ Multiple-A	Multiple-B	F Prior year plan s	ize: 🛛 10	0 or fewer	101-	500 More th	an 500
							777-0-00/95,070
Part I Basic Information	10 5	21 20	1.0				
1 Enter the valuation date:	Month 12 Da	y 31 Year 20	10				
2 Assets:					2a		110,231
a Market value							
b Actuarial value			(4) Ni	hf	2b	ated Francisco	110,231
3 Funding target/participant count brea	kdown		(1) Num particip			sted Funding Target	(3) Total Funding Target
a For retired participants and benefic	iaries receiving payment	t	- torrisonal	0		0	(
b For terminated vested participants				0		0	(
c For active participants				1		89,414	89,414
41 12				1		89,414	89,414
d Total							
					40		
a Funding target disregarding prescri					4a		
b Funding target reflecting at-risk ass at-risk status for fewer than five co					4b		
5 Effective interest rate					-		5.52%
6 Target normal cost					6		104,31
Statement by Enrolled Actuary							
To the best of my knowledge, the information suppli accordance with applicable law and regulations. In r	ed in this schedule and accompa	anying schedules, statements and at	tachments, if	any, is complete	and accu	rate. Each prescribed	assumption was applied in
combination, offer my best estimate of anticipated e	xperience under the plan.	on is reasonable (laking into account	t the expensi	ice of the plant a	ila reasonie	able expectations/ an	a sacri outer assumptions, in
SIGN .	201						
HERE Star	There					07/16/20	19
Sig	nature of actuary					Date	
Daniel L. Ruehr, ASA						170823	4
Type or	print name of actuary				Most	recent enrollme	nt number
Select Pension Services	#CO COMMENTED COMMENT PROPERTY TO A COMPANY					610-608-0	756
	Firm name			Te	lephone	number (includ	ling area code)
2434 Mansfield Ave					(190)	327	ross St
	126						
Drexel Hill PA 190	ddress of the firm						
		45 35 45 58 00 000 000	ADMEAN 1	BYEN CO. DUTTE	M. 1*	masi un ren	prost.
If the actuary has not fully reflected any reg	ulation or ruling promulg	ated under the statute in co	ompleting	this schedul	e, check	the box and se	e

Page 2 -			2	e	a	a	P
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P	art II	Begin	ning of Year (Carryove	r and Prefunding Ba	lances						
							(a) Ca	arryover balance	Э	(b) P	refundi	ng balance
7					le adjustments (line 13 fro				0			49,596
8			/하는 경기도 하는데 등이 잘 하는데 바로 하는데 !!		ling requirement (line 35 fr				0			0
9									0			49,596
10					of7.28%				0			3,611
11	/ ACHANA	17.		V/5.5% /559	prefunding balance:							
	a Prese	nt value of	excess contribution	ons (line 38	a from prior year)				31114			C
					over line 38b from prior year interest rate of5.799							0
			30000-11001118-3011 1*2-11000	**************************************	ule SB, using prior year's a	ectual						(
					to add to prefunding balance	·						C
	d Portio	n of (c) to	be added to prefu	nding balan	ce							C
12	Other re	ductions in	n balances due to	elections or	deemed elections				0			20,000
13	Balance	at beginn	ing of current year	(line 9 + lin	e 10 + line 11d – line 12)				0			33,207
F	Part III	Fund	ding Percenta	ges								
14	Funding	target atta	ainment percentag	e							14	84.09%
15	Adjusted	I funding t	arget attainment p	ercentage			****************				15	128.52%
16					determining whether carry						16	101.01%
17	If the cu	rrent value	of the assets of the	ne plan is le	ess than 70 percent of the f	unding targe	et, enter suci	n percentage			17	%
F	Part IV	Con	tributions and	l Liquidit	y Shortfalls							
18					by employer(s) and employer			(1) 1	111	1 .		-111
((a) Dat MM-DD-Y		(b) Amount pa employer(s		(c) Amount paid by employees	(a) [(MM-DD		(b) Amount employe		(C		int paid by loyees
0	9/20/2	018		30,000	0							
0	4/16/2	2019	1.	10,000	0	V						
										+		
_												
_												
_												
						Totals ▶	18(b)		140,00	0 18(c)		(
19	Discour	ted emplo	ver contributions -	- see instru	ctions for small plan with a							
					um required contributions			1	19a			(
	b Contr	ibutions m	ade to avoid restr	ictions adju	sted to valuation date	*************			19b			14
	c Contr	ibutions all	ocated toward mini	mum require	ed contribution for current ye	ar adjusted t	o valuation d	ate	19c			138,75
20			tions and liquidity								JET.	
					prior year?							Yes X No
					stallments for the current			anner?				Yes No
	C If line	20a is "Y	es," see instruction	ns and com	plete the following table as Liquidity shortfall as of en			/ear			4.	
_		(1) 1s	t		(2) 2nd	u or quarter	(3)				(4) 41	th
		1 /			State.		1095				AC-	

P	art V	Assumptio	ns Used t	o Determine F	unding	Γarget and Τ	arget Norn	nal Cost				
21	Discoun	t rate:				****						
	a Segm	ent rates:		egment: . 92 %	2nd	d segment: 5.52 %		3rd segment: 6.29%		N/A, full	yield cun	ve used
	b Applic	able month (ent	er code)						21b			4
22	Weighte	d average retirer	ment age						22			65
23	Mortality	table(s) (see in	structions)	Prior regulation: Current regulation		Prescribed - co		Prescribed Prescribed			bstitute bstitute	
Pa	art VI	Miscellaneo	us Items									
24				prescribed actuaria							general .	s X No
25	Has a m	ethod change be	en made for	the current plan y	ear? If "Yes	s," see instruction	s regarding r	equired attach	ment		Ye	s X No
26	Is the pla	an required to pr	ovide a Sche	dule of Active Par	ticipants? If	"Yes," see instru	ctions regard	ing required a	ttachment		X Ye	s No
27	1,750 H. 11 C. 10 M. 10	The first of the second		ding rules, enter a			And the second of the second o		27			
	art VII			paid Minimun					1			
	Carlotta Control of			ns for all prior year	CHEROCOLOGICA DE RECUERTO	ALCOHOL STOREST CONTRACTOR OF THE STOREST CO	STATE BLOCK THE SECTION AND REPORT OF	CONTRACTOR STATE	28			(
29				ocated toward unp				0. 11.70%	29			0
30	Remaini	ng amount of un	paid minimur	m required contrib	utions (line 2	28 minus line 29)			30			(
Pa	art VIII	Minimum F	Required (Contribution F	or Curre	nt Year						
31	Target r	normal cost and	excess asset	s (see instructions):							
	a Target	normal cost (line	ə 6)						31a			104,310
	b Exces	s assets, if appli	cable, but no	t greater than line	31a		1	ere so seem en	31b		10 - 2011 - 10	(
32		ation installments					2000	standing Bala		In	stallment	
				nt					0			(
33	If a waiv	er has been app	roved for this	s plan year, enter t	he date of the	ne ruling letter gr	anting the ap	proval	33			
2.4				Year					34			104,310
34	I otal fur	naing requiremen	nt before refle	ecting carryover/pr		over balance		efunding balar		Tot	al balance	
35		s elected for use			Carry	o vor Balario	0		0			(
36				minus line 35)					36			104,310
37	Contribu	itions allocated t	oward minim	um required contr	ibution for c	urrent year adjus	ted to valuation	on date (line	37			138,75
38	Present	value of excess	contributions	for current year (see instructi	ons)						
	a Total	(excess, if any, c	of line 37 ove	r line 36)					38a			34,44
	b Portio	n included in line	38a attribut	able to use of pref	unding and	funding standard	carryover ba	lances	38b			
39	Unpaid	minimum require	ed contributio	n for current year	(excess, if a	ny, of line 36 ove	er line 37)		39			
40	Unpaid			ns for all years					40			(
Pa	rt IX	Pension F	unding R	elief Under Pe	ension Re	elief Act of 20)10 (See Ir	structions	5)			
41	If an ele	ction was made	to use PRA 2	2010 funding relief	for this plan	1			110			
	a Sched	lule elected								2 plus 7 year	rs 1	5 years
	b Eligib	le plan year(s) fo	or which the e	election in line 41a	was made				20	08 2009	2010	2011

Schedule SB, line 15 -

Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

PLAN YEAR ENDED: 12/31/18

The percentage shown on line 15 is equal to the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date, divided by the sum of the current year's funding target and target normal cost.

Schedule SB, line 22 -

Weighted average retirement age

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

PLAN YEAR ENDED: 12/31/18

It was assumed that all participants will retire at Normal Retirement Age (65), or if later, on the current valuation date.

Statement of Actuarial Assumptions/Methods

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- · Assumed retirement age: Normal Retirement Age, or current val date if later
- · Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- · Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 3.00%

Summary of Plan Provisions

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

- Eligibility: Varies by class.
- Theoretical contributions: Varies by class.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 65 (1st of month after)
- Interest crediting rate: 30-year T-bond rate for 1st month before plan year
- Vesting: 3-year cliff

Schedule SB, line 26 - Schedule of Active Participant Data

PLAN: Metal Master/Pemco Lighting Products Cash Balance Plan EIN/PN: 82-3646751 / 003 PYE: 12/31/2018

-	24 25 to 29 30 to 34 35 to 39 40 & up											
Years of Credited Service	10 to 14 15 to 19 20 to 24							_				
	1 to 4 5 to 9 10											
Attained	Age Under 1	Inder 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 % 110

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).

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

OMB Nos. 1210-0110 1210-0089

2018

Part I Annual Rep	port Identification Informatio	n			7-12-12-12-12-12-12-12-12-12-12-12-12-12-
	8 or fiscal plan year beginning	01/01/2018	and ending	12/31/2	
A This return/report is for:	a single-employer plan	list of participating en	an (not multiemployer) nployer information in a	(Filers checking the accordance with the	is box must attach a form instructions.)
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 r	months)	
C Check box if filing under	Form 5558	automatic extension		DFVC program	n
	special extension (enter de	scription)			
Part II Basic Plan	Information—enter all requested	information			
1a Name of plan	Pemco Lighting Products		an	1b Three-digit plan numb	
				1c Effective d	\$2000 11 - 500 12 - 500 10 - 500 10 10 10 10 10 10 10 10 10 10 10 10 1
Mailing address (includ	employer, if for a single-employer plan de room, apt., suite no. and street, or f	P.O. Box)			dentification Number 3646751
	rovince, country, and ZIP or foreign po Consulting LLC	ostal code (if foreign, see ins	tructions)	2c Sponsor's 610-77	telephone number 2-0858
6 Crosshill R	oad			2d Business	code (see instructions)
Hartsdale	NY 10	530		335100	
3a Plan administrator's na	ame and address X Same as Plan S	ponsor.		3b Administra	itor's EIN
		has channed since the last	return/report filed for	4b EIN	
this plan enter the pla	N of the plan sponsor or the plan name an sponsor's name, EIN, the plan name	ne and the plan number from	the last return/report.	51-1	0301342
a Sponsor's name Meta c Plan Name Meta	al Master Co. of Delaware, al Master/Pemco Lightin	inc. dba Pemco Light: ng Products Cash	Balance Plan	003	
5a Total number of partic	sipants at the beginning of the plan ye	ar		5a	13
	cipants at the end of the plan year			De 1-	
c Number of participant	s with account balances as of the end	of the plan year (only define	d contribution plans	5c	
	tive participants at the beginning of the				MANUSANA AMARANSIS
	tive participants at the end of the plan				
e Number of participan	its who terminated employment during	the plan year with accrued t	penefits that were less	5e	
Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp	e late or incomplete filing of this re and other penalties set forth in the ins leted and signed by an enrolled actua	turn/report will be assesse	d unless reasonable of examined this return	/report, including, i	applicable, a schedule
belief, it is true correct, an	111111	8/20/19	Donna Steffe	n	OF STREET
SIGN KAMMIN		Date	Enter name of indi	vidual signing as p	lan administrator
Signature of	plan administrator	8/20/19	Donna Steffe		
SIGN CAME	f employer/plan sponsor	Date			mployer or plan sponsor
Signature of	employer/plan sponsor act Notice, see the Instructions for Form		Lines Harrie of Iria		Form 5500-SF (2018)

_				
Р	a	a	e	1

b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the plant of the	an independ and condition	dent qualified public a	ccounta	ant (IQ	PA)	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance pro	ogram (see ERISA se	ction 40	021)?	🛛 Ye	
Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of	of Year			(b) End of Year
a	Total plan assets	7a		267,			250,685
b	Total plan liabilities	7b			0		(
С	Net plan assets (subtract line 7b from line 7a)	7c		267,	148		250,685
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		140,	000		
	(2) Participants	8a(2)			0		
	(3) Others (including rollovers)	8a(3)			0	10.00	
b	Other income (loss)	8b		-8,	015		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					131,985
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		148,			
e	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f			0	715	
g	Other expenses	8g	alest.		0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					148,448
i_	Net income (loss) (subtract line 8h from line 8c)	8i					-16,463
j	Transfers to (from) the plan (see instructions)	8j			0		
9a b	If the plan provides pension benefits, enter the applicable pension 1B 1C If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.						
Par	t V Compliance Questions						
10	During the plan year:	no- 200789			Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	/oluntary Fi	duciary Correction	10a		х	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х	
C	Was the plan covered by a fidelity bond?			10c	X		150,000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		Х	
6	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	he benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan	in?		10f		Х	
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g		Х	
_ 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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i			

	Form 5500-SF (2018)	Page 3-						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding (Form 5500) and line 11a below)						X Ye	es 🗌 No
11a	Enter the unpaid minimum required contributions for all y	years from Schedule SB (Form 5500) line 40		11a			0	
12	Is this a defined contribution plan subject to the minimum ERISA?						Ye	es X No
а	If a waiver of the minimum funding standard for a prior ye granting the waiver.			l enter i			e letter /ear_	ruling
If	you completed line 12a, complete lines 3, 9, and 10 of	Schedule MB (Form 5500), and skip to line 1	3.					
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 1 negative amount)		ft of a	12d				
е	Will the minimum funding amount reported on line 12d be	e met by the funding deadline?			Yes	_ \	No _	N/A
Part	VII Plan Terminations and Transfers of As	ssets						
13a	Has a resolution to terminate the plan been adopted in any p	olan year?			Yes		X No	for a second
	If "Yes," enter the amount of any plan assets that reverte	ed to the employer this year		13a				
b	Were all the plan assets distributed to participants or ber control of the PBGC?	장 (1) 전 경험 (1) 경기 20 (2) 전 경기 전 경기 전 경기 전 경기 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)] Y	es X	No
С	If, during this plan year, any assets or liabilities were tran which assets or liabilities were transferred.	nsferred from this plan to another plan(s), identif	y the plan(s)	to				
	I3c(1) Name of plan(s):		13c(2)	EIN(s)			13c(3)	PN(s)

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).

OMB No. 1210-0110

2018

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018					
1 of Galleting Planty Car Levie of Head Planty Car Levie Car Planty Car		and ending]	12/31/20	18
Round off amounts to nearest dollar.					
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	nable caus	e is established	Ĺ		
A Name of plan		B Three-dig	it		
Metal Master/Pemco Lighting Products Cash Balance Pl	lan	plan num	ber (PN)	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	dentific	ation Number (E	IN)
Trainsponsors hante as shown on line 2a or form 5500 or 5500-or		Linployer	domino	ation (tallibo) (E	,
S&S Integrity Consulting LLC		82-364	6751		
E Type of plan: X Single Multiple-A Multiple-B F Prior year pla	an size: 🛛	100 or fewer	101-	500 More th	an 500
					777-C-00197-170
Part I Basic Information	2010				
1 Enter the valuation date: Month 12 Day 31 Year	2010		-		
2 Assets:			2a		110,23
a Market value		***************************************			
b Actuarial value	1		2b	ated Frankline	110,23:
3 Funding target/participant count breakdown	100 (0.00)	umber of icipants		sted Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment		0		0	(
b For terminated vested participants		0		0	1
C For active participants		1		89,414	89,41
d Total		1		89,414	89,41
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)					
			40		
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			4b		
5 Effective interest rate			-		5.52%
6 Target normal cost			6		104,31
Statement by Enrolled Actuary					
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements at accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into acc	and attachment	s, if any, is complete	and accu	rate. Each prescribed	assumption was applied in
combination, offer my best estimate of anticipated experience under the plan.	count the expe	mence of the plant	iu reasonii	able expectations) an	a sacir outer assumptions; in
SIGN SIGN 1					
HERE Slar / /he/				07/16/20	19
Signature of actuary				Date	
Daniel L. Ruehr, ASA				170823	4
Type or print name of actuary			Most	recent enrollme	nt number
Select Pension Services				610-608-0	756
Firm name		Te	lephone	e number (includ	ling area code)
2434 Mansfield Ave					
Drexel Hill PA 19026 Address of the firm		23			
7.1000 01 110 1111					

Page 2 -		2	e	a	a	P
----------	--	---	---	---	---	---

P	art II	Begin	ning of Year (Carryove	r and Prefunding Ba	lances						
					-		(a) Ca	arryover balance	Э	(b) P	refundi	ng balance
7					le adjustments (line 13 fro				0			49,596
8			/하는 경기도 하는데 등이 잘 하는데 바로 하는데 !!		ling requirement (line 35 fr				0			0
9	7.000.000.000.000								0			49,596
10					of7.28%				0			3,611
11	CASHAN	17.		V/5.5% /559	prefunding balance:							
	a Prese	nt value of	excess contribution	ons (line 38	a from prior year)				31114			C
					over line 38b from prior year interest rate of5.799							0
			30000-11001118-3011 1*2-11000	**************************************	ule SB, using prior year's a	ctual						
					to add to prefunding balance	·						C
	d Portio	n of (c) to	be added to prefu	nding balan	ice							C
12	Other re	ductions in	n balances due to	elections or	deemed elections				0			20,000
13	Balance	at beginn	ing of current year	(line 9 + lin	ne 10 + line 11d – line 12)				0			33,207
F	art III	Fund	ding Percenta	ges								
14	Funding	target atta	ainment percentag	e							14	84.09%
15	Adjusted	I funding t	arget attainment p	ercentage							15	128.52%
16					determining whether carry						16	101.01%
17	If the cui	rrent value	of the assets of the	ne plan is le	ess than 70 percent of the f	unding targe	et, enter suci	n percentage			17	%
F	art IV	Con	tributions and	l Liquidit	y Shortfalls							
18					by employer(s) and employer		1	/b) A	a a lal la v	1-	١ ٨	ent moid by
((a) Dat MM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) [(MM-DD		(b) Amount employe		(C		ınt paid by loyees
777	9/20/2	0.000.000.000		30,000	0							
0	4/16/2	2019	1.	10,000	0					-		
										+		
_												
				-								
						Totals ▶	18(b)		140,00	0 18(c)		
19	Discoun	ted emplo	ver contributions -	- see instru	ctions for small plan with a	1,100,000,000				-3-7		
					um required contributions			1	19a			(
	b Contr	ibutions m	ade to avoid restr	ictions adju	sted to valuation date				19b			14
	c Contr	ibutions all	ocated toward mini	mum require	ed contribution for current ye	ar adjusted t	o valuation d	ate	19c			138,753
20			tions and liquidity								15	
					prior year?							Yes X No
					nstallments for the current		n a timely ma	anner?				Yes No
_	C If line	20a is "Y	es," see instruction	ns and com	plete the following table as Liquidity shortfall as of en		of this plan	/ear			115	E #1
		(1) 1s	t		(2) 2nd	a or quarter	(3)				(4) 41	th
					3,000						, c	

P	art V	Assumptio	ns Used t	o Determine F	unding	Γarget and Τ	arget Norn	nal Cost				
21	Discoun	t rate:				****						
	a Segm	ent rates:		egment: . 92 %	2nd	d segment: 5.52 %		3rd segment: 6.29%		N/A, full	yield cun	ve used
	b Applic	able month (ent	er code)						21b			4
22	Weighte	d average retirer	ment age						22			65
23	Mortality	table(s) (see in	structions)	Prior regulation: Current regulation		Prescribed - co		Prescribed Prescribed			bstitute bstitute	
Pa	art VI	Miscellaneo	us Items									
24				prescribed actuaria							general .	s X No
25	Has a m	ethod change be	en made for	the current plan y	ear? If "Yes	s," see instruction	s regarding r	equired attach	ment		Ye	s X No
26	Is the pla	an required to pr	ovide a Sche	dule of Active Par	ticipants? If	"Yes," see instru	ctions regard	ing required a	ttachment		X Ye	s No
27	1,750 H. 11 C. 10 M. 10	The first of the second		ding rules, enter a			And the second of the second o		27			
	art VII			paid Minimun					1			
	Carlotta Control of			ns for all prior year	CHEROCOLOGICA DE RECUERTO	ALCOHOL STOREST CONTRACTOR OF THE STOREST CO	STATE BLOCK THE SECTION AND REPORT OF	CONTRACTOR STATE	28			(
29				ocated toward unp				0. 11.70%	29			0
30	Remaini	ng amount of un	paid minimur	m required contrib	utions (line 2	28 minus line 29)			30			(
Pa	art VIII	Minimum F	Required (Contribution F	or Curre	nt Year						
31	Target r	normal cost and	excess asset	s (see instructions):							
	a Target	normal cost (line	ə 6)						31a			104,310
	b Exces	s assets, if appli	cable, but no	t greater than line	31a		1	ere so seem en	31b		10 - 2011 - 10	(
32		ation installments					2000	standing Bala		In	stallment	
				nt					0			(
33	If a waiv	er has been app	roved for this	s plan year, enter t	he date of the	ne ruling letter gr	anting the ap	proval	33			
2.4				Year					34			104,310
34	I otal fur	naing requiremen	nt before refle	ecting carryover/pr		over balance		efunding balar		Tot	al balance	
35		s elected for use			Carry	o vor Balario	0		0			(
36	District of			minus line 35)					36			104,310
37	Contribu	itions allocated t	oward minim	um required contr	ibution for c	urrent year adjus	ted to valuation	on date (line	37			138,75
38	Present	value of excess	contributions	for current year (see instructi	ons)						
	a Total	(excess, if any, c	of line 37 ove	r line 36)					38a			34,44
	b Portio	n included in line	38a attribut	able to use of pref	unding and	funding standard	carryover ba	lances	38b			
39	Unpaid	minimum require	ed contributio	n for current year	(excess, if a	ny, of line 36 ove	er line 37)		39			
40	Unpaid			ns for all years					40			(
Pa	rt IX	Pension F	unding R	elief Under Pe	ension Re	elief Act of 20)10 (See Ir	structions	5)			
41	If an ele	ction was made	to use PRA 2	2010 funding relief	for this plan	1			110			
	a Sched	lule elected								2 plus 7 year	rs 1	5 years
	b Eligib	le plan year(s) fo	or which the e	election in line 41a	was made				20	08 2009	2010	2011

Schedule SB, line 15 -

Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

PLAN YEAR ENDED: 12/31/18

The percentage shown on line 15 is equal to the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date, divided by the sum of the current year's funding target and target normal cost.

Schedule SB, line 22 -

Weighted average retirement age

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

PLAN YEAR ENDED: 12/31/18

It was assumed that all participants will retire at Normal Retirement Age (65), or if later, on the current valuation date.

Statement of Actuarial Assumptions/Methods

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- · Assumed retirement age: Normal Retirement Age, or current val date if later
- · Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- · Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 3.00%

Summary of Plan Provisions

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

- Eligibility: Varies by class.
- Theoretical contributions: Varies by class.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 65 (1st of month after)
- Interest crediting rate: 30-year T-bond rate for 1st month before plan year
- Vesting: 3-year cliff

Schedule SB, line 26 - Schedule of Active Participant Data

PLAN: Metal Master/Pemco Lighting Products Cash Balance Plan EIN/PN: 82-3646751 / 003 PYE: 12/31/2018

-	324 25 to 29 30 to 34 35 to 39 40 & up											
Years of Credited Service	10 to 14 15 to 19 20 to 24							-				
	1 to 4 5 to 9 10											
Attained	Age Under 1 1	Inder 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 % 110

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).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Part I Annual Re	port Identification Informatio	n			7-12-12-12-12-12-12-12-12-12-12-12-12-12-
	8 or fiscal plan year beginning	01/01/2018	and ending	12/31/2	
A This return/report is for:	a single-employer plan	list of participating er	lan (not multiemployer) nployer information in a	(Filers checking the accordance with the	is box must attach a form instructions.)
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	m/report (less than 12 r	months)	
C Check box if filing unde	r: X Form 5558	automatic extension		DFVC program	n
	special extension (enter de	scription)			
Part II Basic Plan	Information—enter all requested	information			
1a Name of plan	Pemco Lighting Products		an	1b Three-digit plan numb	
				1c Effective d	\$2000 110 TO
Mailing address (inclu	(employer, if for a single-employer plan de room, apt., suite no. and street, or f	P.O. Box)			dentification Number 3646751
	province, country, and ZIP or foreign portion of the Consulting LLC	ostal code (if foreign, see ins	tructions)		telephone number 2-0858
6 Crosshill R	oad			2d Business	code (see instructions)
Hartsdale	NY 10	530		335100	
3a Plan administrator's n	ame and address X Same as Plan S	ponsor.		3b Administra	itor's EIN
		has channed since the lest	return/report filed for	4b EIN	
this plan enter the pl	N of the plan sponsor or the plan name an sponsor's name, EIN, the plan name	ne and the plan number from	the last return/report.	51-1	0301342
a Sponsor's name Met	al Master Co. of Delaware, al Master/Pemco Lightin	inc. dba Pemco Light.	Balance Plan	003	
5a Total number of parti	cipants at the beginning of the plan ye	ar		5a	13
	cipants at the end of the plan year			100 E-	
c Number of participan	ts with account balances as of the end	of the plan year (only define	ed contribution plans	5c	
	tive participants at the beginning of the				MANUSANA AMARANSIN
	ctive participants at the end of the plan				
e Number of participar	nts who terminated employment during	the plan year with accrued l	benefits that were less	5e	
Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp	ne late or incomplete filing of this re and other penalties set forth in the ins leted and signed by an enrolled actual	turn/report will be assesse	d unless reasonable of examined this return	/report, including, i	applicable, a schedule
belief, it is true /correct, a	111111	8/20/19	Donna Steffe	n	OF STREET
SIGN KANNIL		Date	Enter name of indi	vidual signing as p	lan administrator
Signature of	f plan administrator	8/20/19	Donna Steffe		
SIGN Y SIAM	f employer/plan sponsor	Date			mployer or plan sponsor
Signature of	f employer/plan sponsor Act Notice, see the Instructions for Form		T Enter Harte of High		Form 5500-SF (2018)

_				
Р	a	a	e	1

b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the plan of	an independ and condition	dent qualified public a	ccounta	ant (IQ	PA)	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance pro	ogram (see ERISA se	ction 40	021)?	🛛 Ye	
Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
a	Total plan assets	7a		267,			250,685
b	Total plan liabilities	7b			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	ò	267,	148		250,68
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		140,	000		
	(2) Participants	8a(2)			0		
	(3) Others (including rollovers)	8a(3)			0	111112	
b	Other income (loss)	8b		-8,	015		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					131,98
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		148,			
e	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f			0	-1	
g	Other expenses	8g			0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					148,44
i_	Net income (loss) (subtract line 8h from line 8c)	8i					-16,46
j	Transfers to (from) the plan (see instructions)	8j			0		
9a b	If the plan provides pension benefits, enter the applicable pension 1B 1C If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.						
Par	t V Compliance Questions						
10	During the plan year:	no. Socrae			Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary Fi	duciary Correction	10a		х	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х	
C	Was the plan covered by a fidelity bond?		***************************************	10c	X		150,00
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		Х	
6	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e		х	
f	Has the plan failed to provide any benefit when due under the plan	in?		10f		Х	
- 0	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g		X	1
T	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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i			

	Form 5500-SF (2018)	Page 3-				_		
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding (Form 5500) and line 11a below)						X Ye	es 🗌 No
11a	Enter the unpaid minimum required contributions for all ye	ears from Schedule SB (Form 5500) line 40		11a			0	
12	Is this a defined contribution plan subject to the minimum ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12c						Ye	es X No
а	If a waiver of the minimum funding standard for a prior year granting the waiver.			d enter Day			e letter /ear_	ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of 5	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 f	or this plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12 negative amount)	70.70% (70.00.70%) (10.00.70% (70.00%) €1.00% (70.00%) (10.00%) (10.00%) (10.00%) (10.00%)	eft of a	12d				
е	Will the minimum funding amount reported on line 12d be	met by the funding deadline?			Yes	1	No _	N/A
Part	VII Plan Terminations and Transfers of As	sets						
13a	Has a resolution to terminate the plan been adopted in any pla	an year?			Yes		X No	li e
	If "Yes," enter the amount of any plan assets that reverted	d to the employer this year		13a				
b	Were all the plan assets distributed to participants or ben- control of the PBGC?	[HONE]] Y	es X	No
С	If, during this plan year, any assets or liabilities were transwhich assets or liabilities were transferred.	sferred from this plan to another plan(s), identi	fy the plan(s)) 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

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).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

**************************************	File as a	in attachment to Form 550	00 or 5500)-SF.			
For calendar plan year 2018 or fiscal plan	year beginning	01/01/2018		and ending	3	12/31/20	18
Round off amounts to nearest dollar							
Caution: A penalty of \$1,000 will be as	sessed for late filing of t	his report unless reasonabl	le cause is	established	i.		
A Name of plan		2 2 2	В	Three-dig	jit		
Metal Master/Pemco Light	ing Products C	Cash Balance Plar	1	plan num	ber (PN)•	003
C Plan sponsor's name as shown on line 2	2a of Form 5500 or 5500	-SF	D	Employer	Identific	ation Number (E	IN)
Transported sharife as shown on the	24 01 1 0111 0000 01 0000		-	Linployor	domano	(2	,
S&S Integrity Consulting	g LLC			82-364	6751		
E Type of plan: ☒ Single ☐ Multiple-A	Multiple-B	F Prior year plan s	ize: 🛛 10	0 or fewer	101-	500 More th	an 500
							777-0-00/95,070
Part I Basic Information	10 5	21 20	1.0				
1 Enter the valuation date:	Month 12 Da	y 31 Year 20	10				
2 Assets:					2a		110,231
a Market value							
b Actuarial value			(4) Ni	hf	2b	ated Francisco	110,231
3 Funding target/participant count brea	kdown		(1) Num particip			sted Funding Target	(3) Total Funding Target
a For retired participants and benefic	iaries receiving payment	t	- torionial	0		0	(
b For terminated vested participants				0		0	(
c For active participants				1		89,414	89,414
41 12				1		89,414	89,414
d Total							
					40		
a Funding target disregarding prescri					4a		
b Funding target reflecting at-risk ass at-risk status for fewer than five co					4b		
5 Effective interest rate					-		5.52%
6 Target normal cost					6		104,31
Statement by Enrolled Actuary							
To the best of my knowledge, the information suppli accordance with applicable law and regulations. In r	ed in this schedule and accompa	anying schedules, statements and at	tachments, if	any, is complete	and accu	rate. Each prescribed	assumption was applied in
combination, offer my best estimate of anticipated e	xperience under the plan.	on is reasonable (laking into account	t the expensi	ice of the plant a	ila reasonie	able expectations/ an	a sacri outer assumptions, in
SIGN .	201						
HERE Star	There					07/16/20	19
Sig	nature of actuary					Date	
Daniel L. Ruehr, ASA						170823	4
Type or	print name of actuary				Most	recent enrollme	nt number
Select Pension Services	#CO COMMENTED COMMENT PROPERTY TO A COMPANY					610-608-0	756
	Firm name			Te	lephone	number (includ	ling area code)
2434 Mansfield Ave					(190)	327	ross St
	126						
Drexel Hill PA 190	ddress of the firm						
		45 35 45 58 00 000 000	ADMEAN 1	BYEN CO. DUTTE	M. 1*	masi un ren	prost.
If the actuary has not fully reflected any reg	ulation or ruling promulg	ated under the statute in co	ompleting	this schedul	e, check	the box and se	e

Page 2 -			2	e	a	a	P
----------	--	--	---	---	---	---	---

P	art II	Begin	ning of Year (Carryove	r and Prefunding Ba	lances						
							(a) Ca	arryover balance	Э	(b) P	refundi	ng balance
7					le adjustments (line 13 fro				0			49,596
8			/하는 경기도 하는데 등이를 제다면서 🗗 생각하다.		ling requirement (line 35 fr				0			0
9									0			49,596
10					of7.28%				0			3,611
11	/ ACHANA	17.		V/5.5% /559	prefunding balance:							
	a Prese	nt value of	excess contribution	ons (line 38	a from prior year)				31114			C
					over line 38b from prior year nterest rate of5.799							0
			30000-11001118-3011 1*2-11000	**************************************	ule SB, using prior year's a	ectual						(
					to add to prefunding balance	·						C
	d Portio	n of (c) to	be added to prefu	nding balan	ce							C
12	Other re	ductions in	n balances due to	elections or	deemed elections				0			20,000
13	Balance	at beginn	ing of current year	(line 9 + lin	e 10 + line 11d – line 12)				0			33,207
F	Part III	Fund	ding Percenta	ges								
14	Funding	target atta	ainment percentag	e							14	84.09%
15	Adjusted	I funding t	arget attainment p	ercentage			****************				15	128.52%
16					determining whether carry						16	101.01%
17	If the cu	rrent value	of the assets of the	ne plan is le	ess than 70 percent of the f	unding targe	et, enter suci	n percentage			17	%
F	Part IV	Con	tributions and	l Liquidit	y Shortfalls							
18					by employer(s) and employer			(1) 1	111	1 .		-111
((a) Dat MM-DD-Y		(b) Amount pa employer(s		(c) Amount paid by employees	(a) [(MM-DD		(b) Amount employe		(C		int paid by loyees
0	9/20/2	018		30,000	0							
0	4/16/2	2019	1.	10,000	0	V						
										+		
_												
_												
_												
						Totals ▶	18(b)		140,00	0 18(c)		(
19	Discour	ted emplo	ver contributions -	- see instru	ctions for small plan with a							
					um required contributions			1	19a			(
	b Contr	ibutions m	ade to avoid restr	ictions adju	sted to valuation date	*************			19b			14
	c Contr	ibutions all	ocated toward mini	mum require	ed contribution for current ye	ar adjusted t	o valuation d	ate	19c			138,75
20			tions and liquidity								JET.	
					prior year?							Yes X No
					stallments for the current			anner?				Yes No
	C If line	20a is "Y	es," see instruction	ns and com	plete the following table as Liquidity shortfall as of en			/ear			4.	
_		(1) 1s	t		(2) 2nd	u or quarter	(3)				(4) 41	th
		1 /			State.		1094				AC-	

F	Part V	Assumption	ons Used to Determine	Funding Target and Targ	get Normal Cost		
21	Discoun	t rate:					
	a Segm	nent rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29%		N/A, full yield curve used
	b Applic	cable month (ent	er code)			21b	
22	Weighte	ed average retire	ment age			22	6
23	Mortality	/ table(s) (see in	Prior regulation Current regulat				
Pa	art VI	Miscellaneo	us Items				
24				rial assumptions for the current p	MANAGEMENT OF THE STANK STANKS		
25	Has a m	ethod change be	een made for the current plan	year? If "Yes," see instructions re	egarding required attach	ment	Yes X No
26	Is the pla	an required to pr	rovide a Schedule of Active Pa	articipants? If "Yes," see instruction	ons regarding required a	ttachment	X Yes No
27		The state of the s		applicable code and see instructi		27	
P	art VII	Reconcilia	tion of Unpaid Minimu	m Required Contribution	s For Prior Years		
28				ars		28	
29				npaid minimum required contribut		29	
30	Remain	ing amount of ur	paid minimum required contri	butions (line 28 minus line 29)		30	
P	art VIII	Minimum F	Required Contribution	For Current Year			
31	Target r	normal cost and	excess assets (see instruction	ns):			
	a Target	t normal cost (lin	e 6)			31a	104,31
	b Exces	ss assets, if appli	icable, but not greater than lin	e 31a		31b	
32		ation installment			Outstanding Bala		Installment
	a Net sh	hortfall amortizat	ion installment			0	
200						0	
33				the date of the ruling letter grant) and the waived amount		33	
34	Total fu	nding requireme	nt before reflecting carryover/	prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	104,31
				Carryover balance	Prefunding balar	nce	Total balance
35			e to offset funding	C		0	
36	Addition	nal cash requiren	nent (line 34 minus line 35)			36	104,31
37				tribution for current year adjusted		37	138,75
38	Present	t value of excess	contributions for current year	(see instructions)			
	a Total	(excess, if any, o	of line 37 over line 36)			38a	34,44
	b Portion	on included in lin	e 38a attributable to use of pr	efunding and funding standard ca	rryover balances	38b	
39	Unpaid	minimum require	ed contribution for current yea	r (excess, if any, of line 36 over li	ne 37)	39	
40	Unpaid	1				40	
Pa	rt IX	Pension F	unding Relief Under F	Pension Relief Act of 2010	(See Instructions	5)	
41	If an ele	ction was made	to use PRA 2010 funding relie	ef for this plan:		24,1	22.2
	a Sched	dule elected					2 plus 7 years 15 years
	b Fligib	le plan vear(s) fo	or which the election in line 41	a was made		20	08 2009 2010 2011

Schedule SB, line 15 -

Reconciliation of differences between valuation results and amounts used to calculate AFTAP

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EIN/PN: 82-3646751 / 003

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Weighted average retirement age

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

PLAN YEAR ENDED: 12/31/18

It was assumed that all participants will retire at Normal Retirement Age (65), or if later, on the current valuation date.

Statement of Actuarial Assumptions/Methods

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

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- Asset valuation method: Market value of assets (no smoothing)
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- · Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
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Summary of Plan Provisions

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

- Eligibility: Varies by class.
- Theoretical contributions: Varies by class.
- Compensation: W-2 comp with add-back of 401k deferrals
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Schedule SB, line 26 - Schedule of Active Participant Data

PLAN: Metal Master/Pemco Lighting Products Cash Balance Plan EIN/PN: 82-3646751 / 003 PYE: 12/31/2018

-	324 25 to 29 30 to 34 35 to 39 40 & up											
Years of Credited Service	10 to 14 15 to 19 20 to 24							-				
	1 to 4 5 to 9 10											
Attained	Age Under 1 1	Inder 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 % 110

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

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Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2018

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Part I Annual Re	port Identification Informatio	n			7-12-12-12-12-12-12-12-12-12-12-12-12-12-
	8 or fiscal plan year beginning	01/01/2018	and ending	12/31/2	
A This return/report is for:	a single-employer plan	list of participating er	lan (not multiemployer) nployer information in a	(Filers checking the accordance with the	is box must attach a form instructions.)
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	m/report (less than 12 r	months)	
C Check box if filing unde	r: X Form 5558	automatic extension		DFVC program	n
	special extension (enter de	scription)			
Part II Basic Plan	Information—enter all requested	information			
1a Name of plan	Pemco Lighting Products		an	1b Three-digit plan numb	
				1c Effective d	\$2000 11 - 500 12 - 500 10 - 500 10 10 10 10 10 10 10 10 10 10 10 10 1
Mailing address (inclu	(employer, if for a single-employer plan de room, apt., suite no. and street, or f	P.O. Box)			dentification Number 3646751
	province, country, and ZIP or foreign portion of the Consulting LLC	ostal code (if foreign, see ins	tructions)		telephone number 2-0858
6 Crosshill R	oad			2d Business	code (see instructions)
Hartsdale	NY 10	530		335100	
3a Plan administrator's n	ame and address X Same as Plan S	ponsor.		3b Administra	itor's EIN
		has channed since the lest	return/report filed for	4b EIN	
this plan enter the pl	N of the plan sponsor or the plan name an sponsor's name, EIN, the plan name	ne and the plan number from	the last return/report.	51-1	0301342
a Sponsor's name Met	al Master Co. of Delaware, al Master/Pemco Lightin	inc. dba Pemco Light.	Balance Plan	003	
5a Total number of parti	cipants at the beginning of the plan ye	ar		5a	13
	cipants at the end of the plan year			100 E-	
c Number of participan	ts with account balances as of the end	of the plan year (only define	ed contribution plans	5c	
	tive participants at the beginning of the				MANUSANA AMARANSIN
	ctive participants at the end of the plan				
e Number of participar	nts who terminated employment during	the plan year with accrued l	benefits that were less	5e	
Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp	ne late or incomplete filing of this re and other penalties set forth in the ins leted and signed by an enrolled actual	turn/report will be assesse	d unless reasonable of examined this return	/report, including, i	applicable, a schedule
belief, it is true /correct, a	111111	8/20/19	Donna Steffe	n	OF STREET
SIGN KANNIL		Date	Enter name of indi	vidual signing as p	lan administrator
Signature of	f plan administrator	8/20/19	Donna Steffe		
SIGN Y SIAM	f employer/plan sponsor	Date			mployer or plan sponsor
Signature of	f employer/plan sponsor Act Notice, see the Instructions for Form		T Enter Harte of High		Form 5500-SF (2018)

_				
Р	a	a	e	1

b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the plan of	an independ and condition	dent qualified public a	ccounta	ant (IQ	PA)	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance pro	ogram (see ERISA se	ction 40	021)?	🛛 Ye	
Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
a	Total plan assets	7a		267,			250,685
b	Total plan liabilities	7b			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	ò	267,	148		250,68
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		140,	000		
	(2) Participants	8a(2)			0		
	(3) Others (including rollovers)	8a(3)			0	111112	
b	Other income (loss)	8b		-8,	015		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					131,98
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		148,			
e	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f			0	-1	
g	Other expenses	8g			0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					148,44
i_	Net income (loss) (subtract line 8h from line 8c)	8i					-16,46
j	Transfers to (from) the plan (see instructions)	8j			0		
9a b	If the plan provides pension benefits, enter the applicable pension 1B 1C If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.						
Par	t V Compliance Questions						
10	During the plan year:	no. Socrae			Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary Fi	duciary Correction	10a		х	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х	
C	Was the plan covered by a fidelity bond?		***************************************	10c	X		150,00
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		Х	
6	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e		х	
f	Has the plan failed to provide any benefit when due under the plan	in?		10f		Х	
- 0	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g		Х	1
T	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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i			

	Form 5500-SF (2018)	Page 3-				_		
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding (Form 5500) and line 11a below)						X Ye	es 🗌 No
11a	Enter the unpaid minimum required contributions for all ye	ears from Schedule SB (Form 5500) line 40		11a			0	
12	Is this a defined contribution plan subject to the minimum ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12c						Ye	es X No
а	If a waiver of the minimum funding standard for a prior year granting the waiver.			d enter Day			e letter /ear_	ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of 5	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 f	or this plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12 negative amount)	70.70% (70.00.70%) (10.00.70% (70.00%) €1.00% (70.00%) (10.00%) (10.00%) (10.00%) (10.00%)	eft of a	12d				
е	Will the minimum funding amount reported on line 12d be	met by the funding deadline?			Yes	1	No _	N/A
Part	VII Plan Terminations and Transfers of As	sets						
13a	Has a resolution to terminate the plan been adopted in any pla	an year?			Yes		X No	li e
	If "Yes," enter the amount of any plan assets that reverted	d to the employer this year		13a				
b	Were all the plan assets distributed to participants or ben- control of the PBGC?	[HONE]] Y	es X	No
С	If, during this plan year, any assets or liabilities were transwhich assets or liabilities were transferred.	sferred from this plan to another plan(s), identi	fy the plan(s)) 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

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).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

**************************************	File as a	in attachment to Form 550	00 or 5500)-SF.			
For calendar plan year 2018 or fiscal plan	year beginning	01/01/2018		and ending	3	12/31/20	18
Round off amounts to nearest dollar							
Caution: A penalty of \$1,000 will be as	sessed for late filing of t	his report unless reasonabl	le cause is	established	i.		
A Name of plan		2 2 2	В	Three-dig	jit		
Metal Master/Pemco Light	ing Products C	Cash Balance Plar	1	plan num	ber (PN)•	003
C Plan sponsor's name as shown on line 2	2a of Form 5500 or 5500	-SF	D	Employer	Identific	ation Number (E	IN)
Transported sharife as shown on the	24 01 1 0111 0000 01 0000		-	Linployor	domano	(2	,
S&S Integrity Consulting	g LLC			82-364	6751		
E Type of plan: ☒ Single ☐ Multiple-A	Multiple-B	F Prior year plan s	ize: 🛛 10	0 or fewer	101-	500 More th	an 500
							777-0-00/95,070
Part I Basic Information	10 5	21 20	1.0				
1 Enter the valuation date:	Month 12 Da	y 31 Year 20	10				
2 Assets:					2a		110,231
a Market value							
b Actuarial value			(4) Ni	hf	2b	ated Francisco	110,231
3 Funding target/participant count brea	kdown		(1) Num particip			sted Funding Target	(3) Total Funding Target
a For retired participants and benefic	iaries receiving payment	t	- torrisonal	0		0	(
b For terminated vested participants				0		0	(
c For active participants				1		89,414	89,414
41 12				1		89,414	89,414
d Total							
					40		
a Funding target disregarding prescri					4a		
b Funding target reflecting at-risk ass at-risk status for fewer than five co					4b		
5 Effective interest rate					-		5.52%
6 Target normal cost					6		104,31
Statement by Enrolled Actuary							
To the best of my knowledge, the information suppli accordance with applicable law and regulations. In r	ed in this schedule and accompa	anying schedules, statements and at	tachments, if	any, is complete	and accu	rate. Each prescribed	assumption was applied in
combination, offer my best estimate of anticipated e	xperience under the plan.	on is reasonable (laking into account	t the expensi	ice of the plant a	ila reasonie	able expectations/ an	a sacri outer assumptions, in
SIGN .	201						
HERE Star	There					07/16/20	19
Sig	nature of actuary					Date	
Daniel L. Ruehr, ASA						170823	4
Type or	print name of actuary				Most	recent enrollme	nt number
Select Pension Services	#CO COMMENTED COMMENT PROPERTY TO A COMPANY					610-608-0	756
	Firm name			Te	lephone	number (includ	ling area code)
2434 Mansfield Ave					(190)	327	ross St
	126						
Drexel Hill PA 190	ddress of the firm						
		45 35 45 58 00 000 000	ADMEAN 1	BYEN CO. DUTTE	M. 1*	masi un ren	prost.
If the actuary has not fully reflected any reg	ulation or ruling promulg	ated under the statute in co	ompleting	this schedul	e, check	the box and se	e

Page 2 -			2	e	a	a	P
----------	--	--	---	---	---	---	---

P	art II	Begin	ning of Year (Carryove	r and Prefunding Ba	lances						
							(a) Ca	arryover balance	Э	(b) P	refundi	ng balance
7					le adjustments (line 13 fro				0			49,596
8			/하는 경기도 하는데 등이를 제다면서 🗗 생각하다.		ling requirement (line 35 fr				0			0
9									0			49,596
10					of7.28%				0			3,611
11	/ ACHANA	17.		V/5.5% /559	prefunding balance:							
	a Prese	nt value of	excess contribution	ons (line 38	a from prior year)				31114			C
					over line 38b from prior year nterest rate of5.799							0
			30000-11001118-3011 1*2-11000	**************************************	ule SB, using prior year's a	ectual						(
					to add to prefunding balance	·						C
	d Portio	n of (c) to	be added to prefu	nding balan	ce							C
12	Other re	ductions in	n balances due to	elections or	deemed elections				0			20,000
13	Balance	at beginn	ing of current year	(line 9 + lin	e 10 + line 11d – line 12)				0			33,207
F	Part III	Fund	ding Percenta	ges								
14	Funding	target atta	ainment percentag	e							14	84.09%
15	Adjusted	I funding t	arget attainment p	ercentage			****************				15	128.52%
16					determining whether carry						16	101.01%
17	If the cu	rrent value	of the assets of the	ne plan is le	ess than 70 percent of the f	unding targe	et, enter suci	n percentage			17	%
F	Part IV	Con	tributions and	l Liquidit	y Shortfalls							
18					by employer(s) and employer			(1) 1	111	1 .		-111
((a) Dat MM-DD-Y		(b) Amount pa employer(s		(c) Amount paid by employees	(a) [(MM-DD		(b) Amount employe		(C		int paid by loyees
0	9/20/2	018		30,000	0							
0	4/16/2	2019	1.	10,000	0	V						
										+		
_												
_												
_												
						Totals ▶	18(b)		140,00	0 18(c)		(
19	Discour	ted emplo	ver contributions -	- see instru	ctions for small plan with a							
					um required contributions			1	19a			(
	b Contr	ibutions m	ade to avoid restr	ictions adju	sted to valuation date	*************			19b			14
	c Contr	ibutions all	ocated toward mini	mum require	ed contribution for current ye	ar adjusted t	o valuation d	ate	19c			138,75
20			tions and liquidity								JET.	
					prior year?							Yes X No
					stallments for the current			anner?				Yes No
	C If line	20a is "Y	es," see instruction	ns and com	plete the following table as Liquidity shortfall as of en			/ear			4.	
_		(1) 1s	t		(2) 2nd	u or quarter	(3)				(4) 41	th
		1 /			State.		1094				AC-	

P	art V	Assumptio	ns Used t	o Determine F	unding T	arget and Tar	get Norm	al Cost				
21	Discoun	t rate:										
	a Segm	ent rates:		egment: 92 %		segment: 5.52 %	3	rd segment: 6.29%		N/A, full	yield cur	ve used
	b Applic	able month (ent	er code)						21b			4
22	Weighte	d average retirer	ment age						22			65
23	Mortality	table(s) (see in	structions)	Prior regulation: Current regulation	n: 🗵	Prescribed - com	_	Prescribed Prescribed			bstitute bstitute	
Pa	art VI	Miscellaneo	us Items									
24				prescribed actuaria							personal contract of	s X No
25	Has a m	ethod change be	en made for	the current plan y	ear? If "Yes,	" see instructions	regarding re	quired attach	ment		Ye	s X No
26	Is the pla	an required to pr	ovide a Sche	dule of Active Par	ticipants? If	"Yes," see instruct	ions regardir	ng required a	ttachment		X Ye	s No
27	1,750 H. 11 C. 10 M. 10	The first of the second		ding rules, enter a					27			
	art VII			paid Minimun					T			
	Carlotta Control of			ns for all prior year	CAUTO CONTRACTOR OF THE STATE O	CARLO DE PORTO DE PARA DE PORTO DE PORTO DE LA CARLO DE PORTO DE P	- LIBERT SWINGSON DELAY SPEED SPEED	Contract Con	28			C
29				ocated toward unp				11.76%	29			C
30	Remaini	ng amount of un	paid minimur	m required contribu	utions (line 2	8 minus line 29)			30			(
Pa	art VIII	Minimum F	Required (Contribution F	or Currer	nt Year						
31	Target r	normal cost and	excess asset	s (see instructions):							
	a Target	normal cost (line	e 6)						31a			104,310
	b Exces	s assets, if appli	cable, but no	t greater than line	31a		T	- 80 NO. 100	31b		D 251 0	
32		ation installments					200.00000	tanding Bala	000000	In	stallment	
				nt					0			(
33	If a waiv	er has been app	roved for this	s plan year, enter t	he date of th	e ruling letter gran	ting the appr	oval	33			
2.4				Year					34			104,310
34	I otal fur	naing requiremen	nt before refle	ecting carryover/pr		ver balance		unding balar		Tot	al balanc	
35		s elected for use			Carryo		0	anding balar	0	100	ar bararro	(
36	District of			minus line 35)	459400345044500044		-1		36			104,310
37	Contribu	itions allocated t	oward minim	um required contri	bution for cu	rrent year adjusted	d to valuation	date (line	37			138,75
38	Present	value of excess	contributions	for current year (see instructio	ons)						
	a Total	(excess, if any, c	of line 37 ove	r line 36)					38a			34,44
	b Portio	n included in line	e 38a attribut	able to use of pref	unding and f	unding standard ca	arryover bala	nces	38b			
39	Unpaid	minimum require	ed contributio	n for current year	(excess, if ar	ny, of line 36 over	ine 37)		39			
40	Unpaid			ns for all years					40			(
Pa	rt IX	Pension F	unding R	elief Under Pe	nsion Re	lief Act of 201	0 (See Ins	structions	5)			
41	If an ele	ction was made	to use PRA 2	2010 funding relief	for this plan:							
	a Sched	lule elected								2 plus 7 year	's 1	5 years
	b Eligib	le plan year(s) fo	or which the e	election in line 41a	was made .				20	08 2009 [2010	2011

Schedule SB, line 15 -

Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

PLAN YEAR ENDED: 12/31/18

The percentage shown on line 15 is equal to the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date, divided by the sum of the current year's funding target and target normal cost.

Schedule SB, line 22 -

Weighted average retirement age

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

PLAN YEAR ENDED: 12/31/18

It was assumed that all participants will retire at Normal Retirement Age (65), or if later, on the current valuation date.

Statement of Actuarial Assumptions/Methods

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- · Assumed retirement age: Normal Retirement Age, or current val date if later
- · Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- · Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 3.00%

Summary of Plan Provisions

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

- Eligibility: Varies by class.
- Theoretical contributions: Varies by class.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 65 (1st of month after)
- Interest crediting rate: 30-year T-bond rate for 1st month before plan year
- Vesting: 3-year cliff

Schedule SB, line 26 - Schedule of Active Participant Data

PLAN: Metal Master/Pemco Lighting Products Cash Balance Plan EIN/PN: 82-3646751 / 003 PYE: 12/31/2018

-	324 25 to 29 30 to 34 35 to 39 40 & up											
Years of Credited Service	10 to 14 15 to 19 20 to 24							-				
	1 to 4 5 to 9 10											
Attained	Age Under 1 1	Inder 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 % 110

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).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Part I Annual Re	port Identification Informatio	n			7-12-12-12-12-12-12-12-12-12-12-12-12-12-
	8 or fiscal plan year beginning	01/01/2018	and ending	12/31/2	
A This return/report is for:	a single-employer plan	list of participating er	lan (not multiemployer) nployer information in a	(Filers checking the accordance with the	is box must attach a form instructions.)
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	m/report (less than 12 r	months)	
C Check box if filing unde	r: X Form 5558	automatic extension		DFVC program	n
	special extension (enter de	scription)			
Part II Basic Plan	Information—enter all requested	information			
1a Name of plan	Pemco Lighting Products		an	1b Three-digit plan numb	
				1c Effective d	\$2000 11 - 500 12 - 500 10 - 500 10 10 10 10 10 10 10 10 10 10 10 10 1
Mailing address (inclu	(employer, if for a single-employer plan de room, apt., suite no. and street, or f	P.O. Box)			dentification Number 3646751
	province, country, and ZIP or foreign portion of Consulting LLC	ostal code (if foreign, see ins	tructions)		telephone number 2-0858
6 Crosshill R	oad			2d Business	code (see instructions)
Hartsdale	NY 10	530		335100	
3a Plan administrator's n	ame and address X Same as Plan S	ponsor.		3b Administra	itor's EIN
		has channed since the lest	return/report filed for	4b EIN	
this plan enter the pl	N of the plan sponsor or the plan name an sponsor's name, EIN, the plan name	ne and the plan number from	the last return/report.	51-1	0301342
a Sponsor's name Met	al Master Co. of Delaware, al Master/Pemco Lightin	inc. dba Pemco Light.	Balance Plan	003	
5a Total number of parti	cipants at the beginning of the plan ye	ar		5a	13
	cipants at the end of the plan year			De 1-	
c Number of participan	ts with account balances as of the end	of the plan year (only define	ed contribution plans	5c	
	tive participants at the beginning of the				MANUSANA AMARANSIN
	ctive participants at the end of the plan				
e Number of participar	nts who terminated employment during	the plan year with accrued l	benefits that were less	5e	
Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp	ne late or incomplete filing of this re and other penalties set forth in the ins leted and signed by an enrolled actual	turn/report will be assesse	d unless reasonable of examined this return	/report, including, i	applicable, a schedule
belief, it is true /correct, a	111111	8/20/19	Donna Steffe	n	OF STREET
SIGN KANNIL		Date	Enter name of indi	vidual signing as p	lan administrator
Signature of	f plan administrator	8/20/19	Donna Steffe		
SIGN Y SIAM	f employer/plan sponsor	Date			mployer or plan sponsor
Signature of	f employer/plan sponsor Act Notice, see the Instructions for Form		T Enter Harte of High		Form 5500-SF (2018)

_				
Р	a	a	e	1

b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the plan of	an independ and condition	dent qualified public a	ccounta	ant (IQ	PA)	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance pro	ogram (see ERISA se	ction 40	021)?	🛛 Ye	
Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
a	Total plan assets	7a		267,			250,685
b	Total plan liabilities	7b			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	ò	267,	148		250,68
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		140,	000		
	(2) Participants	8a(2)			0		
	(3) Others (including rollovers)	8a(3)			0	111112	
b	Other income (loss)	8b		-8,	015		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					131,98
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		148,			
e	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f			0	-11	
g	Other expenses	8g			0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					148,44
i_	Net income (loss) (subtract line 8h from line 8c)	8i					-16,46
j	Transfers to (from) the plan (see instructions)	8j			0		
9a b	If the plan provides pension benefits, enter the applicable pension 1B 1C If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.						
Par	t V Compliance Questions						
10	During the plan year:	no. Socrae			Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary Fi	duciary Correction	10a		х	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х	
C	Was the plan covered by a fidelity bond?		***************************************	10c	X		150,00
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		Х	
6	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e		х	
f	Has the plan failed to provide any benefit when due under the plan	in?		10f		Х	
- 0	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g		Х	1
T	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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i			

	Form 5500-SF (2018)	Page 3-				_		
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding (Form 5500) and line 11a below)						X Ye	es 🗌 No
11a	Enter the unpaid minimum required contributions for all ye	ears from Schedule SB (Form 5500) line 40		11a			0	
12	Is this a defined contribution plan subject to the minimum ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12c						Ye	es X No
а	If a waiver of the minimum funding standard for a prior year granting the waiver.			d enter Day			e letter /ear_	ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of 5	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 f	or this plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12 negative amount)	70.70% (70.00.70%) (10.00.70% (70.00%) €1.00% (70.00%) (10.00%) (10.00%) (10.00%) (10.00%)	eft of a	12d				
е	Will the minimum funding amount reported on line 12d be	met by the funding deadline?			Yes	1	No _	N/A
Part	VII Plan Terminations and Transfers of As	sets						
13a	Has a resolution to terminate the plan been adopted in any pla	an year?			Yes		X No	li e
	If "Yes," enter the amount of any plan assets that reverted	d to the employer this year		13a				
b	Were all the plan assets distributed to participants or ben- control of the PBGC?	[HONE]] Y	es X	No
С	If, during this plan year, any assets or liabilities were transwhich assets or liabilities were transferred.	sferred from this plan to another plan(s), identi	fy the plan(s)) 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

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).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

**************************************	File as a	in attachment to Form 550	00 or 5500)-SF.			
For calendar plan year 2018 or fiscal plan	year beginning	01/01/2018		and ending	3	12/31/20	18
Round off amounts to nearest dollar							
Caution: A penalty of \$1,000 will be as	sessed for late filing of t	his report unless reasonabl	le cause is	established	i.		
A Name of plan		2 2 2	В	Three-dig	jit		
Metal Master/Pemco Light	ing Products C	Cash Balance Plar	1	plan num	ber (PN)•	003
C Plan sponsor's name as shown on line 2	2a of Form 5500 or 5500	-SF	D	Employer	Identific	ation Number (E	IN)
Transported sharife as shown on the	24 01 1 0111 0000 01 0000		-	Linployor	domano	(2	,
S&S Integrity Consulting	g LLC			82-364	6751		
E Type of plan: ☒ Single ☐ Multiple-A	Multiple-B	F Prior year plan s	ize: 🛛 10	0 or fewer	101-	500 More th	an 500
							777-0-00/95,070
Part I Basic Information	10 5	21 20	1.0				
1 Enter the valuation date:	Month 12 Da	y 31 Year 20	10				
2 Assets:					2a		110,231
a Market value							
b Actuarial value			(4) Ni	hf	2b	ated Francisco	110,231
3 Funding target/participant count brea	kdown		(1) Num particip			sted Funding Target	(3) Total Funding Target
a For retired participants and benefic	iaries receiving payment	t	- torionial	0		0	(
b For terminated vested participants				0		0	(
c For active participants				1		89,414	89,414
41 12				1		89,414	89,414
d Total							
					40		
a Funding target disregarding prescri					4a		
b Funding target reflecting at-risk ass at-risk status for fewer than five co					4b		
5 Effective interest rate					-		5.52%
6 Target normal cost					6		104,31
Statement by Enrolled Actuary							
To the best of my knowledge, the information suppli accordance with applicable law and regulations. In r	ed in this schedule and accompa	anying schedules, statements and at	tachments, if	any, is complete	and accu	rate. Each prescribed	assumption was applied in
combination, offer my best estimate of anticipated e	xperience under the plan.	on is reasonable (laking into account	t the expensi	ice of the plant a	ila reasonie	able expectations/ an	a sacri outer assumptions, in
SIGN .	201						
HERE Star	There					07/16/20	19
Sig	nature of actuary					Date	
Daniel L. Ruehr, ASA						170823	4
Type or	print name of actuary				Most	recent enrollme	nt number
Select Pension Services	#CO COMMENTED COMMENT PROPERTY TO A COMPANY					610-608-0	756
	Firm name			Te	lephone	number (includ	ling area code)
2434 Mansfield Ave					(190)	327	ross St
	126						
Drexel Hill PA 190	ddress of the firm						
		45 35 45 58 00 000 000	ADMEAN 1	BYEN CO. DUTTE	M. 1*	masi un ren	prost.
If the actuary has not fully reflected any reg	ulation or ruling promulg	ated under the statute in co	ompleting	this schedul	e, check	the box and se	e

Page 2 -			2	e	a	a	P
----------	--	--	---	---	---	---	---

P	art II	II Beginning of Year Carryover and Prefunding Balances										
							(a) Ca	arryover balance	Э	(b) P	refundi	ng balance
7					le adjustments (line 13 fro				0			49,596
8			/하는 경기도 하는데 등이를 제다면서 🗗 생각하다.		ling requirement (line 35 fr				0			0
9									0			49,596
10					of7.28%				0			3,611
11	/ ACHANA	17.		V/5.5% /559	prefunding balance:							
	a Prese	nt value of	excess contribution	ons (line 38	a from prior year)				31114			C
					over line 38b from prior year nterest rate of5.799							0
			30000-11001118-3011 1*2-11000	**************************************	ule SB, using prior year's a	ectual						(
					to add to prefunding balance	·						C
	d Portio	n of (c) to	be added to prefu	nding balan	ce							C
12	Other re	ductions in	n balances due to	elections or	deemed elections				0			20,000
13	Balance	at beginn	ing of current year	(line 9 + lin	e 10 + line 11d – line 12)				0			33,207
F	Part III	Fund	ding Percenta	ges								
14	Funding	target atta	ainment percentag	e							14	84.09%
15	Adjusted	I funding t	arget attainment p	ercentage			****************				15	128.52%
16					determining whether carry						16	101.01%
17	If the cu	rrent value	of the assets of the	ne plan is le	ess than 70 percent of the f	unding targe	et, enter suci	n percentage			17	%
F	Part IV	Con	tributions and	l Liquidit	y Shortfalls							
18					by employer(s) and employer			(1) 1	111	1 .		-111
((a) Dat MM-DD-Y		(b) Amount pa employer(s		(c) Amount paid by employees	(a) [(MM-DD		(b) Amount employe		(C		int paid by loyees
0	9/20/2	018		30,000	0							
0	4/16/2	2019	1.	10,000	0	V						
										+		
_												
_												
_												
						Totals ▶	18(b)		140,00	0 18(c)		(
19	Discour	ted emplo	ver contributions -	- see instru	ctions for small plan with a							
					um required contributions			1	19a			(
	b Contr	ibutions m	ade to avoid restr	ictions adju	sted to valuation date	*************			19b			14
	c Contr	ibutions all	ocated toward mini	mum require	ed contribution for current ye	ar adjusted t	o valuation d	ate	19c			138,75
20			tions and liquidity								JET.	
					prior year?							Yes X No
					stallments for the current			anner?				Yes No
	C If line	20a is "Y	es," see instruction	ns and com	plete the following table as Liquidity shortfall as of en			/ear			4.	
_		(1) 1s	t		(2) 2nd	u or quarter	(3)				(4) 41	th
		1 /			State.		1094				AC-	

P	art V	Assumptio	ns Used t	o Determine F	unding T	arget and Tar	get Norm	al Cost				
21	Discoun	t rate:										
	a Segm	ent rates:		egment: 92 %		segment: 5.52 %	3	rd segment: 6.29%		N/A, full	yield cur	ve used
	b Applic	able month (ent	er code)						21b			4
22	Weighte	d average retirer	ment age						22			65
23	Mortality	table(s) (see in	structions)	Prior regulation: Current regulation	n: 🗵	Prescribed - com	_	Prescribed Prescribed			bstitute bstitute	
Pa	art VI	Miscellaneo	us Items									
24				prescribed actuaria							personal contract of	s X No
25	Has a m	ethod change be	en made for	the current plan y	ear? If "Yes,	" see instructions	regarding re	quired attach	ment		Ye	s X No
26	Is the pla	an required to pr	ovide a Sche	dule of Active Par	ticipants? If	"Yes," see instruct	ions regardir	ng required a	ttachment		X Ye	s No
27	1,750 H. 11 C. 10 M. 10	The first of the second		ding rules, enter a					27			
	art VII			paid Minimun					T			
	Carlotta Control of			ns for all prior year	CAUTO CONTRACTOR OF THE STATE O	CARLO DE PORTO DE PARA DE PORTO DE PORTO DE LA CARLO DE PORTO DE P	- LIBERT SWINGSON DELAY SPEED SPEED	Contract Con	28			C
29				ocated toward unp				11.76%	29			C
30	Remaini	ng amount of un	paid minimur	m required contribu	utions (line 2	8 minus line 29)			30			(
Pa	art VIII	Minimum F	Required (Contribution F	or Currer	nt Year						
31	Target r	normal cost and	excess asset	s (see instructions):							
	a Target	normal cost (line	e 6)						31a			104,310
	b Exces	s assets, if appli	cable, but no	t greater than line	31a		T	- 80 NO. 100	31b		D 251 0	
32		ation installments					200.00000	tanding Bala	000000	In	stallment	
				nt					0			(
33	If a waiv	er has been app	roved for this	s plan year, enter t	he date of th	e ruling letter gran	ting the appr	oval	33			
2.4				Year					34			104,310
34	I otal fur	naing requiremen	nt before refle	ecting carryover/pr		ver balance		unding balar		Tot	al balanc	
35		s elected for use			Carryo		0	anding balar	0	100	ar bararro	(
36	District of			minus line 35)	459400345044500044		-1		36			104,310
37	Contribu	itions allocated t	oward minim	um required contri	bution for cu	rrent year adjusted	d to valuation	date (line	37			138,75
38	Present	value of excess	contributions	for current year (see instructio	ons)						
	a Total	(excess, if any, c	of line 37 ove	r line 36)					38a			34,44
	b Portio	n included in line	e 38a attribut	able to use of pref	unding and f	unding standard ca	arryover bala	nces	38b			
39	Unpaid	minimum require	ed contributio	n for current year	(excess, if ar	ny, of line 36 over	ine 37)		39			
40	Unpaid			ns for all years					40			(
Pa	rt IX	Pension F	unding R	elief Under Pe	nsion Re	lief Act of 201	0 (See Ins	structions	5)			
41	If an ele	ction was made	to use PRA 2	2010 funding relief	for this plan:							
	a Sched	lule elected								2 plus 7 year	's 1	5 years
	b Eligib	le plan year(s) fo	or which the e	election in line 41a	was made .				20	08 2009 [2010	2011

Schedule SB, line 15 -

Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

PLAN YEAR ENDED: 12/31/18

The percentage shown on line 15 is equal to the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date, divided by the sum of the current year's funding target and target normal cost.

Schedule SB, line 22 -

Weighted average retirement age

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

PLAN YEAR ENDED: 12/31/18

It was assumed that all participants will retire at Normal Retirement Age (65), or if later, on the current valuation date.

Statement of Actuarial Assumptions/Methods

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- · Assumed retirement age: Normal Retirement Age, or current val date if later
- · Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- · Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 3.00%

Summary of Plan Provisions

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

- Eligibility: Varies by class.
- Theoretical contributions: Varies by class.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 65 (1st of month after)
- Interest crediting rate: 30-year T-bond rate for 1st month before plan year
- Vesting: 3-year cliff

Schedule SB, line 26 - Schedule of Active Participant Data

PLAN: Metal Master/Pemco Lighting Products Cash Balance Plan EIN/PN: 82-3646751 / 003 PYE: 12/31/2018

-	324 25 to 29 30 to 34 35 to 39 40 & up											
Years of Credited Service	10 to 14 15 to 19 20 to 24							-				
	1 to 4 5 to 9 10											
Attained	Age Under 1 1	Inder 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 % 110

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).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Part I Annual Re	port Identification Informatio	n			7-12-12-12-12-12-12-12-12-12-12-12-12-12-
	8 or fiscal plan year beginning	01/01/2018	and ending	12/31/2	
A This return/report is for:	a single-employer plan	list of participating er	lan (not multiemployer) nployer information in a	(Filers checking the accordance with the	is box must attach a form instructions.)
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	m/report (less than 12 r	months)	
C Check box if filing unde	r: X Form 5558	automatic extension		DFVC program	n
	special extension (enter de	scription)			
Part II Basic Plan	Information—enter all requested	information			
1a Name of plan	Pemco Lighting Products		an	1b Three-digit plan numb	
				1c Effective d	\$2000 11 - 500 12 - 500 10 - 500 10 10 10 10 10 10 10 10 10 10 10 10 1
Mailing address (inclu	(employer, if for a single-employer plan de room, apt., suite no. and street, or f	P.O. Box)			dentification Number 3646751
	province, country, and ZIP or foreign portion of Consulting LLC	ostal code (if foreign, see ins	tructions)		telephone number 2-0858
6 Crosshill R	oad			2d Business	code (see instructions)
Hartsdale	NY 10	530		335100	
3a Plan administrator's n	ame and address X Same as Plan S	ponsor.		3b Administra	itor's EIN
		has channed since the lest	return/report filed for	4b EIN	
this plan enter the pl	N of the plan sponsor or the plan name an sponsor's name, EIN, the plan name	ne and the plan number from	the last return/report.	51-1	0301342
a Sponsor's name Met	al Master Co. of Delaware, al Master/Pemco Lightin	inc. dba Pemco Light.	Balance Plan	003	
5a Total number of parti	cipants at the beginning of the plan ye	ar		5a	13
	cipants at the end of the plan year			De 1-	
c Number of participan	ts with account balances as of the end	of the plan year (only define	ed contribution plans	5c	
	tive participants at the beginning of the				MANUSANA AMARANSIN
	ctive participants at the end of the plan				
e Number of participar	nts who terminated employment during	the plan year with accrued l	benefits that were less	5e	
Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp	ne late or incomplete filing of this re and other penalties set forth in the ins leted and signed by an enrolled actual	turn/report will be assesse	d unless reasonable of examined this return	/report, including, i	applicable, a schedule
belief, it is true /correct, a	111111	8/20/19	Donna Steffe	n	OF STREET
SIGN KANNIL		Date	Enter name of indi	vidual signing as p	lan administrator
Signature of	f plan administrator	8/20/19	Donna Steffe		
SIGN Y SIAM	f employer/plan sponsor	Date			mployer or plan sponsor
Signature of	f employer/plan sponsor Act Notice, see the Instructions for Form		T Enter Harte of High		Form 5500-SF (2018)

_				
Р	a	a	e	1

b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the plan of	an independ and condition	dent qualified public a	ccounta	ant (IQ	PA)	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance pro	ogram (see ERISA se	ction 40	021)?	🛛 Ye	
Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
a	Total plan assets	7a		267,			250,685
b	Total plan liabilities	7b			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	ò	267,	148		250,68
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		140,	000		
	(2) Participants	8a(2)			0		
	(3) Others (including rollovers)	8a(3)			0	111112	
b	Other income (loss)	8b		-8,	015		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					131,98
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		148,			
e	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f			0	-1	
g	Other expenses	8g	elles Comment of the		0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					148,44
i_	Net income (loss) (subtract line 8h from line 8c)	8i					-16,46
j	Transfers to (from) the plan (see instructions)	8j			0		
9a b	If the plan provides pension benefits, enter the applicable pension 1B 1C If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.						
Par	t V Compliance Questions						
10	During the plan year:	no. Socrae			Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary Fi	duciary Correction	10a		х	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х	
C	Was the plan covered by a fidelity bond?		***************************************	10c	X		150,00
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		Х	
6	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e		х	
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х	
- 0	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g		Х	1
T	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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i			

	Form 5500-SF (2018)	Page 3-				_		
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding (Form 5500) and line 11a below)						X Ye	es 🗌 No
11a	Enter the unpaid minimum required contributions for all ye	ears from Schedule SB (Form 5500) line 40		11a			0	
12	Is this a defined contribution plan subject to the minimum ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12c						Ye	es X No
а	If a waiver of the minimum funding standard for a prior year granting the waiver.			d enter Day			e letter /ear_	ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of 5	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 f	or this plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12 negative amount)	70.70% (70.00.70%) (10.00.70% (70.00%) €1.00% (70.00%) (10.00%) (10.00%) (10.00%) (10.00%)	eft of a	12d				
е	Will the minimum funding amount reported on line 12d be	met by the funding deadline?			Yes	1	No _	N/A
Part	VII Plan Terminations and Transfers of As	sets						
13a	Has a resolution to terminate the plan been adopted in any pla	an year?			Yes		X No	li e
	If "Yes," enter the amount of any plan assets that reverted	d to the employer this year		13a				
b	Were all the plan assets distributed to participants or ben- control of the PBGC?	[HONE]] Y	es X	No
С	If, during this plan year, any assets or liabilities were transwhich assets or liabilities were transferred.	sferred from this plan to another plan(s), identi	fy the plan(s)) 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

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).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

**************************************	File as a	in attachment to Form 550	00 or 5500)-SF.			
For calendar plan year 2018 or fiscal plan	year beginning	01/01/2018		and ending	3	12/31/20	18
Round off amounts to nearest dollar							
Caution: A penalty of \$1,000 will be as	sessed for late filing of t	his report unless reasonabl	le cause is	established	i.		
A Name of plan		2 2 2	В	Three-dig	jit		
Metal Master/Pemco Light	ing Products C	Cash Balance Plar	1	plan num	ber (PN)•	003
C Plan sponsor's name as shown on line 2	2a of Form 5500 or 5500	-SF	D	Employer	Identific	ation Number (E	IN)
Transported sharife as shown on the	24 01 1 0111 0000 01 0000		-	Linployor	domano	(2	,
S&S Integrity Consulting	g LLC			82-364	6751		
E Type of plan: ☒ Single ☐ Multiple-A	Multiple-B	F Prior year plan s	ize: 🛛 10	0 or fewer	101-	500 More th	an 500
							777-0-00/95,070
Part I Basic Information	10 5	21 20	1.0				
1 Enter the valuation date:	Month 12 Da	y 31 Year 20	10				
2 Assets:					2a		110,231
a Market value							
b Actuarial value			(4) Ni	hf	2b	ated Francisco	110,231
3 Funding target/participant count brea	kdown		(1) Num particip			sted Funding Target	(3) Total Funding Target
a For retired participants and benefic	iaries receiving payment	t	- torionial	0		0	(
b For terminated vested participants				0		0	(
c For active participants				1		89,414	89,414
41 12				1		89,414	89,414
d Total							
					40		
a Funding target disregarding prescri					4a		
b Funding target reflecting at-risk ass at-risk status for fewer than five co					4b		
5 Effective interest rate					-		5.52%
6 Target normal cost					6		104,31
Statement by Enrolled Actuary							
To the best of my knowledge, the information suppli accordance with applicable law and regulations. In r	ed in this schedule and accompa	anying schedules, statements and at	tachments, if	any, is complete	and accu	rate. Each prescribed	assumption was applied in
combination, offer my best estimate of anticipated e	xperience under the plan.	on is reasonable (laking into account	t the expensi	ice of the plant a	ila reasonie	able expectations/ an	a sacri outer assumptions, in
SIGN .	201						
HERE Star	There					07/16/20	19
Sig	nature of actuary					Date	
Daniel L. Ruehr, ASA						170823	4
Type or	print name of actuary				Most	recent enrollme	nt number
Select Pension Services	#CO COMMENTED COMMENT PROPERTY TO A COMPANY					610-608-0	756
	Firm name			Te	lephone	number (includ	ling area code)
2434 Mansfield Ave					(190)	327	ross St
	126						
Drexel Hill PA 190	ddress of the firm						
		45 35 45 58 00 000 000	ADMEAN 1	BYEN CO. DUTTE	M. 1*	masi un ren	prost.
If the actuary has not fully reflected any reg	ulation or ruling promulg	ated under the statute in co	ompleting	this schedul	e, check	the box and se	e

Page 2 -			2	e	a	a	P
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P	art II	II Beginning of Year Carryover and Prefunding Balances										
							(a) Ca	arryover balance	Э	(b) P	refundi	ng balance
7					le adjustments (line 13 fro				0			49,596
8			/하는 경기도 하는데 등이를 제다면서 🗗 생각하다.		ling requirement (line 35 fr				0			0
9									0			49,596
10					of7.28%				0			3,611
11	/ ACHANA	17.		V/5.5% /559	prefunding balance:							
	a Prese	nt value of	excess contribution	ons (line 38	a from prior year)				31114			C
					over line 38b from prior year nterest rate of5.799							0
			30000-11001118-3011 1*2-11000	**************************************	ule SB, using prior year's a	ectual						(
					to add to prefunding balance	·						C
	d Portio	n of (c) to	be added to prefu	nding balan	ce							C
12	Other re	ductions in	n balances due to	elections or	deemed elections				0			20,000
13	Balance	at beginn	ing of current year	(line 9 + lin	e 10 + line 11d – line 12)				0			33,207
F	Part III	Fund	ding Percenta	ges								
14	Funding	target atta	ainment percentag	e							14	84.09%
15	Adjusted	I funding t	arget attainment p	ercentage			**************				15	128.52%
16					determining whether carry						16	101.01%
17	If the cu	rrent value	of the assets of the	ne plan is le	ess than 70 percent of the f	unding targe	et, enter suci	n percentage			17	%
F	Part IV	Con	tributions and	l Liquidit	y Shortfalls							
18					by employer(s) and employer			(1) 1	111	1 .		-111
((a) Dat MM-DD-Y		(b) Amount pa employer(s		(c) Amount paid by employees	(a) [(MM-DD		(b) Amount employe		(C		int paid by loyees
0	9/20/2	018		30,000	0							
0	4/16/2	2019	1.	10,000	0	V						
										+		
_												
_												
_												
						Totals ▶	18(b)		140,00	0 18(c)		(
19	Discour	ted emplo	ver contributions -	- see instru	ctions for small plan with a							
					um required contributions			1	19a			(
	b Contr	ibutions m	ade to avoid restr	ictions adju	sted to valuation date	*************			19b			14
	c Contr	ibutions all	ocated toward mini	mum require	ed contribution for current ye	ar adjusted t	o valuation d	ate	19c			138,75
20			tions and liquidity								JET.	
					prior year?							Yes X No
					stallments for the current			anner?				Yes No
	C If line	20a is "Y	es," see instruction	ns and com	plete the following table as Liquidity shortfall as of en			/ear			4.	
_		(1) 1s	t		(2) 2nd	u or quarter	(3)				(4) 41	th
		1 /			State.		1094				AC-	

P	art V	Assumptio	ns Used t	o Determine F	unding T	arget and Tar	get Norm	al Cost				
21	Discoun	t rate:										
	a Segm	ent rates:		egment: 92 %		segment: 5.52 %	3	rd segment: 6.29%		N/A, full	yield cur	ve used
	b Applic	able month (ent	er code)						21b			4
22	Weighte	d average retirer	ment age						22			65
23	Mortality	table(s) (see in	structions)	Prior regulation: Current regulation	n: 🗵	Prescribed - com	_	Prescribed Prescribed			bstitute bstitute	
Pa	art VI	Miscellaneo	us Items									
24				prescribed actuaria							personal contract of	s X No
25	Has a m	ethod change be	en made for	the current plan y	ear? If "Yes,	" see instructions	regarding re	quired attach	ment		Ye	s X No
26	Is the pla	an required to pr	ovide a Sche	dule of Active Par	ticipants? If	"Yes," see instruct	ions regardir	ng required a	ttachment		X Ye	s No
27	1,750 H. 11 C. 10 M. 10	The first of the second		ding rules, enter a					27			
	art VII			paid Minimun					T			
	Carlotta Control of			ns for all prior year	CAUTO CONTRACTOR OF THE STATE O	CARLO DE POLICIO DE LA CARLO	- LIBERT SWINGSON DELAY SPEED SPEED	Contract Con	28			C
29				ocated toward unp				11.76%	29			C
30	Remaini	ng amount of un	paid minimur	m required contribu	utions (line 2	8 minus line 29)			30			(
Pa	art VIII	Minimum F	Required (Contribution F	or Currer	nt Year						
31	Target r	normal cost and	excess asset	s (see instructions):							
	a Target	normal cost (line	e 6)						31a			104,310
	b Exces	s assets, if appli	cable, but no	t greater than line	31a		T	- 80 NO. 100	31b		D 251 0	
32		ation installments					200.00000	tanding Bala	000000	In	stallment	
				nt					0			(
33	If a waiv	er has been app	roved for this	s plan year, enter t	he date of th	e ruling letter gran	ting the appr	oval	33			
2.4				Year					34			104,310
34	I otal fur	naing requiremen	nt before refle	ecting carryover/pr		ver balance		unding balar		Tot	al balanc	
35		s elected for use			Carryo		0	anding balar	0	100	ar bararro	(
36	District of			minus line 35)	459400345044500044		-1		36			104,310
37	Contribu	itions allocated t	oward minim	um required contri	bution for cu	rrent year adjusted	d to valuation	date (line	37			138,75
38	Present	value of excess	contributions	for current year (see instructio	ons)						
	a Total	(excess, if any, c	of line 37 ove	r line 36)					38a			34,44
	b Portio	n included in line	e 38a attribut	able to use of pref	unding and f	unding standard ca	arryover bala	nces	38b			
39	Unpaid	minimum require	ed contributio	n for current year	(excess, if ar	ny, of line 36 over	ine 37)		39			
40	Unpaid			ns for all years					40			(
Pa	rt IX	Pension F	unding R	elief Under Pe	nsion Re	lief Act of 201	0 (See Ins	structions	5)			
41	If an ele	ction was made	to use PRA 2	2010 funding relief	for this plan:							
	a Sched	lule elected								2 plus 7 year	's 1	5 years
	b Eligib	le plan year(s) fo	or which the e	election in line 41a	was made .				20	08 2009 [2010	2011

Schedule SB, line 15 -

Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

PLAN YEAR ENDED: 12/31/18

The percentage shown on line 15 is equal to the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date, divided by the sum of the current year's funding target and target normal cost.

Schedule SB, line 22 -

Weighted average retirement age

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

PLAN YEAR ENDED: 12/31/18

It was assumed that all participants will retire at Normal Retirement Age (65), or if later, on the current valuation date.

Statement of Actuarial Assumptions/Methods

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- · Assumed retirement age: Normal Retirement Age, or current val date if later
- · Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- · Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 3.00%

Summary of Plan Provisions

Metal Master/Pemco Lighting Products Cash Balance Plan

EIN/PN: 82-3646751 / 003

- Eligibility: Varies by class.
- Theoretical contributions: Varies by class.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 65 (1st of month after)
- Interest crediting rate: 30-year T-bond rate for 1st month before plan year
- Vesting: 3-year cliff

Schedule SB, line 26 - Schedule of Active Participant Data

PLAN: Metal Master/Pemco Lighting Products Cash Balance Plan EIN/PN: 82-3646751 / 003 PYE: 12/31/2018

Years of Credited Service	24 25 to 29 30 to 34 35 to 39 40 & up											
	10 to 14 15 to 19 20 to 24							_				
	1 to 4 5 to 9 10											
Attained	Age Under 1	Inder 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 % 110