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 Report I	dentification Information							
For calend	lar plan year 2018 or fisc	cal plan year beginning 01/01/20)18	and ending 12	2/31/2018				
A This re	turn/report is for:	X a single-employer plan		lan (not multiemployer) (mployer information in ac					
D	,	a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	am			
		special extension (enter descri	otion)						
Part II	Basic Plan Infor	mation—enter all requested info	ormation						
1a Name VSC ELECT	of plan FRIC INC. DEFINED BE	1b Three-dig plan num (PN) ▶							
					1c Effective	date of plan 01/01/2014			
		er, if for a single-employer plan) , apt., suite no. and street, or P.O.	Roy)		2b Employer Identification Number				
		, country, and ZIP or foreign posta		tructions)	(EIN)	26-3770447 s telephone number			
VSC ELECT	RIC INC.					31-868-7077			
	_				2d Business code (see instructions)				
40 SPRAY (BAYPORT, I					238210				
3a Plan a	administrator's name and		3b Administr	ator's EIN					
						ator's telephone number			
						'			
4					41 ====				
		plan sponsor or the plan name has sor's name, EIN, the plan name ar			4b EIN				
	sor's name			·	4d PN				
C Plan N	Name								
5a Total	number of participants a	at the beginning of the plan year			5a	2			
b Total	number of participants a	at the end of the plan year			5b	2			
		ccount balances as of the end of the			5c				
d(1) Tot	al number of active part	icipants at the beginning of the pla	n year		5d(1)	2			
		icipants at the end of the plan yea			5d(2)	2			
		erminated employment during the			5e	0			
		r incomplete filing of this return			use is establish	ned.			
SB or Scho		er penalties set forth in the instruct d signed by an enrolled actuary, as ete.							
SIGN	Filed with authorized/v	ralid electronic signature.	10/07/2019	VITO S. CUDIA, JR.					
HERE	Signature of plan ad	lministrator	Date	Enter name of individ	ual signing as p	lan administrator			
SIGN	Filed with authorized/v	valid electronic signature.	10/07/2019	VITO S. CUDIA, JR.					
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	dual signing as employer or plan sponsor				

Form 5500-SF (2018) Page **2**

 Are you claiming a waiver of the annual examination and report of an independent qualified public accounder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	rtead us n 4021) rear	se Fori	m 5500. ☐ Yes 🔀 N	Not determined								
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must ins C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan is checked.	read us n 4021) rear	se Fori ?	m 5500. □ Yes 🔀 N	Not determined								
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan is checked.	n 4021) /ear	?	Yes X	_								
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan	ear			_								
Part III Financial Information												
Fart III Financial information												
7 50 4			_									
7 Plan Assets and Liabilities (a) Beginning of Y	.3		(b) E	(b) End of Year								
a Total plan assets 7a 121702				1098339								
D Total plan liabilities	2			1098339								
	.5		-									
8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from:			(b) Total								
(1) Employers	00											
(2) Participants												
(3) Others (including rollovers)												
b Other income (loss)	34											
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				-118684								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)												
e Certain deemed and/or corrective distributions (see instructions) 8e												
f Administrative service providers (salaries, fees, commissions) 8f												
g Other expenses												
h Total expenses (add lines 8d, 8e, 8f, and 8g)												
i Net income (loss) (subtract line 8h from line 8c)				-118684								
j Transfers to (from) the plan (see instructions)												
Part IV Plan Characteristics												
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C	haracte	ristic C	Codes in the	instructions:								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cl	aracter	istic Co	odes in the ir	nstructions:								
Part V Compliance Questions												
10 During the plan year:	Yes	s No	,	Amount								
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction												
Program)	а	X										
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	X										
C Was the plan covered by a fidelity bond?	c X			250000								
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	d	X										
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.)	e	X										
f Has the plan failed to provide any benefit when due under the plan?												
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	g	X										
,												
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	i											

Form 5500-SF (2018)	Page 3 -	1

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									
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 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	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A				
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X 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)				

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

Fo	or calendar plan year 2018 or fiscal plan year be	peginning 01/01/2018	8	and endin	g 12/3	31/2018				
•	Round off amounts to nearest dollar.									
<u> </u>	Caution: A penalty of \$1,000 will be assessed	ed for late filing of this repo	ort unless reasonable cau	se is established	d.					
	Name of plan			B Three-dig	git					
	VSC ELECTRIC INC. DEFINED BENEFIT PEN	ENSION PLAN		plan num	ber (PN) •	001			
С	Plan sponsor's name as shown on line 2a of Fo	Form 5500 or 5500-SF		D Employer	Identific	ation Number (E	IN)			
	VSC ELECTRIC INC.				26-377	70447	,			
E	Type of plan: Single Multiple-A M	Multiple-B	F Prior year plan size:	100 or fewer	101-	500 More th	an 500			
F	Part I Basic Information									
1	Enter the valuation date: Month	h <u>12</u> Day <u>31</u>	Year <u>2018</u>							
2	Assets:									
	a Market value				2a		813339			
	b Actuarial value				2b		732006			
3	Funding target/participant count breakdown	1	. ,	Number of rticipants		sted Funding Target	(3) Total Funding Target			
	a For retired participants and beneficiaries re	receiving payment		0		0	0			
	b For terminated vested participants			0		0				
	C For active participants			2		419054	530194			
	d Total			2		419054	530194			
4	If the plan is in at-risk status, check the box	and complete lines (a) ar	nd (b)							
	a Funding target disregarding prescribed at-	t-risk assumptions			4a					
	b Funding target reflecting at-risk assumptio at-risk status for fewer than five consecutive				4b					
5	Effective interest rate				5		5.60 %			
6	Target normal cost				6		118074			
Sta	atement by Enrolled Actuary					•				
	To the best of my knowledge, the information supplied in this accordance with applicable law and regulations. In my opinion combination, offer my best estimate of anticipated experience	on, each other assumption is reaso								
	SIGN									
	HERE					10/07/201	9			
	Signature of	of actuary				Date				
E	ED STEINMETZ		_		17-04803					
	Type or print na	name of actuary			Most i	recent enrollmer				
				_		845-425-85				
1	Firm n 1 HILLTOP LANE	name		Te	lephone	number (includ	ng area code)			
	MONSEY, NY 10952									
	A dd	of the firm		_						
		of the firm								
	e actuary has not fully reflected any regulation of	or ruling promulgated un	der the statute in completi	ing this schedule	e, check	the box and see	•			

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Schedule SB (Form 5500) 2018	Page 2 - [

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding B	Balan	nces							
								(a) C	arryover baland	е	(b) F	refundir	ig balance	
7		•	0 , ,		able adjustments (line 13 fr		l l			0			0	
8			•	,	nding requirement (line 35					0			0	
9	Amount i	emaining	g (line 7 minus line	8)						0			0	
10	Interest of	on line 9 เ	using prior year's a	actual retu	rn of%					0		0		
11					to prefunding balance:									
	•				38a from prior year)							280719		
	b(1) Into Sch	erest on t nedule SE	he excess, if any, 3, using prior year	of line 38a	a over line 38b from prior ye interest rate of	ear _%								
	` '		·	•	edule SB, using prior year's								0	
	C Total available at beginning of current plan year to add to prefunding balance										280719			
	d Portion	n of (c) to	be added to prefu	unding bala	ance								0	
12	Other red	duationa i	n halanaan dua ta	alactions	or deemed elections					0			0	
					line 10 + line 11d – line 12)					0			0	
										U			0	
	art III	_	ding Percenta	•								44		
												14	159.26%	
					9							15	159.26%	
16					of determining whether carr					to reduce	current	16	177.46%	
17	If the cur	rent value	e of the assets of t	he plan is	less than 70 percent of the	fundi	ing target,	enter suc	h percentage			17	%	
	Part IV Contributions and Liquidity Shortfalls													
18					ar by employer(s) and emp	loyee								
(1)	(a) Date MM-DD-Y		(b) Amount page employer(-	(c) Amount paid by employees	((a) Date (MM-DD-Y)		(b) Amount employe		(0	c) Amount paid by employees		
0	2/08/2019)		285000	0									
						To	tals ▶	18(b)		28500	0 18(c)		0	
19	Discount	ed emplo	ver contributions	- see instr	uctions for small plan with a				heainning of the		-(-)	1	0	
		•	•		num required contributions				0 0	19a			0	
	_				usted to valuation date					19b			0	
				•	red contribution for current y					19c			283346	
20			tions and liquidity		rea continuation for carrent y	cai aa	ajuotou to ve	aldation at					200040	
	-				e prior year?					L			Yes X No	
	b If line	20a is "Y	es," were required	quarterly	installments for the current	year	made in a	timely ma	anner?		<u></u>		Yes No	
	C If line	20a is "Y	es," see instruction	ns and con	nplete the following table a	s appl	licable:							
			,		Liquidity shortfall as of er	nd of o	quarter of t							
		(1) 1s	t		(2) 2nd			(3)	3rd			(4) 4th		

	Part V Assumptions Used to Determine Funding Target and Target Normal Cost										
21	Discount	-	ons oseu i	to Determine	runung	raiget allu Tai	get Norm	ai Cosi			
41		nent rates:	1st s	egment:	2n	d segment:	3	rd segment:		П	
	a ocgin	icht rates.		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	65	
23	Mortality	table(s) (see	instructions)	Prior regulation	n: X	Prescribed - com	bined	Prescribed	d - separa	te Substitute	
				Current regular	tion:	Prescribed - com	bined	Prescribed	d - separa	te Substitute	
Pá	Part VI Miscellaneous Items										
	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required										
		-								Yes 🛚 No	
25	Has a m	ethod change l	been made for	the current plan	year? If "Ye	s," see instructions	regarding re	quired attach	ment	Yes 🛚 No	
26	Is the pla	an required to p	provide a Sche	edule of Active Pa	articipants? I	f "Yes," see instruc	tions regardir	ng required a	ttachmen	t Yes 🛚 No	
27	7 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.								27		
P	art VII					ed Contributio	ns For Pri	or Years			
28	Unpaid r	ninimum requii	red contribution	ns for all prior ye	ars				28	0	
29					•	m required contrib		-	29	0	
30		,				28 minus line 29)			30	0	
Pá	art VIII	Minimum	Required (Contribution	For Curre	nt Year					
31				ts (see instruction							
				,					31a	118074	
	b Exces	s assets, if app	olicable, but no	t greater than lin	e 31a				31b	118074	
32	Amortiza	ation installmen	nts:				Outs	anding Bala	nce	Installment	
	a Net sh	ortfall amortiza	ation installmer	nt					0	0	
	b Waive	r amortization	installment						0	0	
33						he ruling letter gran waived amount			33		
34	Total fun	nding requireme	ent before refle	ecting carryover/p	prefunding ba	lances (lines 31a -	31b + 32a +	32b - 33)	34	0	
					Carry	over balance	Pref	unding balar	ice	Total balance	
35		s elected for us		•							
36	Addition	al cash require	ment (line 34 r	minus line 35)					36	0	
37	Contribu	tions allocated	toward minim	um required con	tribution for co	urrent year adjuste	d to valuation	date (line	37	283346	
38				for current year							
				•	`	,			38a	283346	
	a Total (excess, if any, of line 37 over line 36)b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances								38b	0	
39	Unpaid r	minimum requii	red contributio	n for current year	r (excess, if a	ny, of line 36 over l	ine 37)		39	0	
40	Unpaid r	minimum requii	red contribution	ns for all years					40	0	
Pa	rt IX	Pension	Funding R	elief Under P	ension Re	elief Act of 201	0 (See Ins	tructions	<u> </u>		
41	If an elec	ction was made	to use PRA 2	2010 funding relie	ef for this plan	:					
									Г	2 plus 7 years 15 years	
	b Eligible	e plan year(s) f	for which the e	lection in line 41	a was made					08 2009 2010 2011	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Cepartment of Labor Employee Sensitis Security Administration Pension Benefit Gueranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled under sections 104 and 4055 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Annual Report Identification information

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

992					-	
Fo	or calendar plan year 2018 or	fiscal plan year beginning	01/01/201	8 and ending	12/31/	2018
A	This return/report is for:	a single-employer plan	a list of participal	yer plan (not multiemploy: ling employer Information	er) (Filers checkin in accordance wil	g this box must attech h the form instructions.)
R	This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/re	.m.n.st		
-	tine resourcement is:		Sand Sand	•		
		an amended return/report	T a sucu bian year	return/report (less than 12	z months)	
C	Check box if filing under:	🔀 Form 5558	automatic extens	lon	☐ DFV	program
		special extension (enter des	cription)			
100	Basic Plan Int	formation enter all requester	d information			
la	Name of plan		T. William St.	and the state of t	1b Three-d	lak T
	VSC ELECTRIC INC.	DEFINED BENEFIT PENSION	n Plan		plan nur	u ,
					1C Effective	
	*				01/01/	
8	Mailing Address (include ro	loyer, if for a single-employer plan) iom, apt., suite no, and street, or P nce, country, and ZIP or foreign per	O. Box)	inctrictions)		r Identification Number 6-3770447
	VSC ELECTRIC INC.	and an arrange with the control of t	man oo aa (n istolyn; sao		2¢ Sponsor	s telephone number
						968-7077
	40 SPRAY CT.				code (see instructions)	
					238210	
•	OH BAXPORT MY 11705	and address X Same as Plan Sp				
4	Pien Bolininistrators name a	ing address (AJ Same as Plan Sp	onsor		3b Administr	ators EIN
					3c Administr	ator's telephone number
•		e plan sponeor or the plan name h nsor's name, EIN, the plan name a			46 EIN	
a.	Sponsor's name	nsor's nome. Care, the plan name a	no me pian number iron	tine last returnireport.	4d PN	
	Plen Name				AU PN	
-					The second secon	
	Total number of participants	et the beginning of the plan year .	**************************************	B. ARABAMAN MILATO COPT CANADA ACTUA BARRA	6a	2
•	Total number of participents	at the end of the plan year	7,4870.8168.0191.487 6 48.83143198.4486427.83 6 414.681	**********************	5b	2
	Number of participants with a	account balances as of the end of t	he plan year (only define	ed contribution plans	5c	
		iclpants at the beginning of the plai			5d(1)	2
		icipants at the end of the plan year		598400263#60################################	6d(2)	2
		erminated employment during the p			VV(2)	4
	* * * * * * * * * * * * * * * * * * *	***************************************			5e	
H	ion: A penalty for the late of	or incomplete filing of this return	iraport will be assess	d uniese ressonable car	see le catablishe	d.
Yd (or penalties of perjury and att	ner penalties, set forth in the instruc	tions, I declare that I have	e examined this return/re	part, including, If	applicable, a Schedule
o c elle	r Schedule MB completed ar f, It is true, correct and comp	nd signed by an enrolled actuary, as	a well as the electronic v	rersion of this return/repor	t, and to the best	of my knowledge and
	With 1		Trabula 1	TATION	7110.0	+0
130	BAARI)		- HAPTH		cudia 3	775
	Signature of plan admi		Oate 110	Enter name of Individua		dministrator
	1/	The state of the s	TE ATIL		ALOW !	T
	Signature of employer/	lan sponsor	Date	Enter name of individual	signing as emplo	yer or plan sponsor

6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions.)	********			**********	[x]Yes [TNo
b	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	an independ and conditio	lent qualified public acc	•••••••		*******		-]]Yes [
	If you answered "No" to either line 6a or line 6b, the plan cannot									
С	If the plan is a defined benefit plan, is it covered under the PBGC in								Not dete	ermine
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pre	emium filing for this yea	r				(See	instructi	ons.)
Р	art III Financial Information			**********	-40		***************************************			to deliver at a succession of the
7	Plan Assets and Liabilities	T	(a) Beginning	of Yea			<i>(</i>	b) End of Ye	ar	
a	Total plan assets	7a		17,0		+			098,3	3 G
b	Total plan liabilities	7b	1,2	- + / ; \	23	+		± ,	030,3	J 3
С	Net plan assets (subtract line 7b from line 7a)	7c	1 5	17,0	123	-		1	098,3	3.0
8	Income, Expenses, and Transfers for this Plan Year	1 - 3	(a) Amour		·			(b) Total	030,3	33
a	Contributions received or receivable from:	 						(4)		
	(1) Employers	8a(1)	2	85,0	00	_				(non-mark territorio)
	(2) Participants	8a(2)								teriolista en
	(3) Others (including rollovers)	 								
b	Other income (loss)	86	(40	3,68	4)		*************		***************************************	
d C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					To the state of th	(1	18,684	1)
u	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e				- 	***************************************	W. Attack (resolution to the second s		
f	Administrative service providers (salaries, fees, commissions)	8f				1			(reduction of the last of the same of the same	
g	Other expenses	8g				<u> </u>	***************************************		**********	Orbit Advantadorres Assess
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		district the best of the second	-	+		***************************************		***************************************
i	Net income (loss) (subtract line 8h from line 8c)	8i		Water office and the street of the			·····	(1	18,684	L 1
i	Transfers to (from) the plan (see instructions)	8j		AAN PARKIN IN THE SAMELAND		-	***************************************	f .cr	20,000	. ,
Pa	ert IV Plan Characteristics									Ordensen was a second
-	If the plan provides pension benefits, enter the applicable pension fe	eature codes	s from the List of Plan (Charac	terist	ic Coc	les in the	instructions:		9 8884 (n. 1867 n. 1 7. 17. 17. 1777 n. 18
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cl	naracte	eristic	Code	s in the in	structions:		
Pa	rt V Compliance Questions								***************************************	****************
10	During the plan year:				Yes	No	N/A	Amo	 !) !) Î	
а	Was there a failure to transmit to the plan any participant contribut	ions within t	the time period	T						***************
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fidu	iciary Correction							
	Program)	**********		10a	***	x				
b	Were there any nonexempt transactions with any party-in-interest?									
	reported on line 10a.)	•		10b		х		and the second s		
C	Was the plan covered by a fidelity bond?	*******		10c	X				250	,000
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								· · · · · · · · · · · · · · · · · · ·	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)									
f	Has the plan failed to provide any benefit when due under the plan	?	***********	10f		х			······································	
g										
h		See instruct	ions and 29 CFR	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-	e required n	otice or one of the	10i						Transcription of the state of t

Page 2

Form 5500-SF 2018

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Page	3 -	

							
Par 11		1			T		
1 1	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions and complete Schedule SB (Form 5500 and line 11a below)						No
11:	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4		11a		***************************************	*************	0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of							
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see	e instructions, a	nd ente	er the date	of the	letter rul	ina
	granting the waiver	Month		ıy	Yea		
<u>lf</u> :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	ne 13.	AT 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10				
b	Enter the minimum required contribution for this plan year	*************	12b				
С	Enter the amount contributed by the employer to the plan for the plan year						***************************************
d	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)						
e	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					N//	1
Par	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	Art Market and Andrew (I) () and proper) as the james of			diameter and the secondary
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identified which assets or liabilities were transferred. (See instructions.)	entify the plan(s	s) to		H-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Title constitution of the second of the seco	
1	3c(1) Name of plan(s):	13c(2) El	N(s)		13c(3) PN(s	

Attachment to Schedule SB Line 19c

Sponsor name: VSC ELECTRIC EIN 26-3770447

Date Amount EIR Val Date PV Cont.

2/8/2019 285000 5.60% 12/31/2018 **283,345.54**

283,345.54

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. <u>Interest</u> 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 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 4% of Average Compensation for each Year of

Service. Maximum 15 years. Service prior to

January 1, 2011 shall be 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.

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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 Internal Revenue Code (the Code).

2018

This Form is Open to Public

Inspection

OMB No. 1210-0110

Retirement Income Security Act of 1974 (ERISA) and section 6059 of the

File as an attachment to Form 5500 or 5500-SF. For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 12/31/2018 and ending ▶ 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 Three-digit 001 VSC ELECTRIC INC. DEFINED BENEFIT PENSION PLAN plan number (PN) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF **D** Employer Identification Number (EIN) VSC ELECTRIC INC. 26-3770447 **F** Prior year plan size: x 100 or fewer 101-500 **E** Type of plan: X Single Multiple-A Multiple-B More than 500 Part I **Basic Information** Enter the valuation date: Month Day Year 2018 2 Assets: 813,339 2a **b** Actuarial value 732,006 Funding target/participant count breakdown: (1) Number of (2) Vested Funding (3) Total Funding participants **Target Target** 0 0 0 a For retired participants and beneficiaries receiving payment 0 0 0 **b** For terminated vested participants 2 419,054 530,194 **C** For active participants 2 419,054 530,194 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 have been in 4b at-risk status for fewer than five consecutive years and disregarding loading factor 5.60 % 5 Effective interest rate Target normal cost 118,074 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each presribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN 10/7/2019 **HERE** 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 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 instructions

<u>:</u>	Schedule SB (Form 5500) 2018		Page 2					
Part II	Beginning of Year Carryov	er and Prefunding Ba	lances					
_				(a) Ca	rryover balance	(b) F	refundi	ng balance
7 Balan vear)	ce at beginning of prior year after app	licable adjustments (line 13 fr	om prior		0			
8 Portio	n elected for use to offset prior year's	funding requirement (line 35	from					
	/ear)				0			
	nt remaining (line 7 minus line 8)				0			
10 Intere	st on line 9 using prior year's actual re	eturn of%			0			
11 Prior	year's excess contributions to be adde	ed to prefunding balance:						
	esent value of excess contributions (lin	. , ,						280,71
b(1)	Interest on the excess, if any, of line							
	Schedule SB, using prior year's effect							
b(2)	Interest on line 38b from prior year So	- · · · ·						
	return		_					
	tal available at beginning of current pl							280,71
	rtion of (c) to be added to prefunding							
	reductions in balances due to election							
	ce at beginning of current year (line 9	+ line 10 + line 11d - line 12)	•••••		0			
Part III	Funding Percentages						44	
	ng target attainment percentage						14	159.26
	ted funding target attainment percenta year's funding percentage for purpose					••••	15	159.26
	nt year's funding requirement					••••	16	177.46
17 If the	current value of the assets of the plan	is less than 70 percent of the	e funding targe					
Part IV	Contributions and Liquid	dity Shortfalls						
18 Contri	ibutions made to the plan for the plan	year by employer(s) and emp	loyees:					
(a) Da (MM-DD-)		(c) Amount paid by employees	(a) Da (MM-DD-Y		(b) Amount paid by employer(s)	y (c) Amount paid by employees		
02/08/2	, , , , , ,	этризусса	(,				
	·							
			Totals ▶	18(b)	285,000	18(c)		(

19b 19c

283,346

Yes X No

(4)

4th

b Contributions made to avoid restrictions adjusted to valuation date

c Contributions allocated toward minimum required contribution for current year adjusted to valuation date ...

2nd

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

a Did the plan have a "funding shortfall" for the prior year?

3rd

Liquidity shortfall as of end of quarter of this plan year

20 Quarterly contributions and liquidity shortfalls:

(1) 1st

Part V Assumpti	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	n (enter code)			21b	0		
22 Weighted average r	retirement age			22	65		
23 Mortality table(s) (se	ee instructions) Prior regu Current re			oed - separa oed - separa			
Part VI Miscellan	eous items						
24 Has a change been	made in the non-prescribed ac	ctuarial assumptions for the current	plan year? If "Yes," see	instruction	s regarding required		
		• • • • • • • • • • • • • • • • • • • •					
25 Has a method chan	ge been made for the current p	plan year? If "Yes," see instructions	regarding required attac	chment	Yes X No		
26 Is the plan required	to provide a Schedule of Active	e Participants? If "Yes," see instruc	tions regarding required	attachmen	t Yes X No		
27 If the plan is subject	t to alternative funding rules, er	nter applicable code and see instru	ctions regarding	27			
Part VII Reconcil	iation of Unpaid Minim	um Required Contribution	s For Prior Years				
28 Unpaid minimum re	quired contributions for all prior	r years		28			
• •		rd unpaid minimum required contrib	• •	29			
30 Remaining amount	of unpaid minimum required co	ontributions (line 28 minus line 29)		30			
Part VIII Minimum	n Required Contribution	n For Current Year					
31 Target normal cost	and excess assets (see instruc	etions):					
a Target normal cos	st (line 6)			31a	118,074		
		n line 31a		31b	118,074		
32 Amortization installr	ments:		Outstanding Bala	ance	Installment		
a Net shortfall amou	tization installment						
b Waiver amortizati	on installment						
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day							
34 Total funding require		r/prefunding balances (lines 31a - 3		34			
	,	Carryover balance	Prefunding Bala		Total balance		
35 Balances elected for requirement	r use to offset funding						
36 Additional cash requ	uirement (line 34 minus line 35)		36	0		
37 Contributions alloca	ted toward minimum required of	contribution for current year adjuste	ed to valuation date	37	283,346		
	cess contributions for current y				·		
		• • • • • • • • • • • • • • • • • • • •		38a	283,346		
		prefunding and funding standard of		38b	0		
		year (excess, if any, of line 36 over	•	39			
		rs		40	0		
		Pension Relief Act of 2010	•				
	ade to use PRA 2010 funding re			•			
		· · · · · · · · · · · · · · · · · · ·			2 plus 7 years 15 years		
		41a was made					