Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 Repor	t Identification Information				
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018	
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac		
_		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report	t		
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)	
C Check b	oox if filing under:	X Form 5558	automatic extension	i.	DFVC prog	ıram
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name FRITCH COI	•	NC DEFINED BENEFIT PENSION	PLAN		1b Three-d plan nui (PN)	•
					, ,	e date of plan 01/01/2010
		loyer, if for a single-employer plan)			2b Employe	er Identification Number
		om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		structions)	(EIN)	11-3164486
FRITCH CON	NSTRUCTION CO.,II	NC		·		r's telephone number 631-757-5702
					2d Busines	s code (see instructions)
2 RAILROAD EAST NORT	AVE HPOINT, NY 11731					238100
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.		3b Adminis	trator's EIN
					3c Adminis	trator's telephone number
						·
4 If the r	name and/or FIN of th	he plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN	
this pl	an, enter the plan sp	onsor's name, EIN, the plan name a				
a Spons C Plan N	or's name				4d PN	
C Plattin	ame					
5a Total r	number of participant	ts at the beginning of the plan year.			5a	8
		ts at the end of the plan year			5b	8
		n account balances as of the end of			5c	
d(1) Tota	al number of active p	articipants at the beginning of the pl	lan year		5d(1)	6
		participants at the end of the plan ye			5d(2)	6
		o terminated employment during the			5e	
Caution: A	penalty for the late	e or incomplete filing of this return	n/report will be assesse	d unless reasonable cau	ise is establis	shed.
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, a nplete.				
SIGN	Filed with authorize	d/valid electronic signature.	10/06/2019	MAUREEN FRITCH		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as	plan administrator
SIGN	Filed with authorize	d/valid electronic signature.	10/06/2019	MAUREEN FRITCH		
HERE	Signature of empl	lover/plan sponsor	Date	Enter name of individ	ual signing as	emplover or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligib 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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi	ndent qualified public a	account	ant (IC	(PA)		_	Yes No
С	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		- '			_			ot determined instructions.)
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b)	End of Ye	ar
а	Total plan assets	7a	399	55513				357	9069
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	399	55513				357	9069
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-3	76444					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-37	6444
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-37	6444
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the	instruction	ns:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the	instructions	S:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amou	nt
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		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 2520.10	•		10i					

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1 01111 0000 01 (2010)	. ago 🗸

Part	/I 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)	edule S	В	X	Yes	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? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	:	🗆 `	Yes X	No
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		he date	of the lette Year _		
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	12b				
С	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Part '	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	s X N	lo	
	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) I	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).

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For 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 cause 	se is establishe	d.		
A Name of plan FRITCH CONSTRUCTION CO.,INC DEFINED BENEFIT PENSION PLAN	B Three-diplan num	git) •	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FRITCH CONSTRUCTION CO.,INC	D Employer	Identifica	ation Number (E	:IN)
E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size: X	100 or fewer	101-	500 More th	an 500
Part I Basic Information	_			
1 Enter the valuation date: Month 12 Day 31 Year 2018				
2 Assets:				
a Market value		. 2a		3579069
b Actuarial value		. 2b		3579069
Tariang 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	2		10215	10215
C For active participants	6		2784205	2794433
d Total	8		2794420	2804648
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)				
a Funding target disregarding prescribed at-risk assumptions		4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that ha at-risk status for fewer than five consecutive years and disregarding loading factor		4b		
5 Effective interest rate				5.80 %
6 Target normal cost		6		0
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachmen accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the exp combination, offer my best estimate of anticipated experience under the plan. SIGN				
HERE			10/06/201	9
Signature of actuary			Date	
ED STEINMETZ			17-04803	}
Type or print name of actuary		Most r	recent enrollmer 845-425-85	
1 HILLTOP LANE MONSEY, NY 10952	Te	elephone	number (includ	
Address of the firm	_			
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completi	ng this schedule	e, check	the box and see	e []

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Pa	art II	Begir	ning of Year	Carryov	er and Prefunding Ba	lances						_
							(a) C	arryover balance		(b) P	refundin	g balance
7		•	•		able adjustments (line 13 froi			0				0
8			•	-	nding requirement (line 35 fro			0				0
9	Amount i	emaining	g (line 7 minus line	: 8)				0				0
10	Interest of	on line 9	using prior year's	actual retu	rn of%			0				0
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:							
	a Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)							0
					a over line 38b from prior yea a interest rate of%							0
	` '			-	edule SB, using prior year's a							0
					ar to add to prefunding balance							0
	d Portion	n of (c) to	be added to prefu	unding bala	ance							0
12	Other red	ductions i	n balances due to	elections	or deemed elections			0				0
13	Balance	at beginr	ing of current yea	r (line 9 +	line 10 + line 11d – line 12)			0				0
Р	art III	Fun	ding Percenta	ages					•			
											14	149.52%
)						15	149.52%
	Prior yea	r's fundir	g percentage for	ourposes o	of determining whether carryo	over/prefun	ding balance	es may be used to		current	16	144.29%
17	_				less than 70 percent of the f						17	%
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls						•	
18	Contribut	ions mad			ar by employer(s) and emplo							
(1)	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer(s		(c	Amour (: emplo	nt paid by
		· · · /	5p.ioy 6	.0)	ep.eyeee	(22	,	op.o.y o. (c	,		0p.10	,,,,,
						Totals ►	18(b)			18(c)		
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation d	ate after the					
	a Contri	outions a	llocated toward ur	paid minir	num required contributions fr	om prior ye	ears		9a			0
				-	usted to valuation date			-	9b			0
					red contribution for current year	ar adjusted t	o valuation da	ate 1	9с			0
20	-		tions and liquidity									<u> </u>
			_		e prior year?							Yes X No
			·		installments for the current y		n a timely ma	anner?			······∐	Yes No
	C If line	20a is "Y	es," see instructio	ns and cor	nplete the following table as		- 6 (b.)					
		(1) 1s	t		Liquidity shortfall as of end (2) 2nd	of quarter		/ear 3rd			(4) 4th	
		() .0	-		(-,	1	(=)			<u>'</u>	. ,	
						-1						

Б	art V	Accumpti	one Head t	to Dotormino	Funding	Target and Ta	ract Norm	al Cost		
21	Discount	-	ons oseu i	to Determine	runung	Target and Ta	rget Norn	iai Cost		
41		nent rates:	1st s	egment:	2r	nd segment:		Brd segment:		П
	a cogiii	ioni ratos.		3.92%		5.52%		6.29 %		N/A, full yield curve used
	b Applic	able month (er	nter code)						21b	0
22	Weighte	d average retir	ement age						22	64
23	Mortality	table(s) (see	instructions)	Prior regulation	n: X	Prescribed - con	nbined	Prescribed	d - separa	te Substitute
				Current regular	tion:	Prescribed - con	nbined	Prescribed	d - separa	te Substitute
Pa	art VI	Miscellane	ous Items					_		_
24	Has a ch	nange been ma	ade in the non-	prescribed actua	rial assumpt	ions for the current	plan year? I	f "Yes," see i	nstruction	s regarding required
		-					-			Yes X No
25	Has a m	ethod change l	been made for	the current plan	year? If "Ye	es," see instructions	regarding re	quired attach	ment	Yes X No
26	Is the pla	an required to p	provide a Sche	edule of Active Pa	articipants?	If "Yes," see instruc	tions regardi	ng required a	attachmen	tX Yes No
27				ding rules, enter		ode and see instru	ctions regard	ng	27	
P	art VII					ed Contribution	ns For Pr	ior Years		
28	Unpaid r	minimum requir	red contribution	ns for all prior ye	ars				28	0
29					•	um required contrib		•	29	0
30		,				28 minus line 29) .			30	0
	art VIII	Ĭ	•	Contribution	`	<u> </u>				
31				ts (see instruction						
				,					31a	0
									31b	
32	Amortiza	ation installmen	nts:				Outs	tanding Bala	nce	Installment
	a Net sh	ortfall amortiza	ation installmer	nt					0	0
	b Waive	r amortization	installment						0	0
33	If a waive					the ruling letter gra e waived amount			33	
34	Total fun	nding requireme	ent before refle	ecting carryover/p	orefunding ba	alances (lines 31a	31b + 32a +	32b - 33)	34	0
					Carry	over balance	Pre	funding balar	nce	Total balance
35		s elected for us		-						
36	Addition	al cash require	ment (line 34 r	minus line 35)					36	0
37				•		current year adjuste		`	37	0
38	Present	value of exces	s contributions	for current year	(see instruct	ions)				
-	a Total (excess, if any,	of line 37 over	r line 36)					38a	0
				•		funding standard of			38b	0
39	Unpaid r	minimum requii	red contribution	n for current year	r (excess, if a	any, of line 36 over	line 37)		39	0
40	Unpaid r	minimum requii	red contributio	ns for all years					40	0
Pa	rt IX	Pension	Funding R	elief Under P	ension R	elief Act of 20°	0 (See In	structions	5)	
41	If an elec	ction was made	to use PRA 2	010 funding relie	of for this plar	n:				-
	a Sched	ule elected								2 plus 7 years 15 years
	b Eligible	e plan year(s) f	for which the e	election in line 41	a was made				<u></u> П20	08

Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Gusranty 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Person better Guzanty Corporation	► Complete all entries in a	ccordance with the	Instructio	ins to the Form	5500-SF.	inspection
	Annual Report Id	dentification information			<u> </u>		A
	For calendar plan year 2018 or fisc	al plan year beginning	01/01/20	018	and ending	12	/31/2018
	A This return/report is for: B This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of particip a foreign plan the final return/	ating empl	(not multiemploye oyer information port (less than 12	er) (Filers o	checking this box must attach noe with the form instructions.)
77		Form 5558 special extension (enter descri		sion			DFVC program
Ш	Basic Plan Inform	nation enter all requested in	nformation				
1	a Name of plan	O., INC DEFINED BENEFI		N		pl (P	nree-digit an number N) > 001 fective date of plan
7.	* Pr						/01/2010
40	City of town, state of province, c	apt., suite no. and street, or P.O. ountry, and ZIP or foreign postal	Box) code (if foreign, see	instruction	18)	1	nployer identification Number N) 11-3164486
	FRITCH CONSTRUCTION CO	O., INC				(6	onsor's telephone number 31) 757~5702
	2 RAILROAD AVE					2d But 23	siness code (see instructions) 8100
3 a	US EAST NORTHPOINT MY 11731 Plan administrator's name and ac						
1	if the name and/or FIN of the place	I suggest or the plan many have				3c Adm	ninistrator's EIN
	if the name and/or EIN of the plan this plan, enter the plan sponsor's	name. EIN, the plan name and t	changed since the la	st return/re	port filed for	4b EIN	
	Sponsor's name Plan Name		no pan namear ner	is interest to	екипитероп.	4d PN	
8	Total number of participants at the	beginning of the plan year	****			5a	•
3	rotal number of participants at the	end of the plan year	EP4 (14 004 km) (444 min 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			5b	
•	complete this item)	nt balances as of the end of the p	lan year (only define	vel anataile	time or town in	5c	
ΙĘΤ	Total number of active participant	is at the beginning of the plan ye	ar moneyamancosystems			5d(1)	6
1. mar	Total number of active participant	s at the end of the plan year .		******	*********	5d(2)	6
	Number of participants who termina less than 100% vested		*****	************	×	5e	ak tanan da
au	tion: A penalty for the late or inco	implets filing of this return/rep	ort will be assesse	d unless n	easonable care	a la antahi	ished
3 0	er penalties of perjury and other per or Schedule MB completed and sign of, it is true, correct, and complete.	Billies and forth to the instructions	I dentere that I have	and the same fragment	4 14.1.		
學	TAMmin -	Letter 1	X10/6/19	MA	UREEN ,	42/12	4
E	Signature of plan administrat	OK.	pate /		ne of individual si	*******	************************************
101	- Manue) totale)	K , I		MREEN		

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

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1 01111	JUU-SE	2010

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b	Were all of the plan's assets during the plan year invested in eligib	le assets? (See instructions.)				*************	XYes No
	Are you claiming a waiver of the annual examination and report of	an indenend	ent qualified public no	2004.10	Bank (1	OBA.		223.00
	clinder 29 of 10 2520, 104-467 (See Instructions on waiver eligibility a	and conditio	ns.)				************	X Yes No
_	in you ariswered tho to either line ba or line 6b, the plan cann	ot use Forn	n 5500-SF and must	inste	ad us	a For	n 5500	bosoned to the former of the control
C	if the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA se	ction	4021)	?	XYes	☐ No ☐ Not determine
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pre	mium filing for this ye	ar 41	7136	8		(See instructions.)
P	art III Financial Information							
7	Plan Assets and Liabilities	TT			~			
a	Total plan assets	 	(a) Beginning	***************************************				o) End of Year
b		7a	3,	955,	513			3,579,069
C	Total plan liabilities Net plan assets (subfract line 7b from line 7a)	7b					***************************************	
8	Income, Expenses, and Transfers for this Plan Year	76		955,	513		·	3,579,069
a	Contributions received or receivable from:	<u> </u>	(a) Amou	nt	***************************************			(b) Total
	(1) Employers	8a(1)						
	(2) Participants	8a(2)	***************************************					
	(3) Others (including rollovers)	8a(3)				+	**************************************	
b	Other income (loss)	8b	(3*	76,4	44)		***************************************	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		, , , ,		\dashv	······································	
d	Benefits paid (including direct rollovers and insurance premiums							(376,444)
e	to provide benefits)	8d		***********				
f	Certain deemed and/or corrective distributions (see instructions)	8e		***********				
	Administrative service providers (salaries, fees, commissions)	8f						
	Other expenses	8g			-			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h -			-			0
	Net income (loss) (subtract line 8h from line 8c)	8i						(376,444)
	Transfers to (from) the plan (see instructions)	8j						
	rt IV Plan Characteristics	-						
* I	If the plan provides pension benefits, enter the applicable position for							
Эа	If the plan provides pension benefits, enter the applicable pension fea 1A	ature codes	from the List of Plan (Chara	cterist	ic Coc	les in the ir	nstructions:
	1A f the plan provides welfare benefits, enter the applicable welfare feat							
b	f the plan provides welfare benefits, enter the applicable welfare feat							
b Pa	f the plan provides welfare benefits, enter the applicable welfare feat				eristic	Code	s in the ins	tructions;
b Pa	f the plan provides welfare benefits, enter the applicable welfare feat t V Compliance Questions During the plan year:	ure codes fr	om the List of Plan Ch			Code		
b Pa	f the plan provides welfare benefits, enter the applicable welfare feature. **T V Compliance Questions** During the plan year: Was there a failure to transmit to the plan any participant contribution.	ure codes fr	om the List of Plan Ch		eristic	Code	s in the ins	tructions:
Pai	f the plan provides welfare benefits, enter the applicable welfare feature to the plan provides welfare benefits, enter the applicable welfare feature to the plan provides welfare feature to the plan provides welfare feature to the plan applicable welf	ure codes fr ons within th intary Fiduci	om the List of Plan Ch e time period ary Correction	naraci	eristic	Code No	s in the ins	tructions;
Par 0 a	f the plan provides welfare benefits, enter the applicable welfare feature to the plan provides welfare benefits, enter the applicable welfare feature to the plan service to the plan and participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any partycip interest?	ons within th	om the List of Plan Ch e time period ary Correction		eristic	Code	s in the ins	tructions;
Par 0 a	f the plan provides welfare benefits, enter the applicable welfare feature to the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumprogram) Were there any nonexempt transactions with any party-in-interest? (reported on line 10a.)	ons within the	om the List of Plan Ch e time period ary Correction ide transactions	naraci	eristic	Code No	s in the ins	tructions;
Par 0 a	f the plan provides welfare benefits, enter the applicable welfare feating to the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumeram) Were there any nonexempt transactions with any party-in-interest? (reported on line 10a.) Was the plan covered by a fidelity bond?	ure codes from within the intary Fiduci	om the List of Plan Ch e time period ary Correction	10a	Yes	No x	s in the ins	tructions:
Par 0 a	f the plan provides welfare benefits, enter the applicable welfare feating to the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? (reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond in the plan have a loss, whether or not reimbursed by the plan's fidelity bond?	ons within the	e time period ary Correction de transactions	10a	Yes	No x	s in the ins	Amount
Par 0 a b c d	f the plan provides welfare benefits, enter the applicable welfare feating to the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? (reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidely fraud or dishonesty?	ons within the intary Fiducion of included	e time period ary Correction de transactions hat was caused	10a	Yes	No x	s in the ins	Amount
Par o a	f the plan provides welfare benefits, enter the applicable welfare feating **T V Compliance Questions** During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? (reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fid by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some of the plan insurance service, or other organization that provides some of the plan insurance service.	ons within the intary Fiducion (Do not included) the interest of the interest	e time period ary Correction ide transactions hat was caused	10a 10b	Yes	No X	s in the ins	Amount
Par 0 a b c d	f the plan provides welfare benefits, enter the applicable welfare feating **TV** Compliance Questions** During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? (reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidely fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurrance service, or other organization that provides some of the plan? (See instructions.)	ons within the intary Fiducion of the lelity bond, to persons by or all of the leteration of the leter	e time period ary Correction de transactions hat was caused an insurance penefits under	10a 10b	Yes	No X	s in the ins	Amount
Par O a d e	f the plan provides welfare benefits, enter the applicable welfare feating **TV** Compliance Questions** During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? (reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidely fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurrance service, or other organization that provides some of the plan? (See instructions.)	ons within the intary Fiducion of the lelity bond, to persons by or all of the leteration of the leter	e time period ary Correction de transactions hat was caused an insurance penefits under	10a 10b 10c 10d	Yes	No x x x x	s in the ins	Amount
Par 0 a b c d	f the plan provides welfare benefits, enter the applicable welfare feating **TV** Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? (reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fid by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some of the plan? (See instructions.)	ons within the intary Fiducion (Do not included) lelity bond, to persons by or all of the I	e time period ary Correction de transactions hat was caused an insurance penefits under	10a 10b 10c 10d	Yes	No X X X X X X	s in the ins	Amount
Par 0 a b c d e f g	f the plan provides welfare benefits, enter the applicable welfare feating **TV** Compliance Questions** During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? (reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidely fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some of the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any partic	ons within the intary Fiducion (Do not included) bond, to persons by or all of the I	e time period ary Correction ide transactions hat was caused an insurance penefits under	10a 10b 10c 10d	Yes	No x x x x	s in the ins	Amount
Par 0 a b c d e f g h	f the plan provides welfare benefits, enter the applicable welfare feating **TV** Compliance Questions** During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? (reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidely fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some of the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (See	ons within the intary Fiducion (Do not included) bond, the persons by or all of the Instruction in the instruction of the instr	e time period ary Correction ide transactions hat was caused an insurance penefits under	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X X	s in the ins	Amount
Par 0 a b c d e f g h	f the plan provides welfare benefits, enter the applicable welfare feating **TV** Compliance Questions** During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? (reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidely fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some of the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any participant loans? (If "Yes," enter amount as of the plan have any partic	ons within the intary Fiducion (Do not included) bond, the persons by or all of the later and of the later and one instruction (Double instruction)	e time period ary Correction de transactions hat was caused an insurance penefits under	10a 10b 10c 10d	Yes	No X X X X X X	s in the ins	Amount

Form	5500-SF	20110
COHI	2200-21	- 2018

	_		ľ
Page	-3	***	j

Par	t VI	Pension Funding Compliance	***************************************		7		
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500 and line 11a below)		Schedul	e SB	X Yes [No
118	Entert	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4	0	112		<u> </u>	0
12	Is this ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the section 412 of	o Codo or coo	+ian 200	? of	Yes [
а	If a wai grantin	ver of the minimum funding standard for a prior year is being amortized in this plan year, see a the waiver	Month	and ente		of the letter r Year	uling
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lir	ne 13.		3	ICGI	
<u>b</u>		e minimum required contribution for this plan year		12b	***************************************		***************************************
С	Enter th	e amount contributed by the employer to the plan for the plan year		12c		******************************	
d	Subtrac	t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to amount)	the left of a	12d			,
e	Will the	minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🗍	No M	//A
Part		Plan Terminations and Transfers of Assets	<u> </u>			i i i i i i i i i i i i i i i i i i i	
13a	Has a re	solution to terminate the plan been adopted in any plan year?	********	г	Yes	X No	
	If "Yes,"	enter the amount of any plan assets that reverted to the employer this year	****************	13a		his mad	******************
b	Were at	the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro f the PBGC?	ought under the		Y	es XINo	MAAA AA JAA JAA MAAA AA
С	lf, during which as	this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide sets or liabilities were transferred. (See instructions.)	ntify the plan(s	s) to			
13	c(1) Nan	ne of plan(s):	13c(2) EII	N(s)		13c(3) PN(e)
	naarii dhaa dhaa dhaa dhaa dhaa dhaa dhaa dh						

Schedule SB, line 26 - Schedule of Active Participant Data

Fritch Construction Co., Inc. Defined Benefit Pension Plan 11-3164486/001

For the plan year 01/01/2018 through 12/31/2018

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34										
35 to 39		1	1							
40 to 44			1							
45 to 49										
50 to 54										
55 to 59			1	1						
60 to 64				1						
65 to 69										
70 & up										

^{**}Warning** 415 limit exceeded by one or more participants. See Notes and Warnings report.

Actuarial Assumptions

The following were the actuarial assumptions used in determining the Plan costs for the December 31, 2018 valuation of the Plan:

- 1. The 2018 Funding Target-Combined- Mortality Table.
- 2. Interest IRC 430(h) HATFA Funding Segment Rates:

Rate 1 - 0-5 years 3.92% Rate 2 - 6-20 years 5.52% Rate 3 - over 20 years 6.29%

- 3. Salaries were assumed to remain constant until Normal Retirement Date.
- 4. The liabilities were not discounted in advance for anticipated employee turnover.
- 5. Normal Retirement is Age 62 with a minimum of 5 years plan participation.
- 6. A Unit Credit Cost Method as prescribed in IRC Section 430.

Plan Provisions

Eligibility An employee becomes a member of the Plan upon

attainment of age 21 and completion of 12 months

of service.

Benefit 3% of Average Compensation for each Year of

Service. Maximum 15 years. Service prior to

January 1, 2005 excluded.

Death Benefit The present value of the member's accrued

benefits.

Schedule SB attachment, line 22

The weighted average retirement age was determined by calculating the arithmetic average of all the participants' estimated retirement age.

Actuarial Assumptions

The following were the actuarial assumptions used in determining the Plan costs for the December 31, 2018 valuation of the Plan:

- 1. The 2018 Funding Target-Combined- Mortality Table.
- 2. Interest IRC 430(h) HATFA Funding Segment Rates:

Rate 1 - 0-5 years 3.92% Rate 2 - 6-20 years 5.52% Rate 3 - over 20 years 6.29%

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attainment of age 21 and completion of 12 months

of service.

Benefit 3% of Average Compensation for each Year of

Service. Maximum 15 years. Service prior to

January 1, 2005 excluded.

Death Benefit The present value of the member's accrued

benefits.

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).

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

· · · · · · · · · · · · · · · · · · ·	
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
▶ Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan B Three-digit	
FRITCH CONSTRUCTION CO., INC DEFINED BENEFIT PENSION PLAN plan number (PN) Output Description of the plan number of the plan number (PN) Description of the plan number (PN) Desc	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN)	
FRITCH CONSTRUCTION CO.,INC 11-3164486	
E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size: X 100 or fewer 101-500 More than 500	
Part I Basic Information A Set of the vigilization date: Markle 12 Day 31 Year 2019	
1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assets:	
	79,069
	79,069
5,3	
3 Funding target/participant count breakdown: (1) Number of participants (2) Vested Funding Target (3) Total Funding Target	ing
a For retired participants and beneficiaries receiving payment	(
	10,215
· · ·	94,433
	04,648
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	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in	
at-risk status for fewer than five consecutive years and disregarding loading factor	5.80 %
	76
6 Target normal cost	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each presribed assumption was a accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assur combination, offer my best estimate of anticipated experience under the plan.	
SIGN ES Telmnets 10/6/2019	
Signature of actuary Date	
ED STEINMETZ 17-04803	
Type or print name of actuary Most recent enrollment number (845) 425-8532	
Firm name Telephone number (including area code	
1 HILLTOP LANE	-1
US MONSEY NY 10952	
Address of the firm	
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	$\overline{\Box}$

9	Schedule SB (Form 5500) 2018		Page 2]			
Part II	Beginning of Year Carryove	er and Prefunding Ba	lances				
				Carryover balance	(b) Pre	fundii	ng balance
	ce at beginning of prior year after appli			0			C
	n elected for use to offset prior year's f						
	ear)			0			С
9 Amou	nt remaining (line 7 minus line 8)	• • • • • • • • • • • • • • • • • • • •		0			С
	st on line 9 using prior year's actual ret	urn of%		0			С
•	rear's excess contributions to be added						
	sent value of excess contributions (line						С
` '	Interest on the excess, if any, of line 38						
	Schedule SB, using prior year's effective						С
` '	Interest on line 38b from prior year Sch						,
	return						
_	al available at beginning of current pla	,					C
	tion of (c) to be added to prefunding be						0
•	reductions in balances due to elections ce at beginning of current year (line 9 +			0			C
	1	rille 10 + illie 11u - illie 12)	•••••	0			
Part III	Funding Percentages					14	140 FO 0/
	ng target attainment percentage ed funding target attainment percentage					15	149.52 %
	rear's funding percentage for purposes						149.52 %
	t year's funding requirement					16	144.29 %
17 If the	current value of the assets of the plan i	s less than 70 percent of the	e funding target, ente	r such percentage		17	%
Part IV	Contributions and Liquid	ity Shortfalls					
	butions made to the plan for the plan y			T			
(a) Da (MM-DD-)		(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	y (c)		unt paid by oyees
	,	. ,	,				,
					424 1		
			Totals ► 18(b)		18(c)		
	unted employer contributions see ins	•			:		
	ntributions allocated toward unpaid min				 		
	ntributions made to avoid restrictions a						0
	ntributions allocated toward minimum re erly contributions and liquidity shortfalls		ent year adjusted to v	valuation date 19c			

Liquidity shortfall as of end of quarter of this plan year

(3)

3rd

(4)

4th

c If line 20a is "Yes," see instructions and complete the following table as applicable:

(2)

2nd

(1) 1st

Pa	art V Assumption	ons Used To Determine	Funding Target and Targ	et Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %		☐ N/A, full yield curve used
	b Applicable month	(enter code)			21b	0
22	Weighted average re	etirement age			22	64
23	Mortality table(s) (se	e instructions) Prior regu Current re		 -	bed - sepa bed - sepa	
Pai	rt VI Miscellane	eous items				
24	Has a change been	made in the non-prescribed ac	ctuarial assumptions for the current	plan year? If "Yes," see	e instructio	ns regarding required
	attachment		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • •		□ Yes 🕱 No
25	Has a method chang	ge been made for the current p	olan year? If "Yes," see instructions	regarding required atta	chment .	Yes X No
26	Is the plan required t	to provide a Schedule of Active	e Participants? If "Yes," see instruc	ctions regarding required	d attachme	ntX Yes No
27	•	•	nter applicable code and see instru	• •	27	
Pa		•	um Required Contribution		I	T
			years		28	
29	. ,		d unpaid minimum required contrit		29	
30			ontributions (line 28 minus line 29)		30	
Pai	rt VIII Minimum	Required Contribution	For Current Year			
31	Target normal cost a	and excess assets (see instruc	itions):			
	-				31a	0
			line 31a		31b	
32	Amortization installm			Outstanding Bala	ance	Installment
	a Net shortfall amort	tization installment				
	b Waiver amortization	on installment				
33			nter the date of the ruling letter gra) and the waived amount .		33	
34	Total funding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0
	<u> </u>	<u> </u>	Carryover balance	Prefunding Bala	ance	Total balance
35	Balances elected for requirement	use to offset funding				
36	Additional cash requ	irement (line 34 minus line 35)		36	0
37	/// 10 \		contribution for current year adjuste		37	0
38	Present value of exc	ess contributions for current y	ear (see instructions)		•	
	a Total (excess, if ar	ny, of line 37 over line 36)			38a	0
			prefunding and funding standard of		38b	0
39			ear (excess, if any, of line 36 over		39	0
40	Unpaid minimum red	quired contributions for all year	·s		40	0
Pai			Pension Relief Act of 2010)	
41	If an election was ma	de to use PRA 2010 funding re	elief for this plan:			
			• • • • • • • • • • • • • • • • • • • •		Г	2 plus 7 years 15 years
	_		41a was made			