Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
T D & I CABLE MAINTENANCE, INC. CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2017

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)
T D & I CABLE MAINTENANCE, INC.

1378 QUINLAN CIRCLE SOUTH
LAKELAND, MN 55043

2b Employer Identification Number (EIN) 41-1797665

2c Sponsor's telephone number 651-436-3383

2d Business code (see instructions) 517000

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.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	83
b Total number of participants at the end of the plan year	**5b**	87
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	74
d(2) Total number of active participants at the end of the plan year	**5d(2)**	71
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	3

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	05/24/2021	TIM STANKE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/24/2021	TIM STANKE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4280630. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1858160	2604820
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1858160	2604820
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	636790	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	119849	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		756639
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1672	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	8307	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		9979
i Net income (loss) (subtract line 8h from line 8c)	8i		746660
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1C

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		494904
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☒ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** | 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☒ No

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

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Yes ☒ No

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

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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
T D & I CABLE MAINTENANCE, INC. CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
T D & I CABLE MAINTENANCE, INC.

D Employer Identification Number (EIN)
41-1797665

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

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

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2020

2 Assets:

a Market value	**2a**	1968030
b Actuarial value	**2b**	1968030

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	0	0	0
b For terminated vested participants	16	31486	31486
c For active participants	71	1668471	1670655
d Total	87	1699957	1702141

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**	5.44 %
6 Target normal cost	**6**	588604

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

	04/28/2021
Signature of actuary	Date
MATTHEW J. GLUDT ASA, EA	20-07927
Type or print name of actuary	Most recent enrollment number
PENSION CONSULTANTS, INC.	612-339-1111
Firm name	Telephone number (including area code)
120 SOUTH 6TH STREET, SUITE 1911 MINNEAPOLIS, MN 55402	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 9.61 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		204426
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 4.70 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		204426
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	115.62 %
15	Adjusted funding target attainment percentage	15	113.38 %
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	115.34 %
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
03/23/2021	636790				
			Totals ► 18(b)	636790	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	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	629257

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.50 %	6.27 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
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**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	588604
b Excess assets, if applicable, but not greater than line 31a	**31b**	265889

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	322715

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	322715
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	629257

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

a Total (excess, if any, of line 37 over line 36)	**38a**	306542
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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

Name: T D & I CABLE MAINTENANCE, INC. CASH BALANCE PLAN

EIN: 41-1797665
PN: 002
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Weighted Average Retirement Age	65.00
Valuation Funding 24-month Segment Rates	1st segment - 4.75% 2nd segment - 5.50% 3rd segment - 6.27%
Effective Interest Rate	5.44%
Mortality	2020 Applicable Mortality Table Post-retirement only
Assumed Form of Payment	100% Lump Sum
Salary Scale	None
Administrative Expenses	Actual expenses from previous or current year
Retirement Rates	Participants are assumed to retire on their Normal Retirement Date

The actuarial cost method used in the valuation is the unit credit cost method as required in the Pension Protection Act of 2006 and Internal Revenue Code 430.

The target normal cost is the sum of all individual normal costs for each participant. The target normal cost is the present value of the benefit earned during the year

The individual funding target is the present value of the accrued benefit as of the valuation date assuming payment at assumed retirement age.

The funding shortfall is the total funding target less the actuarial value of assets. Depending on the AFTAP of the plan and other factors, an adjustment may also be made for a carryover or pre-funding balance. The total annual cost of the plan is the target normal cost plus an amount to amortize the funding shortfall over seven years.

Name: T D & I CABLE MAINTENANCE, INC. CASH BALANCE PLAN

EIN: 41-1797665
PN: 002
Schedule SB, Part V - Summary of Plan Provisions

Effective Date:	January 1, 2017
Plan Year:	January 1 to December 31
Eligibility:	Waiting Period - 1 Year of Service Minimum Age - 21
Eligibility Date:	The first day of the first or seventh month coinciding with or next following satisfaction of eligibility requirements
Exclusions:	Collectively bargained, Non-resident aliens, leased employees
Normal Retirement Date:	Attainment of age 65
Hypothetical Allocations:	Allocations as specified by group in the Plan Document
Year of Service:	Plan year of at least 1,000 hours
Accrued Benefit:	The participant's hypothetical account balance projected to normal retirement and converted into a single life annuity payable at normal retirement date.
Death Benefit:	Hypothetical account balance as of the date of death
Disability Benefit:	Treated as a termination
Termination Benefit:	100% vested after 3 years of vesting service
Interest Credit Rate:	A flat rate of 3.50%
Top-Heavy Status:	If the Plan is Top-Heavy the top-heavy contribution will be met in the defined contribution plan

Name: T D & I CABLE MAINTENANCE, INC. CASH BALANCE PLAN

EIN: 41-1797665
PN: 002
Schedule SB, line 32 - Schedule Amortization Bases

Type of Base	PV of Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	0	12/31/2020	7	0
Shortfall	0	12/31/2019	6	0
Shortfall	0	12/31/2018	5	0
Shortfall	0	12/31/2017	4	0
Shortfall	0	12/31/2016	3	0
Shortfall	0	12/31/2015	2	0
Shortfall	0	12/31/2014	1	0

Name: T D & I CABLE MAINTENANCE, INC. CASH BALANCE PLAN
EIN: 41-1797665
PN: 002
Schedule SB, line 26 - Schedule of Active Participant Data

	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	0	3	0	0	0	0	0	0	0	0
25-29	0	10	0	0	0	0	0	0	0	0
30-34	0	9	0	0	0	0	0	0	0	0
35-39	0	5	0	0	0	0	0	0	0	0
40-44	0	13	0	0	0	0	0	0	0	0
45-49	0	6	0	0	0	0	0	0	0	0
50-54	0	11	0	0	0	0	0	0	0	0
55-59	0	6	0	0	0	0	0	0	0	0
60-64	0	6	0	0	0	0	0	0	0	0
65-69	0	2	0	0	0	0	0	0	0	0
70 over	0	0	0	0	0	0	0	0	0	0

Name: T D & I CABLE MAINTENANCE, INC. CASH BALANCE PLAN

EIN: 41-1797665
PN: 002
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Weighted Average Retirement Age 65.00

The weighted average retirement age is based on the Plan's normal retirement age unless a participant is past normal retirement age, in which case the assumed retirement age is assumed to be one year later.

Name: T D & I CABLE MAINTENANCE, INC. CASH BALANCE PLAN

EIN: 41-1797665
PN: 002
Schedule SB, line 19 - Discounted Employer Contributions

Date	Amount	Year Applied	Effective Rate	Interest Adjusted Contribution
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
3/23/2021	636,790	2020	5.44%	629,257
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
	636,790			629,257

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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
T D & I Cable Maintenance, Inc. Cash Balance Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
T D & I Cable Maintenance, Inc.

D Employer Identification Number (EIN)
41-1797665

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

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

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2020

2 Assets:

a Market value	**2a**	1,968,030
b Actuarial value	**2b**	1,968,030

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	0	0	0
b For terminated vested participants	16	31,486	31,486
c For active participants	71	1,668,471	1,670,655
d Total	87	1,699,957	1,702,141

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**	5.44 %
6 Target normal cost	**6**	588,604

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 Matthew Glud 04/28/2021

Signature of actuary — Date

Matthew J. Gludt ASA, EA — 20-07927

Type or print name of actuary — Most recent enrollment number

Pension Consultants, Inc. — (612)339-1111

Firm name — Telephone number (including area code)

120 South 6th Street, Suite 1911

Minneapolis MN 55402

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 9.61 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		204426
	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 4.70 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		204426
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	115.62 %
15	Adjusted funding target attainment percentage	15	113.38 %
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	115.34 %
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
03/23/2021	636,790				
			Totals ▶ 18(b)	636,790	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	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	629,257

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [ ] No

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.50 %	6.27 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	0
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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
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	588,604
b Excess assets, if applicable, but not greater than line 31a	31b	265,889

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	322,715

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	36	322,715
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	629,257
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	306,542
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
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

Name: T D & I CABLE MAINTENANCE, INC. CASH BALANCE PLAN

EIN: 41-1797665
PN: 002
Schedule SB, Part V - Summary of Plan Provisions

Effective Date:	January 1, 2017
Plan Year:	January 1 to December 31
Eligibility:	Waiting Period - 1 Year of Service Minimum Age - 21
Eligibility Date:	The first day of the first or seventh month coinciding with or next following satisfaction of eligibility requirements
Exclusions:	Collectively bargained, Non-resident aliens, leased employees
Normal Retirement Date:	Attainment of age 65
Hypothetical Allocations:	Allocations as specified by group in the Plan Document
Year of Service:	Plan year of at least 1,000 hours
Accrued Benefit:	The participant's hypothetical account balance projected to normal retirement and converted into a single life annuity payable at normal retirement date.
Death Benefit:	Hypothetical account balance as of the date of death
Disability Benefit:	Treated as a termination
Termination Benefit:	100% vested after 3 years of vesting service
Interest Credit Rate:	A flat rate of 3.50%
Top-Heavy Status:	If the Plan is Top-Heavy the top-heavy contribution will be met in the defined contribution plan

Name: T D & I CABLE MAINTENANCE, INC. CASH BALANCE PLAN

EIN: 41-1797665
PN: 002
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Weighted Average Retirement Age	65.00
Valuation Funding 24-month Segment Rates	1st segment - 4.75% 2nd segment - 5.50% 3rd segment - 6.27%
Effective Interest Rate	5.44%
Mortality	2020 Applicable Mortality Table Post-retirement only
Assumed Form of Payment	100% Lump Sum
Salary Scale	None
Administrative Expenses	Actual expenses from previous or current year
Retirement Rates	Participants are assumed to retire on their Normal Retirement Date

The actuarial cost method used in the valuation is the unit credit cost method as required in the Pension Protection Act of 2006 and Internal Revenue Code 430.

The target normal cost is the sum of all individual normal costs for each participant. The target normal cost is the present value of the benefit earned during the year

The individual funding target is the present value of the accrued benefit as of the valuation date assuming payment at assumed retirement age.

The funding shortfall is the total funding target less the actuarial value of assets. Depending on the AFTAP of the plan and other factors, an adjustment may also be made for a carryover or pre-funding balance. The total annual cost of the plan is the target normal cost plus an amount to amortize the funding shortfall over seven years.

Name: T D & I CABLE MAINTENANCE, INC. CASH BALANCE PLAN

EIN: 41-1797665
PN: 002
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Weighted Average Retirement Age	65.00

The weighted average retirement age is based on the Plan's normal retirement age unless a participant is past normal retirement age, in which case the assumed retirement age is assumed to be one year later.

Name: T D & I CABLE MAINTENANCE, INC. CASH BALANCE PLAN

EIN: 41-1797665
PN: 002
Schedule SB, line 19 - Discounted Employer Contributions

Date	Amount	Year Applied	Effective Rate	Interest Adjusted Contribution
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
3/23/2021	636,790	2020	5.44%	629,257
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
	636,790			629,257

Name: T D & I CABLE MAINTENANCE, INC. CASH BALANCE PLAN
EIN: 41-1797665
PN: 002
Schedule SB, line 26 - Schedule of Active Participant Data

	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	0	3	0	0	0	0	0	0	0	0
25-29	0	10	0	0	0	0	0	0	0	0
30-34	0	9	0	0	0	0	0	0	0	0
35-39	0	5	0	0	0	0	0	0	0	0
40-44	0	13	0	0	0	0	0	0	0	0
45-49	0	6	0	0	0	0	0	0	0	0
50-54	0	11	0	0	0	0	0	0	0	0
55-59	0	6	0	0	0	0	0	0	0	0
60-64	0	6	0	0	0	0	0	0	0	0
65-69	0	2	0	0	0	0	0	0	0	0
70 over	0	0	0	0	0	0	0	0	0	0