

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2018</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2018 or fiscal plan year beginning 04/01/2018 and ending 03/31/2019	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a one-participant plan ☐ a foreign plan
B This return/report is	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II Basic Plan Information —enter all requested information													
1a Name of plan PROFESSIONAL SERVICES GROUP PENSION PLAN FOR BRIDGEPORT EMPLOYEES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center; color: blue;">021</td> </tr> <tr> <td colspan="2">1c Effective date of plan 04/01/1997</td> </tr> </table>	1b Three-digit plan number (PN) ►	021	1c Effective date of plan 04/01/1997									
1b Three-digit plan number (PN) ►	021												
1c Effective date of plan 04/01/1997													
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WASCO, LLC VEOLIA WATER NORTH AMERICA 53 STATE STREET 14TH FLOOR BOSTON, MA 02109	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 33-0266015</td> </tr> <tr> <td>2c Sponsor's telephone number 317-917-3928</td> </tr> <tr> <td>2d Business code (see instructions) 221300</td> </tr> </table>	2b Employer Identification Number (EIN) 33-0266015	2c Sponsor's telephone number 317-917-3928	2d Business code (see instructions) 221300									
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2d Business code (see instructions) 221300													
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>3b Administrator's EIN</td> </tr> <tr> <td>3c Administrator's telephone number</td> </tr> </table>	3b Administrator's EIN	3c Administrator's telephone number										
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>4b EIN</td> </tr> <tr> <td>4d PN</td> </tr> </table>	4b EIN	4d PN										
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4d PN													
5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5a</td> <td style="width: 40%; text-align: center; color: blue;">68</td> </tr> <tr> <td>5b</td> <td style="text-align: center; color: blue;">68</td> </tr> <tr> <td>5c</td> <td></td> </tr> <tr> <td>5d(1)</td> <td style="text-align: center; color: blue;">0</td> </tr> <tr> <td>5d(2)</td> <td style="text-align: center; color: blue;">0</td> </tr> <tr> <td>5e</td> <td style="text-align: center; color: blue;">0</td> </tr> </table>	5a	68	5b	68	5c		5d(1)	0	5d(2)	0	5e	0
5a	68												
5b	68												
5c													
5d(1)	0												
5d(2)	0												
5e	0												

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, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	12/30/2019	JOANNE CARDIN
	Signature of plan administrator	Date	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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** 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.) ☒ Yes ☐ No
- 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 determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4189002. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	8157627	8273360
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	8157627	8273360
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	170000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	355358	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		525358
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	373396	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	36229	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		409625
i Net income (loss) (subtract line 8h from line 8c)	8i		115733
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 3H 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c 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 fidelity bond, that was caused by fraud or dishonesty?	10d		X	
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.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
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	10i			

Part VI Pension Funding Compliance

11 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) ☒ 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 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year

If 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**

c 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**

e 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 ☒ 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 ☒ No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 04/01/2018 and ending 03/31/2019

▶ **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 <u>PROFESSIONAL SERVICES GROUP PENSION PLAN FOR BRIDGEPORT EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>021</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WASCO, LLC</u>	D Employer Identification Number (EIN) <u>33-0266015</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500
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Part I Basic Information

1 Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....	2a	<u>8154655</u>	
b Actuarial value	2b	<u>7743175</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>33</u>	<u>6168802</u>	<u>6168802</u>
b For terminated vested participants	<u>35</u>	<u>1674868</u>	<u>1674868</u>
c For active participants	<u>0</u>	<u>0</u>	<u>0</u>
d Total	<u>68</u>	<u>7843670</u>	<u>7843670</u>
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 have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.81 %</u>	
6 Target normal cost	6	<u>135000</u>	

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 prescribed 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 HERE		<u>12/19/2019</u>
Signature of actuary		Date
<u>REBECCA J. PETERSEN</u>		<u>17-07092</u>
Type or print name of actuary		Most recent enrollment number
<u>WILLIS TOWERS WATSON US LLC</u>		<u>312-288-7700</u>
Firm name		Telephone number (including area code)
<u>233 SOUTH WACKER DRIVE SUITE 1800 CHICAGO, IL 60606</u>		
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 ☐

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.27</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		314
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.02</u> %		19
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		333
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	98.71%
15 Adjusted funding target attainment percentage	15	98.71%
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	101.09%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/04/2019	170000	0			
Totals ▶			18(b)	170000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	154656

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target 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 4
22 Weighted average retirement age				22
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

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 attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	135000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	100495	16406	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	151406	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	151406	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	154656	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3250	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

■ Applicable month	December
■ Interest rate basis	3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	3.92%	1.79%
■ Second segment rate	5.52%	3.70%
■ Third segment rate	6.29%	4.56%
■ Effective interest rate	5.81%	4.10%

Annual rates of increase:

■ Compensation	N/A
■ Social Security Wage Base	N/A
■ Prices	N/A
■ Statutory limits on compensation and benefits	N/A
■ Increases in retiree benefits – in payment pensioners	Pre 65 – 2.50% Post 65 – 3.00%

Plan-related expenses	\$135,000
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Plan Name:	Professional Services Group Pension Plan for Bridgeport Employees
EIN / PN:	33-0266015/021
Plan Sponsor:	WASCO, LLC
Valuation Date	April 1, 2018

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality:

■ **Healthy mortality rates** Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2033 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2025 using Scale AA).

■ **Disabled life mortality rates** Not Applicable

Disability rates Not Applicable

Termination (not due to disability or retirement) rates Not Applicable

Retirement Not Applicable

Benefit commencement dates

■ **Preretirement death benefit** The later of the death of the deferred vested participant or the date the participant would have attained eligibility for unreduced benefits.

■ **Deferred vested benefit** Upon eligibility for unreduced benefits.

Form of payment Actual form for retirees. Single life annuity for deferred vested participants.

Percent married For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of participants are assumed to be married.

Spouse age Male spouses are assumed to be 3 years older than female spouses.

Plan Name: Professional Services Group Pension Plan for Bridgeport Employees
EIN / PN: 33-0266015/021
Plan Sponsor: WASCO, LLC
Valuation Date: April 1, 2018

SCHEDULE SB ATTACHMENTS

Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.
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Methods

Valuation date	First day of plan year.
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Funding target	Present value of accrued benefits as required by regulations under IRC §430.
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Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.00% for 2016 and 6.00% for 2017 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).
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The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Veolia North America and, based on that review, is not aware of any significant benefits required to be valued that were not.
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Plan Name:	Professional Services Group Pension Plan for Bridgeport Employees
EIN / PN:	33-0266015/021
Plan Sponsor:	WASCO, LLC
Valuation Date	April 1, 2018

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of 4/1/2018. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration, and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h). Note that the plan sponsor has decided, as allowed by regulation §1.430(h)(3)-1, to delay until the 2019 plan year updating the required mortality table to reflect the RP-2014 study and subsequent Society of Actuaries studies.
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Source of Prescribed Methods

Accounting methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name:	Professional Services Group Pension Plan for Bridgeport Employees
EIN / PN:	33-0266015/021
Plan Sponsor:	WASCO, LLC
Valuation Date	April 1, 2018

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Changes in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.
- The assumed plan-related expenses were changed from \$150,000 for the prior valuation to \$135,000 for the current valuation to account for expected expenses to be paid from the trust.
- The decrement timing assumption was changed from beginning of year decrements to the rounded middle of year decrement timing model.

Plan Name:	Professional Services Group Pension Plan for Bridgeport Employees
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Plan Sponsor:	WASCO, LLC
Valuation Date	April 1, 2018

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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
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► Round off amounts to nearest dollar.

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C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WASCO, LLC	D Employer Identification Number (EIN) 33-0266015		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500			

Part I Basic Information			
1 Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....	2a	8,154,655	
b Actuarial value.....	2b	7,743,175	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	33	6,168,802	6,168,802
b For terminated vested participants	35	1,674,868	1,674,868
c For active participants	0	0	0
d Total	68	7,843,670	7,843,670
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 have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	5.81%	
6 Target normal cost	6	135,000	

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 prescribed 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 HERE	 Signature of actuary	<u>12/19/19</u> Date 1707092 Most recent enrollment number 312-288-7700 Telephone number (including area code)
Rebecca J. Petersen Type or print name of actuary Willis Towers Watson US LLC Firm name 233 South Wacker Drive Suite 1800 Chicago IL 60606 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 ☐

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

Schedule SB (Form 5500) 2018
v. 171027

Part V Assumptions Used to Determine Funding Target and Target 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 4
22 Weighted average retirement age				22
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

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 attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	135,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	100,495	16,406	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	151,406	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	151,406	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	154,656	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3,250	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010 ☐ 2011

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	WASCO, LLC
EIN/PN	33-0266015/021
Plan Name	Professional Services Group Pension Plan for Bridgeport Employees
Valuation Date	April 1, 2018
Enrolled Actuary	Rebecca J. Petersen
Enrollment Number	17-07092

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective April 1, 1997. The plan was amended and restated effective January 1, 2016.

Covered employees Any Employee who is employed by the Company to perform services in connection with the Company's contract with the City of Bridgeport, and is a member of a collective bargaining unit that participates in this Plan. The plan was closed to new entrants and only inactive participants remain.

Participation date Date of becoming a covered employee.

Definitions

Vesting service Based on elapsed time from date of hire.

Pension service Based on elapsed time from date of hire. Includes all service credited under the Connecticut Municipal Employees Retirement Fund B "CMERF". Service crediting stopped as of April 30, 2003 the end of contract.

Average earnings The average of the highest three consecutive 12 month periods of Plan compensation preceding the earliest of termination, early retirement, or normal retirement age.

Social Security benefit The average of the last ten full calendar years of compensation, with the maximum compensation for each year capped at the Social Security Taxable Wage Base for that year.

Plan Name: Professional Services Group Pension Plan for Bridgeport Employees
EIN / PN: 33-0266015/021
Plan Sponsor: WASCO, LLC
Valuation Date: April 1, 2018

SCHEDULE SB ATTACHMENTS

Breakpoint

A fixed table based on termination date of participant:

Year	Amount	Year	Amount	Year	Amount
1982	\$10,700	1992	\$19,200	2002	\$34,300
1983	\$11,300	1993	\$20,400	2003	\$36,400
1984	\$12,000	1994	\$21,600	2004	\$38,600
1985	\$12,700	1995	\$22,900	2005	\$40,900
1986	\$13,500	1996	\$24,300	2006	\$43,400
1987	\$14,300	1997	\$25,800	2007	\$46,000
1988	\$15,200	1998	\$27,300	2008	\$48,800
1989	\$16,100	1999	\$28,900	2009	\$51,700
1990	\$17,100	2000	\$30,600	2010	\$54,800
1991	\$18,100	2001	\$32,300	2010+	106%

For each year after 2010, the Breakpoint shall be 106% of the Breakpoint for the prior year, rounded to the nearest \$100.

Normal retirement date (NRD)

Age 65 and completion of 5 years of credited service.

Plan Name: Professional Services Group Pension Plan for Bridgeport Employees
EIN / PN: 33-0266015/021
Plan Sponsor: WASCO, LLC
Valuation Date: April 1, 2018

SCHEDULE SB ATTACHMENTS

Accrued Benefit

For participants who reach age 62 on or before December 31, 2001:

- (a) For Periods of Service Covered by Social Security:
The sum of (1) 1-1/6% of Final Average Pay up to the Social Security Earnings Base, and (2) 2% of Final Average Pay in excess of the Social Security Earnings Base, multiplied by credited service; reduced by the actuarial equivalent of the vested accrued benefit as determined under CMERF.
- (b) For Periods of Service Not Covered by Social Security:
Two percent (2%) of Final Average Pay, multiplied by credited service; reduced by the actuarial equivalent of the vested accrued benefit as determined under CMERF.

For participants who reach age 62 after December 31, 2001:

- (a) For Periods of Service Covered by Social Security:
The sum of (1) 1-1/2% of Final Average Pay up to the Breakpoint, and (2) 2% of Final Average Pay in excess of the Breakpoint, multiplied by credited service; reduced by the actuarial equivalent of the vested accrued benefit as determined under CMERF.
- (b) For Periods of Service Not Covered by Social Security:
Two percent (2%) of Final Average Pay, multiplied by credited service; reduced by the actuarial equivalent of the vested accrued benefit as determined under CMERF.

Monthly preretirement death benefit

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday. With 5 years of consecutive service or 15 years of aggregate service, the spouse's benefit is 50% of the average of the life annuity and 50% joint and survivor benefit.

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

Age 55 and 5 years of credited service or completion of 25 years of credited service, regardless of age.

Plan Name:	Professional Services Group Pension Plan for Bridgeport Employees
EIN / PN:	33-0266015/021
Plan Sponsor:	WASCO, LLC
Valuation Date	April 1, 2018

SCHEDULE SB ATTACHMENTS

Postponed retirement	Retirement after NRD
Deferred vested termination	All participants who terminate employment after completing 5 years of credited service. If employed as of April 18, 2003, then 100% vested.
Disability	10 years of credited service. If disability occurs as a results of employment, the participant shall be eligible regardless of service.
Preretirement death benefit	Five years of credited service or if employed on April 18, 2003.

Benefits Paid Upon the Following Events

Normal retirement	The accrued benefit paid at the normal retirement date.
Early retirement	<p><u>Prior to Age 62:</u> Two percent (2%) of Final Average Pay multiplied by credited service; reduced by the actuarial equivalent of the vested accrued benefit as determined under CMERF.</p> <p><u>After Age 61:</u> Accrued benefit. Benefits are actuarially reduced prior to age 62 if less than 10 years of service.</p>
Postponed retirement	Accrued benefit as of the date of retirement.
Deferred vested termination	The participant's accrued pension as of the date of termination payable at normal retirement date. Payments may commence as early as age 55 if the participant had 5 years of credited service at termination.
Disablement	The accrued benefit unreduced. If disability occurs as a result of employment, the disability benefit will not be less than 50% of the participant's rate of pay at the time of disability.

Plan Name:	Professional Services Group Pension Plan for Bridgeport Employees
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Plan Sponsor:	WASCO, LLC
Valuation Date	April 1, 2018

SCHEDULE SB ATTACHMENTS

Preretirement death

The death benefit is a life annuity determined as of the participant:

- (1) Terminated employment on the date of death (or actual termination date, of earlier),
- (2) Survived to his earliest retirement date (or date of death, if later),
- (3) Retired with a 50% joint and survivor option in effect, and
- (4) Died on the following day.

Alternate benefit:

With 5 years of consecutive service or 15 years of aggregate service, the spouse's benefit is 50% of the average of the life annuity and 50% joint and survivor benefit.

Monthly payments will begin following the participant's death, or the participant's age 55 if later, and will continue for life. A surviving spouse may elect to receive the benefit in any of the optional forms and at any date following the participant's death.

Other Plan Provisions

Plan year

The twelve-month period commencing on April 1st of each year and ending the following March 31st.

Forms of payment

Normal form:

Benefits are paid as a single life annuity if the participant has no eligible spouse, otherwise as a 50% joint and survivor annuity.

Optional forms of payment include:

- 10-Year Certain and Life Annuity
- 20-Year Certain and Life Annuity
- 100% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 50% Joint and Survivor Annuity

Actuarial equivalence

Interest: 8.00%

Mortality: The Commissioner's standard mortality table described in Revenue Ruling 95-6.

Plan Name:	Professional Services Group Pension Plan for Bridgeport Employees
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Valuation Date	April 1, 2018

SCHEDULE SB ATTACHMENTS

Pension Increases

The cost of living adjustment (COLA) for post-age 64 retirees is determined as the excess of the Plan's annual asset return above 6%. The COLA can be no smaller than 3% and no higher than 5% and is applied to benefits every July 1st. The COLA for all plan participants cannot be less than the COLA provided under the Connecticut Municipal Employees' Retirement Fund (CMERS). Under CMERS, both pre- and post-65 retirees are eligible for a COLA and this COLA is based on CPI with a minimum of 2.5% and a maximum of 6%.

Plan participants' contributions

Employees are required to contribute 2.25% of the compensation up to the Social Security wage base plus 5% of the compensation in excess of the Social Security wage base.

Maximum limits on benefits and pay

Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2018, the limit is \$275,000.

Future Plan Changes

No future plan changes were recognized in determining pension cost.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name:	Professional Services Group Pension Plan for Bridgeport Employees
EIN / PN:	33-0266015/021
Plan Sponsor:	WASCO, LLC
Valuation Date	April 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of April 1, 2018

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	04/01/2018	100,495	7.00000	100,495	16,406
Total				100,495	16,406

Plan Name:	Professional Services Group Pension Plan for Bridgeport Employees
EIN / PN:	33-0266015/021
Plan Sponsor:	WASCO, LLC
Valuation Date	April 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25

Change in Method

The decrement timing used in the valuation was changed from beginning of year to rounded middle of year. Under rounded middle of year decrement timing, all decrements are assumed to occur at the middle of the year and eligibility for benefits, commencement and cessation of benefits, and other events are assumed to occur at the middle of the year. The change in funding method meets the parameters for automatic approval of software changes under IRS Rev. Proc. 2017-56.

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Valuation Date	April 1, 2018