# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

**2019**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

**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** If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

**D** Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 02/01/1957

**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)
SPRINGFIELD ELECTRIC SUPPLY COMPANY

700 N 9TH ST.
PO BOX 4106
SPRINGFIELD, IL 62708

**2b** Employer Identification Number (EIN)
37-0739309

**2c** Plan Sponsor's telephone number
217-788-2100

**2d** Business code (see instructions)
423600

**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 accompanying schedules, statements and attachments, 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. | 07/27/2020 | GREG LUTCHKA |
| | **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 |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **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:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 187 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 107 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 103 |
| **b** Retired or separated participants receiving benefits | **6b** | 47 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 18 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 168 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 11 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 179 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1I

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# 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

**2019**

**This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **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
SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SPRINGFIELD ELECTRIC SUPPLY COMPANY

**D** Employer Identification Number (EIN)
37-0739309

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

## Part I Basic Information

| | | | |
|---|---|---|---|
| **1** | Enter the valuation date: Month 01 Day 01 Year 2019 | | |
| **2** | Assets: | | |
| | **a** Market value | **2a** | 13752677 |
| | **b** Actuarial value | **2b** | 13752677 |

| **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 | 60 | 9222743 | 9222743 |
| **b** For terminated vested participants | 20 | 1409847 | 1409847 |
| **c** For active participants | 107 | 5710903 | 5766806 |
| **d** Total | 187 | 16343493 | 16399396 |

| | | | |
|---|---|---|---|
| **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** | 5.48 % |
| **6** | Target normal cost | **6** | 93509 |

**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**

| | |
|---|---|
| | 07/16/2020 |
| Signature of actuary | Date |
| ALICIA TRAVISS | 20-06970 |
| Type or print name of actuary | Most recent enrollment number |
| DELOITTE CONSULTING LLP | 312-486-3379 |
| Firm name | Telephone number (including area code) |
| 111 SOUTH WACKER<br>CHICAGO, IL 60606-4301 | |
| 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 | 395723 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 223954 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 171769 |
| 10 | Interest on line 9 using prior year's actual return of -0.81 % | 0 | -1391 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 1200 |
| 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 5.65 % | | 0 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | -10 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 1190 |
| 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 | 170378 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 82.82 % |
| 15 | Adjusted funding target attainment percentage | 15 | 82.82 % |
| 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 | 91.74 % |
| 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 |
|---|---|---|---|---|---|
| 10/11/2019 | 85000 | | | | |
| 12/18/2019 | 500000 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 585000 | 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 | 556563 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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 |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

## Part V Assumptions Used to Determine Funding Target and Target Normal Cost

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 3.74 % | 5.35 % | 6.11 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 65 |

**23** Mortality table(s) (see instructions) ☐ 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** | 93509 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 2817097 | 483863 |
| **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** | 577372 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | | 165991 | 165991 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 411381 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 556563 |

**38** Present value of excess contributions for current year (see instructions)

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 145182 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 145182 |
| **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 C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Service Provider Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2019**

**This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** Name of plan
SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SPRINGFIELD ELECTRIC SUPPLY COMPANY

**D** Employer Identification Number (EIN)
37-0739309

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CHARLES SCHWAB INVESTMENT MGMT INC.

94-3106735

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

DELOITTE CONSULTING LLP

06-1454513

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 50 | NONE | 59260 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

CHARLES SCHWAB TRUST COMPANY

94-3149038

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 21 50 | NONE | 31459 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

EPIC RETIREMENT PLAN SERVICES

16-1450952

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 38 | NONE | 7010 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

CHARLES SCHWAB & CO., INC.

94-1737782

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 59 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

## Part I Service Provider Information (continued)

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2019**

**This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** Name of plan
SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SPRINGFIELD ELECTRIC SUPPLY COMPANY

**D** Employer Identification Number (EIN)
37-0739309

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 572903 | 447612 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 3943797 | 6458925 |
| **(2)** U.S. Government securities | 1c(2) | 2731745 | 1766799 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 6380956 | 4744458 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 13629401 | 13417794 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 83190 | 83461 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 83190 | 83461 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 13546211 | 13334333 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 712000 | |
| | **(B)** Participants | 2a(1)(B) | | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 712000 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 132786 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | 67910 | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 200696 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 193777 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 193777 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 369419 |
| **c** Other income | 2c | | 4842 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1480734 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1594882 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | | |
| **(3)** Other | 2e(3) | | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1594882 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | 59260 | |
| **(2)** Contract administrator fees | 2i(2) | | |
| **(3)** Investment advisory and management fees | 2i(3) | | |
| **(4)** Other | 2i(4) | 38470 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 97730 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1692612 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | -211878 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | |
| **(2)** From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: KERBER, ECK & BRAECKEL LLP **(2)** EIN: 43-0352985

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 1000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

**5b** 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.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** 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 4224232. (See instructions.)

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2019**

**This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** Name of plan
SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SPRINGFIELD ELECTRIC SUPPLY COMPANY

**D** Employer Identification Number (EIN)
37-0739309

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 94-3149038

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... 3 | 0

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

**If the plan is a defined benefit plan, go to line 8.**

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... 6a

b Enter the amount contributed by the employer to the plan for this plan year ..... 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... 6c

**If you completed line 6c, skip lines 8 and 9.**

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

## Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

## Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**20** **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

# DEFINED BENEFIT PLAN

December 31, 2019 and 2018

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Kerber, Eck & Braeckel LLP

CPAs and
Management Consultants

3200 Robbins Road
Suite 200A
Springfield, IL 62704-6525
Ph 217.789.0960
fax 217.789.2822
www.kebcpa.com

# Independent Auditors' Report

To the Trustees and Participants of
Springfield Electric Supply Company
Defined Benefit Plan

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Springfield Electric Supply Company Defined Benefit Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

**Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan's sponsor, Springfield Electric Supply Company, instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Charles Schwab Bank, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan's sponsor that the custodian holds the Plan's investment assets and executes investment transactions. The Plan's sponsor has obtained a certification from the custodian as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan's sponsor by the custodian is complete and accurate.

**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kerber, Eck, + Braeckel LLP

Springfield, Illinois
July 20, 2020

Springfield Electric Supply Company
Defined Benefit Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31

| | 2019 | 2018 |
|---|---|---|
| ASSETS | | |
| Investments, at fair value | $ 12,970,182 | $ 13,056,498 |
| Cash | 447,612 | 572,903 |
| Total assets | 13,417,794 | 13,629,401 |
| LIABILITIES | | |
| Distributions payable | 83,461 | 83,190 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 13,334,333 | $ 13,546,211 |

The accompanying notes are an integral part of these statements.

Springfield Electric Supply Company
Defined Benefit Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31

| | 2019 | 2018 |
|---|---|---|
| ADDITIONS | | |
| Investment income | | |
| Interest and dividends | $ 394,473 | $ 258,326 |
| Net appreciation (depreciation) in fair value of investments | 369,419 | (388,050) |
| | 763,892 | (129,724) |
| Employer contributions | 712,000 | - |
| Other income | 4,842 | 8,414 |
| Total additions (deductions) | 1,480,734 | (121,310) |
| DEDUCTIONS | | |
| Benefits paid to participants | 1,594,882 | 1,512,815 |
| Administrative expenses | 97,730 | 93,338 |
| Total deductions | 1,692,612 | 1,606,153 |
| Decrease in net assets | (211,878) | (1,727,463) |
| Net assets available for benefits at beginning of year | 13,546,211 | 15,273,674 |
| Net assets available for benefits at end of year | $ 13,334,333 | $ 13,546,211 |

The accompanying notes are an integral part of these statements.

Springfield Electric Supply Company
Defined Benefit Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2019 and 2018

## NOTE A - DESCRIPTION OF THE PLAN

The following brief description of Springfield Electric Supply Company Defined Benefit Plan ("the Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information. Information about the Plan agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation ("PBGC") benefit guarantee is contained in the Summary Plan Description. Copies of the Summary Plan Description and any amendments thereto are available upon request from the Company.

### *1. General*

The Plan is a non-contributory defined benefit pension plan covering substantially all employees of Springfield Electric Supply Company ("the Company") with one or more years of service and age 21 or over prior to January 1, 2007. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is administered by an Administrative Committee consisting of persons appointed by the Board of Directors of the Company. Charles Schwab Bank, as custodian for the Plan, accumulates and invests contributions as directed by the Administrative Committee.

The Plan was frozen as of January 1, 2007. No participants will accrue credited service for any service on or after that date, nor will any compensation earned after such date be used. Participants will continue to accrue vesting service; however, no new participants will be added to the Plan as of January 1, 2007.

### *2. Contributions*

Contributions to the Plan are made by the Company based on funding requirements determined annually by actuarial studies and include an amount necessary to amortize the unfunded actuarial liability. The Company contributed $ 712,000 for the year ended December 31, 2019 and made no contributions for the year ended December 31, 2018. The contribution made for the year ended December 31, 2019, was the amount necessary to meet or exceed the minimum funding requirements required by ERISA. No contributions were required for the year ended December 31, 2018.

NOTE A - DESCRIPTION OF THE PLAN - Continued

*3. Pension Benefits*

Plan participants are entitled to receive benefit payments upon normal retirement at age 65 or at age 55, if the participant has, at a minimum, 10 years of credited service. Plan participants are also entitled to elect a lump-sum benefit payment at the age of 62. The pension benefit is equal to 0.5% of that part of the participant's average annual compensation in excess of a specified social security base in effect for the calendar year in which the participant's normal retirement date occurs, plus 1% of the participant's average annual compensation, the sum of which shall be multiplied by the years of credited service. Average annual compensation is based on the five consecutive highest paid Plan years for which the employee was an active participant in the Plan. Average annual compensation was frozen as of January 1, 2007. The maximum number of years of service which may be counted is 35 years. Participants may also elect optional modes of payment (which allow for continuing income to a spouse or other beneficiary) or lump-sum payments.

*4. Disability Benefits*

Plan participants who become totally disabled shall have, as a disability retirement benefit, a fully vested interest in their accrued benefit from all of their credited years of service at the time of total disability.

*5. Vesting*

Plan participants' benefits become fully vested upon five years of credited service.

## NOTE B - SUMMARY OF ACCOUNTING POLICIES

*1. Basis of Accounting*

The accompanying financial statements have been prepared on the accrual basis, accordingly, additions are recorded when earned and deductions are recorded when incurred.

*2. Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

*3. Investment Valuation and Income Recognition*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note F for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

*4. Accumulated Plan Benefits*

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provision for services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries upon retirement or termination.

Actuaries determine the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits for the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

NOTE B - SUMMARY OF ACCOUNTING POLICIES - Continued

*5. Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

*6. Administrative Expenses*

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of net assets available for benefits. In addition, certain investment expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

*7. Subsequent Events*

Management has evaluated subsequent events for recognition and disclosure in the financial statements through July 20, 2020, which is the date the financial statements were available to be issued. See Note J for subsequent events disclosure.

## NOTE C - ACCUMULATED PLAN BENEFITS

Information regarding the actuarial present value of accumulated plan benefits as of January 1, 2019, (the actuarial valuation date) is summarized as follows:

| | |
|---|---|
| Vested benefits | |
| Participants and beneficiaries currently receiving benefits | $ 9,983,601 |
| Other participants | 8,823,838 |
| Total | 18,807,439 |
| Nonvested benefits | 188,949 |
| Total actuarial present value of accumulated plan benefits | $ 18,996,388 |

The significant actuarial assumptions used to determine the actuarial present value of accumulated plan benefits at January 1, 2019, are as follows:

| | |
|---|---|
| Discount rate (rate used to determine the actuarial present value of accumulated plan benefits) | 4.17%, compounded annually |
| Salary progression | No future increases due to plan freeze |
| Retirement age | 65 years and 5 years of service |
| Life expectancy | RP-2006 Employees Mortality Table |
| Actuarial cost method | Projected Unit Credited as described in ASC 715-30 |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Changes in actuarial assumptions include changing the discount rate for calculating ASC 715-30 expense from 3.51% in 2018 to 4.17% in 2019.

## NOTE C - ACCUMULATED PLAN BENEFITS - Continued

Information regarding the change in the actuarial present value of accumulated plan benefits is as follows for the year commencing January 1, 2019:

| | |
|---|---|
| Actuarial present value of accumulated plan benefits, beginning of period | $ 21,421,233 |
| Benefits paid with interest | (1,513,784) |
| Benefits accumulated including changes due to plan experience | (60,355) |
| Increase for interest due to decrease in discount period | 725,547 |
| Change in actuarial assumptions | (1,576,253) |
| Actuarial present value of accumulated plan benefits, end of period | $ 18,996,388 |

## NOTE D - TAX STATUS OF THE PLAN

The Plan is intended to be qualified under Section 401(a) and tax exempt under Section 501(a) of the Internal Revenue Code. The Plan obtained its latest determination letter on November 13, 2015, in which the Internal Revenue Service stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code. Company management believes the Plan is designed and is currently being operated in compliance with applicable requirements of the Internal Revenue Code and that the related trust is tax-exempt at the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## NOTE E - SUMMARY FINANCIAL INFORMATION CERTIFIED BY THE CUSTODIAN

The following is a summary of the unaudited information regarding the Plan at December 31, 2019 and 2018, and for the years then ended, included in the Plan's financial statements and supplementary information that was prepared by Charles Schwab Bank, custodian under the Plan, and furnished to the Plan sponsor. The Company has obtained certifications from the custodian that such information is complete and accurate, as follows:

| | (unaudited) | |
|---|---|---|
| | 2019 | 2018 |
| Statements of net assets available for benefits | | |
| Assets | | |
| Investments and cash, at fair value | $ 10,834,821 | $ 12,598,119 |
| Statements of changes in net assets available for benefits | | |
| Interest and dividends | 342,782 | 245,599 |
| Net appreciation (depreciation) in fair value of investments | 369,419 | (388,050) |

## NOTE F - INVESTMENTS AND FAIR VALUE MEASUREMENTS

Fair value is defined to be the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A three-level hierarchy has been established for fair value measurements based upon the inputs to the valuation of an asset or liability as follows:

Level 1 – Valuation is based on quoted prices for identical assets and liabilities in active markets.

Level 2 – Valuation is derived from inputs, other than quoted prices included in Level 1, which are observable for the asset or liability either directly or indirectly. Investments classified as Level 2 are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. The significant inputs used in this approach include interest rates, prepayment timing, yield spreads, maturities, credit losses and credit ratings of the securities.

NOTE F - INVESTMENTS AND FAIR VALUE MEASUREMENTS - Continued

Level 3 – Valuation is derived from unobservable inputs that are not corroborated by market data.

The fair value of U.S. government securities, municipal obligations, and certificates of deposit are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual funds are valued at daily closing price as reported by the fund. Mutual funds that are held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market funds are valued at cost which approximates fair value.

NOTE F - INVESTMENTS AND FAIR VALUE MEASUREMENTS - Continued

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31:

| | Fair Value | Level 1 | Level 2 | Level 3 |
|---|---|---|---|---|
| 2019 | | | | |
| Investments | | | | |
| Municipal obligations | $ 1,766,799 | $ - | $ 1,766,799 | $ - |
| Money market funds | 931,114 | 931,114 | - | - |
| Mutual funds | 4,744,458 | 4,744,458 | - | - |
| Certificates of deposit | 5,527,811 | - | 5,527,811 | - |
| | $ 12,970,182 | $ 5,675,572 | $ 7,294,610 | $ - |
| 2018 | | | | |
| Investments | | | | |
| U.S. government securities | $ 236,046 | $ 236,046 | $ - | $ - |
| Municipal obligations | 2,495,700 | - | 2,495,700 | - |
| Money market funds | 972,696 | 972,696 | - | - |
| Mutual funds | 6,380,955 | 6,380,955 | - | - |
| Certificates of deposit | 2,971,101 | - | 2,971,101 | - |
| | $ 13,056,498 | $ 7,589,697 | $ 5,466,801 | $ - |

## NOTE G - PLAN TERMINATION

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Benefits attributable to employee contributions, taking into account those paid out before termination.

b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations (discussed below).

d. All other vested benefits (that is, vested benefits not insured by the PBGC).

e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

## NOTE G - PLAN TERMINATION - Continued

Benefit improvements attributable to Plan amendments may not be fully guaranteed even though total benefit entitlements fall below the aforementioned ceilings. For example, none of the improvements would be guaranteed if the Plan were to terminate within one year of the amendment. After that date, the PBGC would guarantee 20% of any benefit improvements that resulted in benefits below the ceiling, with an additional 20% guaranteed each year the Plan continued beyond the effective date of the amendment. If the amount of the benefit increase below the ceiling is also less than $ 100, $ 20 of the increase (rather than 20%) becomes guaranteed by the PBGC each year following the effective date of the amendment. As a result, only the primary ceiling will be applicable after an amendment is effective for five years. Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

## NOTE H - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits. As of the date of this report, the current economic environment has increased the degree of uncertainty.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

## NOTE I - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Charles Schwab Bank. Charles Schwab Bank is the custodian of the Plan's assets and, therefore, these transactions qualify as party-in-interest transactions. Additionally, as described in Note B, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions under ERISA.

## NOTE J - SUBSEQUENT EVENTS

As a result of Coronavirus Disease 2019, which was declared a pandemic on March 11, 2020, the United States Federal Government, State and Local Governments, and other countries around the world have taken measures that have suddenly limited economic output. As of the date of this report, the measures taken by the governments are expected to be short-term in nature. However, due to the uncertainty of the overall effects of the Coronavirus and the length of time of economic measures taken by Federal and State and Local Governments, the degree of economic uncertainty is increased as of the date of this report.

Additionally, in response to the economic impact of the Coronavirus pandemic, the Coronavirus Aid, Relief and Economic Security (CARES) Act was enacted in March 2020, which, among other things, contains numerous tax, emergency funding and other provisions that affect certain retirement plan provisions. As of the date of this report, no provisions allowed by the CARES Act have been adopted by the Plan. The Plan is continuing to evaluate the impact of the CARES Act on its plan provisions, operations and cash flows.

SUPPLEMENTARY INFORMATION

Springfield Electric Supply Company
Defined Benefit Plan

EIN 37-0739309
Plan Number 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2019

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Municipal Obligations | | | |
| | EVANSVILLE ETC IN | 2.750% 7/15/21 | $ 250,722 | $ 253,210 |
| | NEW YORK NY | 2.210% 10/1/20 | 300,334 | 301,281 |
| | RENTON WA | 2.070% 12/1/20 | 300,025 | 300,894 |
| | RI ST & PROV PL | 2.798% 11/1/22 | 306,609 | 308,244 |
| | RIALTO CA USD | 2.591% 8/1/20 | 307,723 | 301,164 |
| | W BLOOMFIELD MI | 3.700% 5/01/21 | 322,149 | 302,006 |
| | Total Municipal Obligations | | 1,787,562 | 1,766,799 |
| | Money Market Funds | | | |
| * | SCHWAB BANK SAVINGS | Money market fund | 106,114 | 106,114 |
| * | SCHWAB TREAS OBLI MMF INVESTOR | Money market fund | 825,000 | 825,000 |
| | Total Money Market Funds | | 931,114 | 931,114 |
| | Mutual Funds | | | |
| | AMERICAN BEACON SMALL CAP VAL INV | 15,677.599 shares | 345,000 | 365,445 |
| | AMERICAN FD GROWTH FD OF AMERICA R6 | 8,281.009 shares | 415,029 | 423,413 |
| | BRANDES EMERGING MARKETS VALUE CL R6 | 22,564.206 shares | 197,764 | 211,427 |
| | DODGE & COX INTL STOCK FD | 10,955.921 shares | 453,280 | 477,678 |
| | DODGE & COX STOCK FUND | 2,161.356 shares | 411,291 | 418,783 |
| | FIDELITY REAL ESTATE INDEX FD | 14,406.112 shares | 245,933 | 244,040 |
| | FIDELITY SMALL CAP INDEX | 17,428.000 shares | 348,347 | 366,511 |
| | FIDELITY 500 INDEX FD | 7,498.284 shares | 785,139 | 839,957 |
| | HARDING LOEVNER EMERGING MARKETS | 4,511.455 shares | 246,091 | 267,033 |
| | INVESCO OPPEN STEELPATH MLP SLCT 40 | 13,764.918 shares | 99,223 | 96,904 |
| | IVY MID CAP GROWTH I | 8,684.447 shares | 253,964 | 259,578 |
| | JPMORGAN MID CAP VALUE | 5,180.248 shares | 203,450 | 205,500 |
| | MAINGATE MLP FDCLASS I | 14,766.802 shares | 99,128 | 94,655 |
| | WCM FOCUSED INTL GROWTH FD INV | 25,121.116 shares | 437,222 | 473,534 |
| | Total Mutual Funds | | 4,540,861 | 4,744,458 |

Springfield Electric Supply Company
Defined Benefit Plan

EIN 37-0739309
Plan Number 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2019

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Certificates of Deposit | | | |
| | CARVER FEDERAL SA | 2.500% 9/29/20 | $ 250,000 | $ 251,583 |
| | CITIBANK | 2.600% 4/24/20 | 250,000 | 250,700 |
| | COMENITY CAPITAL | 2.850% 3/29/23 | 200,000 | 205,683 |
| | GOLDMAN SACHS | 2.350% 2/28/20 | 250,000 | 250,241 |
| | MERRICK BANK | 2.600% 8/23/23 | 200,000 | 204,574 |
| | MORGAN STANLEY | 2.950% 2/7/23 | 250,000 | 257,454 |
| | MORGAN STANLEY | 2.650% 4/20/20 | 250,000 | 250,722 |
| | SAFRA NTNL BANK | 2.550% 2/13/20 | 250,000 | 250,250 |
| | SALLIE MAE BANK | 2.750% 3/21/22 | 250,000 | 254,734 |
| | STATE BANK OF INDIANA | 3.150% 2/28/24 | 250,000 | 261,797 |
| | THIRD FEDERAL SAVINGS | 2.800% 2/22/22 | 250,000 | 254,835 |
| | WELLS FARGO & CO | 2.650% 2/1/21 | 250,000 | 252,265 |
| | Total Certificates of Deposit | | 2,900,000 | 2,944,838 |
| | Total Certified Investments | | 10,159,537 | 10,387,209 |
| | Certificates of Deposit - Not Certified | | | |
| | CARROLLTON BANK | 2.475% | 2,500,000 | 2,582,973 |
| | Other | | | |
| | Cash | N/A | 447,612 | 447,612 |
| | | | $ 13,107,149 | $ 13,417,794 |

* Party-in-interest

# 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

**2019**

**This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **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
SPRINGFIELD ELECTRIC SUPPLY COMPANY DB PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SPRINGFIELD ELECTRIC SUPPLY COMPANY

**D** Employer Identification Number (EIN)
37-0739309

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 1 Day 1 Year 2019

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 13,752,677 |
| **b** Actuarial value | **2b** | 13,752,677 |

**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 | 60 | 9,222,743 | 9,222,743 |
| **b** For terminated vested participants | 20 | 1,409,847 | 1,409,847 |
| **c** For active participants | 107 | 5,710,903 | 5,766,806 |
| **d** Total | 187 | 16,343,493 | 16,399,396 |

**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** | 5.48 % |
| **6** Target normal cost | **6** | 93,509 |

**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**

ABT

Signature of actuary — 07/16/2020 Date

Alicia Traviss — 20-06970

Type or print name of actuary — Most recent enrollment number

DELOITTE CONSULTING LLP — (312)486-3379

Firm name — Telephone number (including area code)

111 SOUTH WACKER

CHICAGO IL 60606-4301

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 | 395,723 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 223,954 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 171,769 |
| 10 | Interest on line 9 using prior year's actual return of -0.81% | 0 | -1391 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 1200 |
| | **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 5.65% | | 0 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | -10 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 1190 |
| | **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 | 170378 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 82.82% |
| 15 | Adjusted funding target attainment percentage | 15 | 82.82% |
| 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 | 91.74% |
| 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 |
|---|---|---|---|---|---|
| 10/11/2019 | 85,000 | | | | |
| 12/18/2019 | 500,000 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 585,000 | 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 | 556,563 |

20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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 |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

## Part V Assumptions Used to Determine Funding Target and Target Normal Cost

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 3.74 % | 5.35 % | 6.11 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 65 |

**23** Mortality table(s) (see instructions) ☐ 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** | 93,509 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 2,817,097 | 483,863 |
| **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** | 577,372 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 165,991 | 165,991 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 411,381 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 556,563 |

**38** Present value of excess contributions for current year (see instructions)

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 145,182 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 145,182 |
| **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, Part V – Statement of Actuarial Assumptions/Methods**

**EIN/PN 37-0739309/001**

**Springfield Electric Supply Company Defined Benefit Plan**

# Actuarial Methods for Funding and Present Value of Accrued Benefits

## Liability Valuation Method

### Funding Target and Target Normal Cost as Defined in PPA

The Funding Target is defined to be the present value of the benefits accrued or earned at the valuation date. The earned benefits include retirement-type benefits and ancillary benefits (1.430(d)-1(c)(1)(i)). If the amount of a benefit that is expected to be paid is neither a function of the accrued benefit at the time the benefit is expected to be paid nor a function of the participant's service at that time, then the portion of the benefit taken into account for purposes of determining the Funding Target for a plan year is based on the proportion of a participant's service as of the first day of the plan year relative to the service the participant will have when the participant decrements. The portion of the benefit that is taken into account in the Target Normal Cost is the increase in the proportional benefit for the plan year (1.430(d)-1(c)(1)(ii)(C)). The determination of the Funding Target and Target Normal Cost of a Plan for a plan year is not permitted to take into account any limitations or anticipated limitations under section 436 (1.430(d)-1(c)(1)(iii)).

The Target Normal Cost is the present value of all the benefits expected to accrue or to be earned during the year (benefits attributable to services performed in a prior year that are increased by reason of a compensation increase in the current year are treated as having accrued during the current year). Plan administrative expenses paid (or expected to be paid) from Actuarial Value of Assets for a plan year are not reflected in the determination of a plan's Funding Target for that plan year (1.430(d)-1(c)(2)), but are reflected in the determination of a plan’s Target Normal Cost.

Generally if insurance contracts are held by the Plan, they are included in Actuarial Value of Assets and the related benefits are included in the liability. In the case of benefits that are funded through insurance contracts purchased from an insurance company licensed under the laws of a State, the Plan is permitted to exclude the benefits from the liability and the insurance policy from the assets, but only to the extent that the right to receive benefits is an irrevocable contractual right based on premiums paid prior to the valuation date (1.430(d)-1(c)(3)).

The determination of a Plan's Funding Target and Target Normal Cost for a plan year is based on Plan provisions that are adopted no later than the valuation date for the plan year and that become effective during that plan year. Section 412(d)(2) applies for purposes of determining whether a Plan amendment is treated as having been adopted on the first day of the plan year (including a Plan amendment adopted within two and one half months after the close of the plan year) (1.430(d)-1(d)).

For maximum deductible purposes, the cushion amount is equal to the sum of 50 percent of the Funding Target for the plan year and the amount the Funding Target for the plan year would increase if the Plan were to take into account increases in compensation which are expected to occur in succeeding plan years. If the Plan does not base benefits for service to date on compensation, increases in benefits which are expected to occur in succeeding plan years (determined on the basis of the average annual increase in benefits over the six preceding plan years) are taken into account in lieu of expected increases in compensation. For plans that have less than 100 participants, increases in benefits for highly compensated employees as a result of Plan amendments within the last two years are excluded from the calculation of the cushion amount.

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

**EIN/PN 37-0739309/001**

**Springfield Electric Supply Company Defined Benefit Plan**

# Actuarial Methods for Funding and Present Value of Accrued Benefits

## Asset Valuation Method

Actuarial Value of Assets are equal to the Market Value of Assets plus receivable contributions discounted at the appropriate interest rate to the valuation date.

## Procedures

**Financial and Census data**: Financial data was submitted by the Trustee and census data was submitted by the Plan Sponsor. Information provided was reviewed for internal consistency and we have no reason to doubt its substantial accuracy.

No benefits of materiality were excluded from the valuation of the liabilities.

The limitations of the Internal Revenue Code 415(b) and 401(a)(17) have been incorporated into our calculations.

No liability is included for participants who terminated without vesting in their benefit prior to the valuation date.

The Plan Sponsor provided us with the data on its employees as of the valuation date, but only those employees who have completed the Plan's eligibility requirements are included in the valuation of liabilities.

## Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

For active participants, the accrued pension benefits as of the valuation date and payable from the assumed retirement age were determined based on actual plan compensation history for each participant. For inactive participants, accrued benefits were either supplied by the Company or estimated. The Actuarial Present Value of Accumulated Plan Benefits was determined by multiplying the accrued pension benefits by single premium cost factors based on the applicable actuarial assumptions for accrued benefits.

## Method Changes Since Last Year

There were no method changes since the prior valuation.

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

**EIN/PIN 37-0739309/001**

**Springfield Electric Supply Company Defined Benefit Plan**

## Actuarial Assumptions

**Interest Rates**

| | Pre-MAP-21 Segment Rates[1] | 25-Year Average Segment Rates | HATFA/BBA Corridor (90%-110% for 2019) | HATFA/BBA Segment Rates[2] |
|---|---|---|---|---|
| Lookback Month | September | N/A | N/A | N/A |
| First Segment Rate | 2.28% | 4.15% | 3.74% - 4.57% | 3.74% |
| Second Segment Rate | 3.81% | 5.94% | 5.35% - 6.53% | 5.35% |
| Third Segment Rate | 4.46% | 6.79% | 6.11% - 7.47% | 6.11% |
| Effective Rate | 3.97% | N/A | N/A | 5.48% |

[1] Used for Maximum Deductible, PBGC Alternative Method for Variable-Rate Premium, ERISA §4010 reporting $15M underfunded and 80% threshold, and excess assets for §420

[2] Used for minimum funding and benefit restrictions

ASC 960: 4.17% per annum

**Mortality**

Funding Target: As defined in §1.430(h)(3)-1(a)(3). This table is based on the annuitant and non-annuitant static mortality rates for 2019 for males and females from IRS §1.430(h)(3)–1(e).

ASC 960: Mortality rates based on RP-2006 Employee and Healthy Annuitant mortality tables for males and females without collar or amount adjustments, with generational mortality improvements using Scale MP-2018.

**Salary Scale**

No future increases in plan compensation will be valued due to the plan freeze on January 1, 2007.

**Withdrawal**

Rates of withdrawal for included employees are shown in the table below for sample ages.

Percentage of employees expected to terminate in one year

| Age | Male / Female |
|---|---|
| 20 | 6.58% |
| 25 | 5.27% |
| 30 | 4.83% |
| 35 | 4.47% |
| 40 | 3.84% |
| 45 | 3.22% |
| 50 | 1.52% |
| 55 | 0.33% |
| 60 | 0.00% |
| 65 | 0.00% |

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

**EIN/PIN 37-0739309/001**

**Springfield Electric Supply Company Defined Benefit Plan**

## Actuarial Assumptions

| | |
|---|---|
| **Retirement Age** | Rates of retirement for included employees are shown in the table below for sample ages.<br>Percentage of employees expected to retire in one year<br><br>**Age** / **Male/Female**<br><=61 / 0.0%<br>62 / 10.0%<br>63-64 / 0.0%<br>>=65 / 100.0% |
| **Form of Payment** | 80% of participants are assumed to elect a lump sum and 20% of participants are assumed to elect a life annuity. |
| **Lump Sum Basis - Funding** | Discount rate: MAP-21/BBA Segment Rates<br>Mortality Assumption: IRS prescribed 417(e) mortality tables |
| **Lump Sum Basis - ASC 960** | **Discount rate:** 4.17% per annum<br><br>**Mortality assumption:** Mortality rates used to calculate lump sum amounts are based on the tables published by the IRS in Notice 2018-02 for the 2019 plan year and in Notice 2019-26 for the 2020 plan year, and projected IRC §417(e)(3)(B) applicable mortality tables developed according to IRS Reg §1.430(h)(3)-1 and Revenue Ruling 2007-67 from the base 2006 mortality tables specified in §1.430(h)(3)-1(d) and using MP-2018 cumulative mortality improvement factors for years after 2020. |
| **Expenses** | Normal Cost is increased by the actual expenses for the prior year. |
| **Percentage of Married** | 100% married or have beneficiary on file in the event of pre-retirement death. |
| **Spousal Age Difference** | Spouses are assumed to be the same age. |
| **Assumption Changes Since Last Year** | **Funding:** The interest rates and mortality assumptions were updated per IRS requirements.<br><br>**ASC 960:**<br>- The discount rate and lump sum interest rate were changed from 3.51% to 4.17%.<br>- The mortality projection scale was changed from MP-2017 to MP-2018.<br>- The lump sum mortality assumption was changed to the tables described above. |

**Schedule SB, Part V – Summary of Plan Provisions**

**EIN/PIN 37-0739309/001**

**Springfield Electric Supply Company Defined Benefit Plan**

## Plan Provisions Summary

| | |
|---|---|
| **Employer ID and Plan Number** | 37-0739309/001 |
| **1. Effective Date** | February 1, 1957. Last restated effective as of January 1, 2009. |
| **2. Eligibility to Participate** | Prior to the plan freeze, employees became participants on January 1 or July 1 after one year of service and the attainment of age 21. As of January 1, 2007, no new participants will be added to the plan. |
| **3. Credited Service** | No Credited Service will accrue after January 1, 2007.<br><br>Prior to the plan freeze, a full year of Credited Service was granted for each plan year in which an employee works at least 1,000 hours. |
| **4. Vesting Service** | A full year of vesting service is granted for each plan year in which an employee works at least 1,000 hours. |
| **5. Compensation** | Gross compensation is recognized for benefit purposes. Average Annual Earnings are the average earnings during the highest 5 consecutive calendar years of employment. Annual Average Earnings are frozen as of January 1, 2007. |
| **6. Retirement Eligibility** | Normal retirement date: Age 65 and 5 years of service.<br><br>Earliest retirement date: First of any month on or after attainment of age 55 and completion of 10 years of service. |
| **7. Accrued Retirement Benefit** | The frozen normal retirement benefit computed using Average Earnings, Covered Compensation and Credited Service as of January 1, 2007.<br><br>Prior to the plan freeze, the Accrued Retirement Benefit was 1% of final Average Earnings plus .5% of Average Earnings in excess of Covered Compensation all multiplied by years of Credited Service up to a maximum of 35 years. |
| **8. Normal Retirement Benefit** | Accrued Benefit at normal retirement date. |
| **9. Late Retirement** | Greater of accrued benefit at late retirement date or actuarially increased normal retirement benefit. |
| **10. Early Retirement** | Accrued retirement benefit actuarially reduced. |
| **11. Vested Terminations** | Accrued benefits are 100% vested when 5 years of Vesting Service are earned. |
| **12. Pre-Retirement Death Benefit** | The pre-retirement survivor annuity plus the excess, if any, of the present value of the participant's accrued benefit minus the present value of the pre-retirement survivor annuity. |

**Schedule SB, Part V – Summary of Plan Provisions**

**EIN/PIN 37-0739309/001**

**Springfield Electric Supply Company Defined Benefit Plan**

## Plan Provisions Summary

| | |
|---|---|
| **13. Normal Form of Payment** | For unmarried participants, level monthly payments for life. For married participants, a reduced 50% joint and survivor benefit. |
| **14. Optional Form of Payment** | Lump sums (the previous $50,000 cap on lump sum was removed in 2015)<br><br>10 year certain and life annuity<br><br>75% joint and survivor annuity<br><br>100% joint and survivor annuity |
| **15. Changes Since Prior Valuation** | None. |

**Springfield Electric Supply Company Defined Benefit Plan**

## *Schedule SB, Line 22 – Description of Weighted Average Retirement Age*

The valuation uses rates of retirement at age 62 and the normal retirement age.
The weighted average retirement age for the plan is calculated as follows:

| (A) Age | (B) Count | (C) Retirement Rate | (D) Retirements | (A) * (D) Weighted Age |
|---|---|---|---|---|
| 62 | 10,000 | 10% | 1,000 | 62,000 |
| 63 | 9,000 | 0% | 0 | 0 |
| 64 | 9,000 | 0% | 0 | 0 |
| 65 | 9,000 | 100% | 9,000 | 585,000 |
| | | | | 647,000 |

The average weighted retirement age is the sum of the weighted age (647,000) divided by the original count (10,000) **64.70**

**Schedule SB, Line 26 – Schedule of Active Participants**

**EIN/PN 37-0739309/001**

**Springfield Electric Supply Company Defined Benefit Plan**

| Service Group | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Age Group** | **< 1** | **1-4** | **5-9** | **10-14** | **15-19** | **20-24** | **25-29** | **30-34** | **35-39** | **40+** | **Total** |
| 0 - 24 | | | | | | | | | | | **0** |
| 25 - 29 | | | | | | | | | | | **0** |
| 30 - 34 | | | | | | | | | | | **0** |
| 35 - 39 | | | | 4 | | | | | | | **4** |
| 40 - 44 | | | | 4 | 4 | 4 | 1 | | | | **13** |
| 45 - 49 | | | | 1 | 1 | 7 | 10 | 1 | | | **20** |
| 50 - 54 | | | | 1 | 5 | 7 | 6 | 5 | | | **24** |
| 55 - 59 | | | | | 4 | 9 | 3 | 4 | 2 | | **22** |
| 60 - 64 | | | | | 1 | 7 | 3 | 3 | 2 | 2 | **18** |
| 65 - 69 | | | | | | 2 | 1 | | 1 | 1 | **5** |
| 70+ | | | | | | 1 | | | | | **1** |
| **Total** | **0** | **0** | **0** | **10** | **15** | **37** | **24** | **13** | **5** | **3** | **107** |

**Schedule SB, Line 32 Schedule of Amortization Bases**

**EIN/PN 37-0739309/001**

**Springfield Electric Supply Company Defined Benefit Plan**

| Date Established | Amortization Base Type | Remaining Number of Years | Annual Funding Shortfall Amortization Installment | Present Value of Remaining Amortization Installments as of January 1, 2019 |
|---|---|---|---|---|
| January 1, 2019 | Funding Shortfall | 7 | $ 264,106 | $ 1,625,389 |
| January 1, 2018 | Funding Shortfall | 6 | $ 219,757 | $ 1,191,708 |
| Total | | | $ 483,863 | $ 2,817,097 |

Springfield Electric Supply Company
Defined Benefit Plan

EIN 37-0739309
Plan Number 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2019

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Municipal Obligations | | | |
| | EVANSVILLE ETC IN | 2.750% 7/15/21 | $ 250,722 | $ 253,210 |
| | NEW YORK NY | 2.210% 10/1/20 | 300,334 | 301,281 |
| | RENTON WA | 2.070% 12/1/20 | 300,025 | 300,894 |
| | RI ST & PROV PL | 2.798% 11/1/22 | 306,609 | 308,244 |
| | RIALTO CA USD | 2.591% 8/1/20 | 307,723 | 301,164 |
| | W BLOOMFIELD MI | 3.700% 5/01/21 | 322,149 | 302,006 |
| | Total Municipal Obligations | | 1,787,562 | 1,766,799 |
| | Money Market Funds | | | |
| * | SCHWAB BANK SAVINGS | Money market fund | 106,114 | 106,114 |
| * | SCHWAB TREAS OBLI MMF INVESTOR | Money market fund | 825,000 | 825,000 |
| | Total Money Market Funds | | 931,114 | 931,114 |
| | Mutual Funds | | | |
| | AMERICAN BEACON SMALL CAP VAL INV | 15,677.599 shares | 345,000 | 365,445 |
| | AMERICAN FD GROWTH FD OF AMERICA R6 | 8,281.009 shares | 415,029 | 423,413 |
| | BRANDES EMERGING MARKETS VALUE CL R6 | 22,564.206 shares | 197,764 | 211,427 |
| | DODGE & COX INTL STOCK FD | 10,955.921 shares | 453,280 | 477,678 |
| | DODGE & COX STOCK FUND | 2,161.356 shares | 411,291 | 418,783 |
| | FIDELITY REAL ESTATE INDEX FD | 14,406.112 shares | 245,933 | 244,040 |
| | FIDELITY SMALL CAP INDEX | 17,428.000 shares | 348,347 | 366,511 |
| | FIDELITY 500 INDEX FD | 7,498.284 shares | 785,139 | 839,957 |
| | HARDING LOEVNER EMERGING MARKETS | 4,511.455 shares | 246,091 | 267,033 |
| | INVESCO OPPEN STEELPATH MLP SLCT 40 | 13,764.918 shares | 99,223 | 96,904 |
| | IVY MID CAP GROWTH I | 8,684.447 shares | 253,964 | 259,578 |
| | JPMORGAN MID CAP VALUE | 5,180.248 shares | 203,450 | 205,500 |
| | MAINGATE MLP FDCLASS I | 14,766.802 shares | 99,128 | 94,655 |
| | WCM FOCUSED INTL GROWTH FD INV | 25,121.116 shares | 437,222 | 473,534 |
| | Total Mutual Funds | | 4,540,861 | 4,744,458 |

Springfield Electric Supply Company
Defined Benefit Plan

EIN 37-0739309
Plan Number 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2019

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Certificates of Deposit | | | |
| | CARVER FEDERAL SA | 2.500% 9/29/20 | $ 250,000 | $ 251,583 |
| | CITIBANK | 2.600% 4/24/20 | 250,000 | 250,700 |
| | COMENITY CAPITAL | 2.850% 3/29/23 | 200,000 | 205,683 |
| | GOLDMAN SACHS | 2.350% 2/28/20 | 250,000 | 250,241 |
| | MERRICK BANK | 2.600% 8/23/23 | 200,000 | 204,574 |
| | MORGAN STANLEY | 2.950% 2/7/23 | 250,000 | 257,454 |
| | MORGAN STANLEY | 2.650% 4/20/20 | 250,000 | 250,722 |
| | SAFRA NTNL BANK | 2.550% 2/13/20 | 250,000 | 250,250 |
| | SALLIE MAE BANK | 2.750% 3/21/22 | 250,000 | 254,734 |
| | STATE BANK OF INDIANA | 3.150% 2/28/24 | 250,000 | 261,797 |
| | THIRD FEDERAL SAVINGS | 2.800% 2/22/22 | 250,000 | 254,835 |
| | WELLS FARGO & CO | 2.650% 2/1/21 | 250,000 | 252,265 |
| | Total Certificates of Deposit | | 2,900,000 | 2,944,838 |
| | Total Certified Investments | | 10,159,537 | 10,387,209 |
| | Certificates of Deposit - Not Certified | | | |
| | CARROLLTON BANK | 2.475% | 2,500,000 | 2,582,973 |
| | Other | | | |
| | Cash | N/A | 447,612 | 447,612 |
| | | | $ 13,107,149 | $ 13,417,794 |

* Party-in-interest