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

2017

This Form is Open to Public Inspection

Parti	Annual Report	t identification information				
For calenda	ar plan year 2017 or f	iscal plan year beginning 12/31/2	2017	and ending 12	/30/2018	
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl list of participating en	an (not multiemployer) (F	_	
D This was	on to a set 's	a one-participant plan	a foreign plan			
B This retu	Irn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
C Check b	oox if filing under:	X Form 5558	automatic extension	[DFVC progra	m
		special extension (enter descri	· ,			
Part II	Basic Plan Info	ormation—enter all requested in	formation			
1a Name o		ATION RETIREMENT PLAN			1b Three-digiting plan number	
				-	(PN) >	001
					1c Effective of	late of plan 12/31/1995
		oyer, if for a single-employer plan)			2b Employer	Identification Number
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		ructions)	(EIN)	11-2948732
	ECTRIC CORPORA					telephone number 7-217-4776
					2d Business	code (see instructions)
967 E. BROA WOODMERE						238210
WOODMERE	.,					
3a Plan ac	dministrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	itor's EIN
				-	3c Administra	itor's telephone number
		ne plan sponsor or the plan name ha			4b EIN	
this pla a Sponso		onsor's name, EIN, the plan name a	and the plan number from the	he last return/report.	4d PN	
C Plan N					TU FN	
5a Total n	number of participants	s at the beginning of the plan year		<u>.</u>	5a	3
		s at the end of the plan year			5b	3
		account balances as of the end of		·	5c	
d(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year	<u>.</u>	5d(1)	1
	•	articipants at the end of the plan ye		F	5d(2)	1
than 1	100% vested	o terminated employment during the	•••••		5e	0
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cau		
SB or Sche		ther penalties set forth in the instructed and signed by an enrolled actuary, an plete.				
SIGN	Filed with authorized	d/valid electronic signature.	10/12/2019	MICHAEL GELB		
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	an administrator
SIGN						
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ıal signing as en	nployer or plan sponsor

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62	Were all of the plan's assets during the plan year invested in eligib	lo opposto?	(Coo instructions)				Ţ.	Yes No
	Are you claiming a waiver of the annual examination and report of						<u>-</u>	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)					Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann					_	. – –	
С	If the plan is a defined benefit plan, is it covered under the PBGC in							lot determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this pl	an yea	r		4170590. (Se	e instructions.)
Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Ye	ear
а	Total plan assets	7a	152	27273			93	31890
b	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	152	27273			93	31890
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from:	- 40						
	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)	-	0				
	Other income (loss)	8b	-52	23383	-			2000
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-52	23383
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7	72000				
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				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						72000
	Net income (loss) (subtract line 8h from line 8c)	8i					-59	95383
•	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	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the instruction	ons:
	1A 1I 3D							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acteris	tic Coo	des in the instruction	IS:
Par	t V Compliance Questions							
10					Yes	No	A	
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period		162	NO	Amou	ınt
u	described in 29 CFR 2510.3-102? (See instructions and DOL's V							
	Program)			10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С					X			405000
				10c	^			125000
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	ner person	s by an insurance					
	carrier, insurance service, or other organization that provides some	ne or all of	the benefits under	100		X		
•	the plan? (See instructions.)			10e				
f	,,,,,,			10f		X		
g				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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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	X	es 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?			Y	es 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, an granting the waiver	d enter t Day		of the letter Year	ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	s X No)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3)	PN(s)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

and endin	g 12/3	30/2018	
	d.	T	
1	,		004
plan num	ber (PN) •	001
D Employer	Identifica	ation Number (E	EIN)
	11-294	18732	
X 100 or fewer	101-	500 More th	an 500
-			
	. 2a		1527273
	2b		1527273
Number of articipants			(3) Total Funding Target
0		0	0
2		428086	428086
1		743121	743121
3		1171207	1171207
—	4a		
			5.72 %
	6		0
<u> </u>			9
	Most i		
Te	lephone	number (includ	ing area code)
_			
ting this schedule	e, check	the box and see	e <u> </u>
	D Employer Number of articipants 1 a a a a a a a a a a a a a a a a a a	B Three-digit plan number (PN D Employer Identification 11-294 X 100 or fewer 101- 2a 2b Number of (2) Verarticipants 0 2 1 1 3 Anave been in 4b 5 6 ents, if any, is complete and accurate perience of the plan and reasonary perience of the plan and reasonary most of the p	B Three-digit plan number (PN) D Employer Identification Number (E 11-2948732 X 100 or fewer 101-500 More the 2a 2b 2b 2b 2 428086 1 743121 3 1171207 4a anave been in 4b 5

P	art II	Begir	ning of Year	Carryov	er and Prefunding B	alances								
		_				-		(a) C	arryover balance		(b) P	refundir	ig balance	
7		Ū			able adjustments (line 13 fro				()			0	
8			•	•	nding requirement (line 35 f				()			0	
9	Amount	remaining	g (line 7 minus line	8)					()			0	
10	Interest	on line 9 i	using prior year's	actual retu	rn of				()			0	
11	Prior yea	ır's exces	s contributions to	be added	to prefunding balance:									
				`	38a from prior year)	-							0	
					a over line 38b from prior ye interest rate of5.350								0	
	` ,		•	•	edule SB, using prior year's								0	
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balanc	e							0	
	d Portio	n of (c) to	be added to pref	unding bala	ance								0	
12	Other re	ductions i	n balances due to	elections	or deemed elections				()			0	
13	Balance	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 12)				()			0	
Р	art III	Fun	ding Percent	ages										
14 Funding target attainment percentage								14	130.40%					
15 Adjusted funding target attainment percentage								15	130.40%					
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								16	141.09%					
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the	funding targ	et, eı	nter suc	h percentage			17	%	
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls									
18					ar by employer(s) and empl									
(1)	(a) Dat ∕MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) [(MM-DD)		YY)	(b) Amount page employer		(c	(c) Amount paid by employees		
,		,	. ,	. ,	. ,	,		,	, ,	`			•	
						Totala N	1	40/h)			0 49(0)			
10	Diagonal			:	ustiana fan anall plan with a	Totals ▶	_	18(b)	haning in a af tha		0 18(c)		0	
19		•	•		uctions for small plan with a num required contributions					19a			0	
	_				usted to valuation date					19b			0	
				•	ired contribution for current ye				<u> </u>	19c			0	
20			itions and liquidity		,									
					e prior year?								Yes X No	
			-		installments for the current							П	Yes No	
	C If line	20a is "Y	es," see instructio	ns and cor	nplete the following table as	applicable:								
				T	Liquidity shortfall as of en		of thi							
		(1) 1s	t		(2) 2nd			(3)	3rd			(4) 4th		

P	art V	Assumpti	ons Used to Determine	Funding Target and Target	get Normal Cost		
21	Discount	rate:			_		
	a Segme	ent rates:	1st segment: 4.16%	2nd segment: 5.72 %	3rd segment: 6.48 %		N/A, full yield curve used
	b Applica	able month (er	nter code)			21b	4
22	Weighted	average retire	ement age			22	71
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined Pres	cribed - separate	Substitu	ite
Pa	art VI	Miscellane	ous Items				
24		•		arial assumptions for the current p	•		· ·
25	Has a me	thod change b	been made for the current plar	n year? If "Yes," see instructions i	egarding required attach	ment	Yes X No
26	Is the pla	n required to p	provide a Schedule of Active P	articipants? If "Yes," see instructi	ons regarding required a	ittachmen	tX Yes No
27				r applicable code and see instruct		27	
Pi	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years		
				ears		28	0
29	Discounte	ed employer co	ontributions allocated toward u	unpaid minimum required contribu	tions from prior years	29	0
30	Remainin	g amount of u	inpaid minimum required conti	ributions (line 28 minus line 29)		30	0
Pa	art VIII	Minimum	Required Contribution	For Current Year			
31	Target no	ormal cost and	d excess assets (see instruction	ns):			
	a Target r	normal cost (lii	ne 6)			31a	0
	b Excess	assets, if app	licable, but not greater than lir	ne 31a		31b	0
32	Amortizat	ion installmen	its:		Outstanding Bala	nce	Installment
	a Net sho	ortfall amortiza	tion installment			0	0
					1	0	0
33	If a waive (Month _	r has been ap	proved for this plan year, ente ay Year	er the date of the ruling letter grant) and the waived amount	ing the approval	33	
34	Total fund	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	0
				Carryover balance	Prefunding balan	ice	Total balance
35			se to offset funding	0		0	0
36	-					36	0
37	Contribut	ions allocated	toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37	0
38			s contributions for current year				
						38a	0
			· · · · · · · · · · · · · · · · · · ·	efunding and funding standard ca		38b	0
39	Unpaid m	inimum requir	ed contribution for current year	ar (excess, if any, of line 36 over li	ne 37)	39	0
40	Unpaid m	inimum requir	ed contributions for all years			40	0
Pa	rt IX	Pension	Funding Relief Under I	Pension Relief Act of 2010) (See Instructions	5)	
41	If an elect	ion was made	to use PRA 2010 funding reli	ef for this plan:			
	a Schedu	le elected					2 plus 7 years 15 years
	b Eligible	plan year(s) f	or which the election in line 41	la was made		20	08 2009 2010 2011
42	Amount o	f acceleration	adjustment			42	<u> </u>
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning 12/31/2017 and ending a multiple-employer plan (not multiemployer) (Filers checking this box must attach a 🛚 a single-employer plan A This return/report is for: list of participating employer information in accordance with the form instructions.) a foreign plan a one-participant plan B This return/report is the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 DFVC program automatic extension special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit plan number Central Electric Corporation Retirement Plan 001 (PN) • 1c Effective date of plan 12/31/1995 2a Plan sponsor's name (employer, if for a single-employer plan) Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN)11-2948732 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Central Electric Corporation 2c Sponsor's telephone number (917) 217-4776 2d Business code (see instructions) 967 E. Broadway Woodmere NY 11598 238210 3b Administrator's EIN 3a Plan administrator's пате and address 🗓 Same_as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4d PN c Plan Name 5a Total number of participants at the beginning of the plan year Ба 3 Бb b Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (only defined contribution plans Бс complete this item) 5d(1) d(1) Total number of active participants at the beginning of the plan year 5d(2) d(2) Total number of active participants at the end of the plan year Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, sorregt, and complete SIGN MICHAEL GELB HERE Date VIUG Signature of plan administrator Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

P	ag	е	2

	Were all of the plan's assets during the plan year invested in eligib							X Yes	No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann								_
C	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	e PBGC pro	emium filing for this pl	an year	· 		41705	90. (See instructi	ons.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) i	end of Year	
a	Total plan assets	7a		527,2	273			931	,890
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	527,2	273			931	.,890
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)			c				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b	-	523,3	383				
G	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-523	3,383
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		72,	000				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f			0				
g	Other expenses	8g			С				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						72	2,000
Í	Net income (loss) (subtract line 8h from line 8c)	8i						~595	5,383
j	Transfers to (from) the plan (see instructions)	8j			0				
Pa	nt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A 11 3D	feature cod	des from the List of Pla	an Cha	racteri	stic Co	des in the	instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plan	n Chara	acteris	ic Cod	es in the i	nstructions:	
Pa	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	Voluntary F	duciary Correction	10a		Х			
t	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not i	nclude transactions	10b		Х			
				10c	Х			125	5,000
-		fidelity bo	id, that was caused	10d		Х			
-	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		Х			
1	Has the plan failed to provide any benefit when due under the pla	an?		10 f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	end.)	10g		Х			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	' (See instru	ictions and 29 CFR	10h					
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i					

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								X Yes	Νο		
_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
D	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
C	🕻 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🖾 Yes 🔲 No 📋 Not determin										
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4170590. (See instructions.)										
Pa	rt III Financial Information						····.				
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of	Year			
a	Total plan assets	7a		527,2			(b) Lile of	931,8	890		
b	Total plan liabilities	7b			0				0		
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	527,2	273			931,8	890		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Tota	ai			
a	Contributions received or receivable from:						······································	*******			
	(1) Employers	8a(1)			0	 					
	(2) Participants	8a(2)			0						
	(3) Others (including rollovers)	8a(3)		523,							
	Other income (loss)	8b	_	523,	303		.	E00 1	202		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-523,0	303		
u	to provide benefits)	8d		72,	000						
6	Certain deemed and/or corrective distributions (see instructions)										
f	Administrative service providers (salaries, fees, commissions)	0									
g	Other expenses	8g			0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	·					72,0			
i	Net income (loss) (subtract line 8h from line 8c)	8i	_						383		
j	Transfers to (from) the plan (see instructions)	8j			٥						
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $1A\ 11\ 3D$	feature co	odes from the List of Pl	an Cha	racteris	stic Codes	in the instruc	tions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	ic Codes i	n the instruct	ions:			
						·					
Pa						No.					
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions with	in the time period		Yes	No	Am	ount			
•	described in 29 CFR 2510.3-102? (See instructions and DOL's \	/oluntary F	Fiduciary Correction		<u> </u>						
	Program)			10a		Х					
t	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		х					
		10c	Х			125,	000				
	Did the plan have a loss, whether or not reimbursed by the plan's	407		.,							
	by fraud or dishonesty?	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		10d	-	X					
•	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	10e		х							
1	· · · · · · · · · · · · · · · · · · ·	10f		Х							
	Did the plan have any participant loans? (If "Yes," enter amount a		10g		Х	,					
T	1 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	the require	ed notice or one of the	10i							

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

2017

OMB No. 1210-0110

This Form is Open to Public Inspection

▶ File as an attachment to Form 5500 or	5500-SF.					
For calendar plan year 2017 or fiscal plan year beginning $\frac{12}{31}/\frac{2017}{2018}$ and ending $\frac{12}{30}/\frac{2018}{2018}$						
Round off amounts to nearest dollar.						
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cau	ise is establishe	d.				
A Name of plan	B Three-di	git				
Central Electric Corporation Retirement Plan	plan nun	nber (PN) •	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identifica	ation Number (I	=IN)		
Central Electric Corporation		D Employer Identification Number (EIN) 11-2948732				
<u>-</u>						
E Type of plan: ☐ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐	X 100 or fewer	101-	500 More th	nan 500		
Part I Basic Information						
1 Enter the valuation date: Month 12 Day 31 Year 2017						
2 Assets:						
a Market value		. 2a		1,527,273		
b Actuarial value		. 2b		1,527,273		
• I didnig target participant count broakdown	Number of rticipants		sted Funding Target	(3) Total Funding Target		
For retired participants and beneficiaries receiving payment	0		0	0		
b For terminated vested participants	2	428,086		428,086		
C For active participants	1		743,121	743,121		
d Total	3	1	,171,207	1,171,207		
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	7					
a Funding target disregarding prescribed at-risk assumptions		4a				
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that h	ave been in	4h				
at-risk status for fewer than five consecutive years and disregarding loading factor		5		F 72.0/		
5 Effective interest rate		6	5.72%			
6 Target normal cost		0		0		
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachme accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the excombination, offer my best estimate of anticipated experience under the plan.						
SIGN WILL COLL			10/14/20	19		
Signature of actuary		Date				
WILLIAM J CLEMANS, E.A.		17-07149				
Type or print name of actuary	_	Most recent enrollment number				
LONG ISLAND EMPLOYEE BENEFITS GROUP	_		(631)273-	9220		
Firm name 50 STEWART AVENUE, SUITE 2	Te	elephone	number (includ	ling area code)		
HUNTINGTON NY 11743						
Address of the firm	_					
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in complet instructions	ing this schedul	e, check	the box and se	e		

Page 2 -		
raye z -		

P	art II	Begir	ning of Year	Carryov	er and Prefunding B	alances								
							(a) Carryover balance (b) Prefunding bala				ng balance			
7		•	•		able adjustments (line 13 fro	•						0		
8			•	•	nding requirement (line 35 fi		. 0					0		
9	Amount	remaining	g (line 7 minus line	8)						0			0	
10	Interest	on line 9	using prior year's	actual retu	rn of <u>-10.13</u> %					0			0	
11	Prior yea	ır'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	
	b(1) Int Sc	erest on t nedule SI	the excess, if any, B, using prior year	of line 38a 's effective	a over line 38b from prior year e interest rate of5 · 35 c	ar %							0	
	b(2) Int	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's	actual								
					ar to add to prefunding balanc								0	
	_			, ,									0	
	a Portio	n of (c) to	be added to pref	unding bala	ance		•						0	
					or deemed elections					0			0	
13	Balance	at beginr	ning of current year	r (line 9 +	line 10 + line 11d – line 12).					0			0	
P	Part III Funding Percentages													
14	4 Funding target attainment percentage										14	130.40%		
	5 Adjusted funding target attainment percentage									130.40%				
	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									141.09%				
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
Р	Part IV Contributions and Liquidity Shortfalls													
18					ar by employer(s) and employer						-			
(1	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(b) Amount paid by employer(s)					(c) Amount paid by employees		
			- 1 - 2	(-7	. , . ,	(WIWI-DD-111			- 1 - 7	- (-/			- ,	
						Totals ▶	•	18(b)			0 18(c)		0	
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation d	late a	after the	beginning of the					
								19a						
b Contributions made to avoid restrictions adjusted to valuation date								C						
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date									0					
20			tions and liquidity										🙃	
a Did the plan have a "funding shortfall" for the prior year? Yes ✓ No.									Yes X No					
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?														
	C If line	20a is "Y	es," see instructio	ns and cor	mplete the following table as	- ' '								
		(1) 1s	<u> </u>		Liquidity shortfall as of end (2) 2nd	d of quarter	of th		year 3rd	1		(4) 4tł	า	
		(1) 18			(Z) ZIIU			(3)	Jiu			(+) 4 11	1	

F	Part V Assumptions Used to Determine Funding Target and Target Normal Cost										
21	Discount	rate:									
	a Segm	ent rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6 . 48 %	nt: % N/A, full yield curve					
	b Applic	able month (e	nter code)			21b			4		
22	Weighted	d average retir	ement age			22			71		
23	Mortality	table(s) (see	Substitu	te							
Pa	art VI	Miscellane	ous Items								
24		•	ade in the non-prescribed actu	·	• •			· —	es X No		
25	Has a me	ethod change	been made for the current pla	n year? If "Yes," see instruction	ons regarding required attach	ment		Y	es X No		
26	Is the pla	ın required to p	provide a Schedule of Active F	Participants? If "Yes," see inst	ructions regarding required a	attachment		🛚 Ye	es No		
27		•	alternative funding rules, ente			27					
P	art VII	Reconcili	ation of Unpaid Minim	um Required Contribu	tions For Prior Years	<u> </u>					
28	Unpaid n	ninimum requi	red contributions for all prior y	ears		28			0		
29			contributions allocated toward			29			0		
30			unpaid minimum required cont			30			0		
Pa	art VIII	Minimum	Required Contribution	For Current Year							
31	Target n	ormal cost and	d excess assets (see instruction	ons):							
	a Target	normal cost (li	ine 6)			31a					
	b Excess	s assets, if app	olicable, but not greater than li	ne 31a		31b	С				
32	Amortiza	tion installmer	nts:		Outstanding Bala	nce		nstallment	t		
	a Net sh	ortfall amortiza	ation installment			0			0		
			installment		l e e e e e e e e e e e e e e e e e e e	0			0		
33			oproved for this plan year, ente Day Year			33					
34	Total fun	ding requirem	ent before reflecting carryover	prefunding balances (lines 31	a - 31b + 32a + 32b - 33)	34			0		
				Carryover balance	Prefunding balar	nce	T	otal baland	е		
35			se to offset funding		0	0			0		
36	Additiona	al cash require	ement (line 34 minus line 35)		36			0			
37		tions allocated	37			O					
38	38 Present value of excess contributions for current year (see instructions)										
	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								0		
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)								0		
40	40 Unpaid minimum required contributions for all years										
Pa	rt IX	Pension	Funding Relief Under	Pension Relief Act of 2	010 (See Instructions	5)					
41	41 If an election was made to use PRA 2010 funding relief for this plan:										
	a Schedu	ule elected				<u></u> 🗍	2 plus 7 ye	ars 1	15 years		
	b Eligible	e plan year(s)	for which the election in line 4	1a was made		200	08 2009	2010	2011		
42	Amount o	of acceleration	adjustment			42					
43	Excess in	stallment acco	eleration amount to be carried		43			·			

SCHEDULE SB, LINE 22 - DESCRIPTION OF WEIGHTED RETIREMENT AGE

PLAN NAME: CENTRAL ELECTRIC CORPORATION RETIREMENT PLAN

EMPLOYER ID: 11-2948732

PLAN NUMBER: 001

PLAN YEAR: 12/31/17 to 12/30/18

WRA - The Normal Retirement Age under the Plan.

SCHEDULE SB, LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

PLAN NAME: CENTRAL ELECTRIC CORPORATION RETIREMENT PLAN

EMPLOYER ID: 11-2948732

PLAN NUMBER: 001

PLAN YEAR: 12/31/17 to 12/30/18

Attained											
Age on	Years of Credited Service										
12/31/2017	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	1	0	0	0	0	0	0	0	1
Totals	0	0	1	0	0	0	0	0	0	0	1

SCHEDULE SB, PART V - STATEMENT OF PLAN PROVISIONS

PLAN NAME: CENTRAL ELECTRIC CORPORATION RETIREMENT PLAN

EMPLOYER ID: 11-2948732

PLAN NUMBER: 001

PLAN YEAR: 12/31/17 to 12/30/18

ELIGIBILITY REQUIREMENTS:

Minimum Age 21 years 0 months

Minimum Waiting Period: 12 months

RETIREMENT:

Retirement Age: 62
Retirement Participation: 5
Retirement Service: 0

Retirement Date: First of month following

RETIREMENT BENEFIT:

Normal Form: Life Annuity

Type of Formula: Unit benefit non-integrated

Unit based type: Service
Percentage of pay: 0.00%

Compensation method: Highest 3 year average

Maximum years: 25
Do not count service prior to: 12/31/95

ACCRUED BENEFIT:

Is the plan frozen: Yes 10/15/04

Method Fractional
Years based on: Service
Maximum years: None

Significant changes in plan provisions since last valuation: None

<u>VESTING:</u>	<u>YEARS</u>	VESTING %
	0	0%
	1	0%
	2	20%
	3	40%
	4	60%
	5	80%
	6	100%

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS

PLAN NAME: CENTRAL ELECTRIC CORPORATION RETIREMENT PLAN

EMPLOYER ID: 11-2948732

PLAN NUMBER: 001

PLAN YEAR: 12/31/17 to 12/30/18

FUNDING ASSUMPTIONS:

Probability of lump sum: 100%

Pre-Retirement Mortality: N/A

Post-Retirement Mortality: 2017 Optional Combined

Mortality Table for Small Plans

Interest: First Segment Rate: 4.16%

Second Segment Rate: 5.72% Third Segment Rate: 6.48%

Withdrawal: N/A

Disability: N/A

Salary Scale: None

Early Retirement Factor: N/A