#### 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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instr	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	<b>Identification Information</b>					
For calend	ar plan year 2012 or fis	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012	
	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-partici	oant plan
<b>B</b> This ref	turn/report is:	the first return/report	the final return/repor	t			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descr	iption)				
Part II	Basic Plan Info	rmation—enter all requested inf	ormation				
1a Name		Tillation office an requested in	omaton		1b	Three-digit	
		BENEFIT PENSION PLAN				plan number	
						(PN) <b>•</b>	002
					1c	Effective date of	f plan
						01/01	/2003
	ponsor's name and ad CTRIC, INC.	dress; include room or suite numbe	er (employer, if for a singl	e-employer plan)	2b	Employer Identi (EIN) 91-15	fication Number 27405
					2c	Sponsor's telep	hone number
918 A WES	T CANAL DR.					509-58	
	K, WA 99336				2d	Business code	see instructions)
						2382	0
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
						7 (4.1	
4 If the r	name and/or EIN of the	e plan sponsor has changed since t	the last return/report filed	for this plan, enter the	4b	EIN	
		mber from the last return/report.					
	or's name				4c	PN	
		at the beginning of the plan year			5a		4
<b>b</b> Total	number of participants	at the end of the plan year			5b		4
		account balances as of the end of t	. , ,	•	5c		
_		s during the plan year invested in e				•	X Yes No
_	•	the annual examination and repor	•	•			
		? (See instructions on waiver eligib					X Yes No
If you	ı answered "No" to ei	ther line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.	
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assesse	d unless reasonable cau	ıse is	established.	
		her penalties set forth in the instruc					
	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, a	s well as the electronic ve	ersion of this return/report	t, and t	to the best of my	knowledge and
Deliei, it is	true, correct, and comp	olete.					
SIGN	Filed with authorized/	valid electronic signature.	10/12/2013	ANTHONY EDWARDS	S		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of omple	vor/plan anangar	Date	Enter name of individ	uol oio	uning on omploye	r or plan apanaar
Preparer's	Signature of emplo	ame, if applicable) and address; in		Enter name of individ			number (optional)
	(oidding iiiii ii			( <b>op.io.ioi</b> )	ορ		(optional)

Form 5500-SF 2012 Page **2** 

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Paginning of Vac			(b) End of	/oor	
a		7a	(a) Beginning of Yea			(b) End of	732262	)
	Total plan assets	7a 7b		0			732202	
	Net plan assets (subtract line 7b from line 7a)	7c	66188				732262	
8	Income, Expenses, and Transfers for this Plan Year	70				(b) Tota		
	Contributions received or receivable from:		(a) Amount			(b) Tota	<u> </u>	
	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	7971	7				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					79717	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g	934	4				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					9344	
i	Net income (loss) (subtract line 8h from line 8c)	8i					70373	}
j	Transfers to (from) the plan (see instructions)	8j		0				
Pai	rt IV Plan Characteristics				•			
9a	If the plan provides pension benefits, enter the applicable pension 1A 1G 3D	feature co	des from the List of Plan Char	acteris	stic Codes i	n the instruction	ıs:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Codes in	the instructions	:	
Par	t V Compliance Questions							
10	During the plan year:				Yes No	Λ.		
	Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in	1	103 110	AI	nount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		period decembed					
h				10a	X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10a 10b	Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's	? (Do not i	nclude transactions reported	10b	Х			
d	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	? (Do not i	nclude transactions reported	10b 10c	X			
d	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or	? (Do not i	nclude transactions reported and, that was caused by fraud as by an insurance carrier, sfits under the plan? (See	10b 10c 10d	X			
d d	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	fidelity boner persons	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e	X X X			
d e	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plantageneral control of the planta	? (Do not i	nclude transactions reported  and, that was caused by fraud  s by an insurance carrier,  fits under the plan? (See	10b 10c 10d	X X X			
e f	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	fidelity boner persons of the beneather.	nclude transactions reported and, that was caused by fraud as by an insurance carrier, affits under the plan? (See	10b 10c 10d 10e	X X X			
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e f g	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plate of this is an individual account plan, was there a blackout period?  If this is an individual account plan, was there a blackout period?  2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  It VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	fidelity boner persons of the beneating sof year e (See instrument required 1-3	nclude transactions reported  and, that was caused by fraud  s by an insurance carrier,  fits under the plan? (See  and.)  continuous and 29 CFR  d notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X Schedule S		X Vac	□ No
e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  It VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity border persons of the benefits of year experience required 1-3	and, that was caused by fraud so by an insurance carrier, stits under the plan? (See and.)	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X Schedule S		× Yes	□ No
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f g h 11 11a 11a 12	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plath bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  It VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	fidelity border persons of the benefits of year experience (See instruments? (If "\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\	and, that was caused by fraud so by an insurance carrier, offits under the plan? (See and.)	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X X Schedule S	f ERISA?	Yes	0 X No
f g h 11 11a 12 a	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plath bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10:  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	fidelity border persons of the benefit persons of the benefit persons of year experience (See instrument requirements? (If """""""""""""""""""""""""""""""""""	and, that was caused by fraud so by an insurance carrier, offits under the plan? (See and.)	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X X Schedule S	f ERISA?	Yes etter ruli	0 X No
C   d   e   f   g   h   11   11   11   a     If	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plath bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10:  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir	fidelity border persons of the beneather perso	and, that was caused by fraud so by an insurance carrier, offits under the plan? (See and.)	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X X X A A A A A A A A A A A A A	f ERISA?	Yes etter ruli	0 X No

	Form 5500-SF 2012 Page <b>3</b> - 1			
			1	
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		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

#### **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).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

							File as a	an attachm	ent to Form	5500 or	5500	·SF.						
Fo	r calendar	plar	year 201	2 or	fiscal plan y	ear	beginning 0°	1/01/2012				and end	ing	12/31/2	2012			
•	Round o	ff an	ounts to	nea	rest dollar.													
•	Caution:	Аре	enalty of \$	1,00	0 will be ass	ess	sed for late filing o	f this report	t unless reas	onable ca	ause i	s establish	ed.					
	Name of p										В	Three-di	git				000	
AL	LAN ELEC	TRI	C, INC. DI	EFIN	ED BENEFI	IT F	PENSION PLAN					plan nun	nber	(PN)	•		002	
											_							
				shov	vn on line 2a	a of	f Form 5500 or 550	00-SF			D	Employer	lder	ntification	n Nur	mber (I	ΞIN)	
AL	LAN ELEC	HRI	J, INC.								91	-1527405						
				_		_					<u> </u>		_					
E	Type of pla	n:	X Single		Multiple-A		Multiple-B	F	Prior year pl	an size: 🕽	100	or fewer	Ш	101-500		More tl	nan 500	
Р	art I	Bas	ic Infor	mat	ion													
1			luation da			Иor	nth <u>12</u> [	Day31	Year	2012								
2	Assets:				•						_							
_		t va	IIE											2a				598910
													_	2b				598910
3					count break					1				-		(0) [		
3	•	,	, , ,					4	20	(1) 1	lumbe	er of partic	ipan			(2) 1	Funding Tar	
	_						s receiving payme							0				0
				•	articipants				3b					2				5332
			participar						0 (4)	_								
	(1)	N	on-vested	bene	efits	••••			· · ·									793
	(2)	Ve	ested bene	efits.														514772
	(3)	To	otal active						3c(3)					2				515565
	<b>d</b> Total								3d					4				520897
4	If the plant	an is	in at-risk	statu	s, check the	e bo	ox and complete li	nes (a) and	(b)									
	<b>a</b> Fundi	ng ta	arget disre	gard	ling prescrib	ed	at-risk assumption	าร						4a				
	<b>b</b> Fund	ing ta	arget refle	cting	at-risk assu	ımp	otions, but disrega	rding transi	tion rule for	olans that	have	been in		4b				
	at-	risk	status for t	ewe	r than five c	ons	secutive years and	l disregardii	ng loading fa	ctor								
5	Effective	e inte	erest rate.											5				5.65 %
6	Target ı	norm	al cost											6				58741
Sta	tement by	/ En	rolled Act	uary	1													
							his schedule and accom											
							nce under the plan.				,					,		,
,	SIGN																	
	IERE														0	9/30/2	013	
_					Signa	ture	e of actuary				_				Г	Date		
RΩ	BERT M. I	HAN	ESS		Oigila		o or dotadry									11-049	15	
-	DETCT III.	7 (1 )			Typo or pri	int	name of actuary				_			Acet roce			ent number	
1141	VIECE 8 A	000	CIATEC	1.0	Type of pil	IIIL	name or actuary						IV	viosi rece				
ПАІ	VESS & A	33U	CIATES, I	LLC							_						5-9830	
P.0	D. BOX 83	6			F	ırm	n name					Т	elep	none nui	mber	r (ınclu	ding area co	oae)
	CKLIN, C		677															
					Addr	res	s of the firm				_							
lf th	actuan, l	20.5	ot fully rot	flacto	ad any rogul	atio	on or ruling promu	lasted unds	ar the ctatute	in comple	otina t	hie echod	ule i	chack the	a has	v and a	200	П
	uctions	ias I	iot fully lel	i <del>c</del> cit	any regul	auc	on or raining profital	igaleu uilut	טו נווכ אמנעונ	iii compi	curig	ino otneu	ui <del>c</del> , (	CHECK III		ailu S		Ш

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Pa	ırt II	Begir	ning of Year	Carryov	er Prefunding Balan	ces								
								(a) Carryove	r balance		(b)	Prefundi	ng balar	nce
7		0	0 ,		cable adjustments (line 13 f					0				48321
8			•	-	funding requirement (line 35					0				14979
9	Amoun	t remaini	ng (line 7 minus lir	ne 8)						0				33342
10					turn of					0				-240
11					d to prefunding balance:									
	<b>a</b> Pres	ent value	of excess contribu	utions (line	38a from prior year)									0
					interest rate of5.23%									0
	<b>C</b> Total	available	at beginning of cur	rent plan y	ear to add to prefunding balar	nce								0
	<b>d</b> Porti	ion of (c)	to be added to pre	funding ba	alance									0
12	Other r	eductions	s in balances due	to election	s or deemed elections					0				
13	Balanc	e at begir	nning of current ye	ar (line 9	+ line 10 + line 11d – line 12	2)				0				33102
P	art III	Fun	ding Percenta	ages										
14	Fundin	g target a	attainment percent	age								14	10	8.26 %
15	Adjuste	ed funding	g target attainmen	t percenta	ge							15	10	0.72 %
16					s of determining whether car							16	10	0.56 %
17	If the c	urrent val	ue of the assets o	f the plan	is less than 70 percent of th	e funding ta	rget, er	ter such perc	entage			17		%
P	art IV	Con	tributions and	d Liquid	lity Shortfalls									
18	Contrib	utions m	ade to the plan for	the plan y	year by employer(s) and em	ployees:								
(N	(a) Dat IM-DD-Y	te ′YYY)	( <b>b)</b> Amount pa employer(		(c) Amount paid by employees	( <b>a)</b> [ (MM-DE)			Amount pa employer(		(		nt paid l oyees	ру
												_		
						Totals ►	18	(b)		0	18(c)			0
19			-		tructions for small plan with			_	-					
				•	nimum required contributions		•			19a				0
					djusted to valuation date					19b				0
					uired contribution for current	year adjusted	to valu	ation date		19c				0
20		-	outions and liquidit	-						L		Г	1	<del> </del>
			_		the prior year?							<u> </u>	Yes	X No
					y installments for the curren			nely manner?		Г		L	Yes	No
	C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a									
		(1) 1:	st		Liquidity shortfall as of e (2) 2nd	ena or quarte		s plan year (3) 3rd				(4) 4tl	1	
		( ) (			(-)			(-/ -/-				.,		

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Target	et Normal Cost					
21		unt rate:								
	<b>a</b> Seg	gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment 7.52 %		N/A, fu	ll yield	curve	e used
	<b>b</b> App	licable month (	enter code)		1	. 21b				0
22	Weigh	ted average ret	tirement age			. 22				65
23	Mortal	ity table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
24		•	·	tuarial assumptions for the current	•			. —	Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required atta	chment			Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment		X	Yes	No
27		•	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27		_		_
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0
29				d unpaid minimum required contrib		. 29				0
30	Remai	ining amount of	unpaid minimum required cor	ntributions (line 28 minus line 29).		. 30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	t normal cost a	nd excess assets (see instruct	tions):						
	<b>a</b> Targ	et normal cost	(line 6)			. 31a				58741
	<b>b</b> Exce	ess assets, if ap	oplicable, but not greater than	line 31a		. 31b				43041
32	Amorti	ization installme	ents:		Outstanding Bal	ance	Ir	nstallm	ent	
	a Net	shortfall amortiz	zation installment			0				0
	<b>b</b> Wai	ver amortization	n installment			0				0
33				ter the date of the ruling letter gra) and the waived amount		. 33				0
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	· 31b + 32a + 32b - 33)	. 34				15700
				Carryover balance	Prefunding bala	ince	То	tal bala	ance	
35			use to offset funding	(		15700				15700
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36				0
37	Contrib (line 1	butions allocate	ed toward minimum required c	ontribution for current year adjuste	d to valuation date	37				0
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)						
	<b>a</b> Tota	l (excess, if any	y, of line 37 over line 36)			. 38a				0
	<b>b</b> Port	ion included in	line 38a attributable to use of	prefunding and funding standard o	arryover balances	. 38b				0
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39				0
40	Unpaid	d minimum requ	uired contributions for all years	S		. 40				0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	5)				
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Sche	edule elected	·····				2 plus 7 yea	rs	15 <u>y</u>	years
	<b>b</b> Eligi	ble plan year(s	) for which the election in line	41a was made		200	8 2009	2010	Ī	2011
42	Amoun	nt of acceleratio	n adjustment			42	<u></u>			
				d over to future plan years		43				

## Schedule SB, line 26 Schedule of Active Participant Data Allan Electric, Inc. Defined Benefit Pension Plan 91-1527405/002

#### For the plan year 1/1/2012 through 12/31/2012

#### **Years of Credited Service**

Attained		1 to 4	5 to 9	10 to 14					35 to 39	40 & up
Age	Nb.	Nb.	Nb.	Nb.	Nb.	Nb.	Nb.	Nb.	Nb.	Nb.
Under										
25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49		1								
50 to 54										
55 to 59										
60 to 64				1						
65 to 69										
70 & up				1	l	l	1	I	I	<u> </u>

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Allan Electric, Inc. Defined Benefit Pension Plan

#### For the plan year 1/1/2012 through 12/31/2012

Valuation Date: 12/31/2012

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Minimum

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.66
Segment 2	6 - 20	4.47
Segment 3	> 20	5.52

Segment rates as of September 30, 2011 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %
Segment 1	0 - 5	5.54
Segment 2	6 - 20	6.85
Segment 3	> 20	7.52

Pre-Retirement - Mortality Table - None

Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5%

or

12E - 2012 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

#### 410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

#### 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

2012

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calen	dar plan year 2012 or fis	cal plan year beginning	01/01/2012	and ending	12/31/	2012
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-	participant plan
B This re	eturn/report is:	the first return/report	the final return/repo	t		
		an amended return/report	a short plan year ret	ım/report (less than 12 m	ionths)	
C Check	box if filing under:	X Form 5558	automatic extension		☐ DFVC	program
		special extension (enter descri	iption)		_	The second secon
Part II	Racic Plan Info	rmation—enter all requested info				
1a Name		mation—enter all requested line	mation		1b Three-dig	if
		. Defined Benefit Pen	sion Plan		plan num	ber
	2200220, 2110				(PN) ▶	002
					1c Effective 01/01/	
2a Plan	sponsor's name and add	dress; include room or suite numbe	r (employer, if for a singl	e-employer plan)	2b Employer	Identification Number
	ELECTRIC, INC.			AND THE STREET, AND THE STREET	1	-1527405
					2c Sponsor's	telephone number
918 A	WEST CANAL DR.				509-58	2-6770
					2d Business	code (see instructions)
KENNEW	10000000	WA 99336			238210	
3a Plan	administrator's name an	d address XSame as Plan Sponso	or Name XSame as Pl	an Sponsor Address	3b Administra	ator's EIN
					3C Administra	ator's telephone number
4 If the	name and/or FIN of the	plan sponsor has changed since the	ne last return/report filed	for this plan, enter the	4b EIN	
		ber from the last return/report.				
a Spons	sor's name				4c PN	
5a Total	number of participants a	at the beginning of the plan year			5a	4
b Total	number of participants a	at the end of the plan year			5b	4
		ccount balances as of the end of the			5c	
6a Were	all of the plan's assets	during the plan year invested in eli	gible assets? (See instru	ctions.)		X Yes No
		the annual examination and report				
		(See instructions on waiver eligibil				X Yes No
		her line 6a or line 6b, the plan ca				
		r incomplete filing of this return/				
Under per	nalties of perjury and oth	er penalties set forth in the instruct	ions, I declare that I have	examined this return/rep	ort, including, if	applicable, a Schedule
belief it is	true, correct, and complete	d signed by an enrolled actuary, as lete.	well as the electronic ve	rsion of this return/report	, and to the best	of thy knowledge and
Section 2002 Co. 100	100	11/		1		
SIGN	Culhon	Matuar	10/11/13	Anthony Edward	is	
HERE	Signature of plan ad	prestrator	Date	Enter name of individu	ual signing as pla	n administrator
SIGN						
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing as em	ployer or plan sponsor
Preparer's		me, if applicable) and address; inc				hone number (optional)
The state of the s				100 100 100 100 100 100 100 100 100 100	continued to the state of	
				ļ		

7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) En	d of Year	
a	Total plan assets	7a	6	618	89				732262
b	Total plan liabilities	7b			0				0
_ c	Net plan assets (subtract line 7b from line 7a)	7c	6	618	89				732262
8	Income, Expenses, and Transfers for this Plan Year	Ada ta	(a) Amount				(b)	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)			0				pr. 11
	(2) Participants	8a(2)			0		_4		
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		797	17				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							79717
d	Benefits paid (including direct rollovers and insurance premiums				0	7			
_	to provide benefits)	8d			0	37.27			F-2
	Certain deemed and/or corrective distributions (see instructions)	8e			0	272	THE WATER		
	Administrative service providers (salaries, fees, commissions)	8f		02	_				==
	Other expenses	8g		934	14	V2			0244
<u>_n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1,1,1	5.				9344
÷	Net income (loss) (subtract line 8h from line 8c)	81					- 1.12		70373
J	Transfers to (from) the plan (see instructions)	8j			0	.,	<u>2.1</u>		C
b	IA 1G 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V. Compliance Questions	eature cod	es from the List of Plan Chara	cterist	ic Cod	es in 1	the instruc	tions:	
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х			
b	Were there any nonexempt transactions with any party-in-interest								
	on line 10a.)			10b		х			
С	on line 10a.)			10b		x			
	on line 10a.)	fidelity bor	nd, that was caused by fraud			Section 1			
d	on line 10a.)	fidelity bor er persons f the bene	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10c		х			
d	on line 10a.)	fidelity bor er persons f the bene	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10c		x			
d e f	on line 10a.)	er persons f the bene	s by an insurance carrier, fits under the plan? (See	10d 10d		x x			
d e f	on line 10a.)	er persons f the bene or of year e	s by an insurance carrier, fits under the plan? (See	10d 10d 10e 10f		x x x		Ti. Liki	Záti
d e f	on line 10a.)	er persons f the bene or of year e See instru	and, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10d 10d 10e 10f 10g		x x x			
d e f g h	on line 10a.)	er persons f the bene or of year e See instru	and, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10d 10e 10f 10g 10h		x x x	30 Barrier 2.74 P.C.	59. Sec.	
d e f g h	on line 10a.)	er persons of the bene of the bene of year e See instru e required of years	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See  Ind.)	10c 10d 10e 10f 10g 10h 10l		x x x x	3 (Form		s No
f g h i Part	Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (12520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements.	er persons of the bene of the bene of the bene of the bene of year e See instru e required of the required of the	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See  nd.) ctions and 29 CFR  notice or one of the	10c 10d 10e 10f 10g 10h 10l	······	x x x x	3 (Form	X Ye	s No
f g h i Part	Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (12520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  VI: Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	fidelity borer persons of the beneath?  sof year essee instrue e required -3	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See  nd.)	10c 10d 10e 10f 10g 10h 10l		X X X X X 111a		X Ye	****
d e f g h i Part 11 11a 12	Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  VI: Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements to the amount from Schedule SB line 39  Enter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding treating the state of the minimum funding the minimum funding the state of the minimum funding the m	er persons of the bene of year e See instru e required of year e ents? (if "Y	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See  Ind.)  Ind	10c 10d 10e 10f 10g 10h 10l	ction 3	X X X X X 111a	ERISA?	X Ye 0	s No
d e f g h i Part 11 11a 12 a	Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  VI: Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements to the amount from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year Is being granting the waiver.	er persons of the bene of year e See instru e required -3 ents? (If "Y	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See  Ind.)  Ind	10c 10d 10e 10f 10g 10h 10i plete	ction 3	X X X X X 111a	ERISA?	X Ye 0	s No
f g h i Part 11 11a 12 a if	Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  VI: Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements to the minimum from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding the line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being	er persons of the bene of the bene of the bene of year e See instru e required of the bene of year e see instru erequired as applica g amortize	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See  Ind.)  Ind	10c 10d 10e 10f 10g 10h 10l pplete	ction 3	X X X X X X IIIa	ERISA?	X Ye 0 1 Ye	s No

	Form 5500-SF 2012	Page 3 -				
	Enter the amount contributed by the employer to the plant	lan for this plan year		12c		
-	Subtract the amount in line 12c from the amount in line negative amount)	12b. Enter the result (enter a minus sign to the left of	of a	12d		
е	Will the minimum funding amount reported on line 12d	be met by the funding deadline?			Yes	□ No □ N/A
Part	VII Plan Terminations and Transfers of	Assets				
13a	Has a resolution to terminate the plan been adopted in any	plan year?			Yes X N	lo
	If "Yes," enter the amount of any plan assets that rever			13a		
b	Were all the plan assets distributed to participants or be of the PBGC?				N. Company	Yes X No
C	If during this plan year, any assets or liabilities were tra which assets or liabilities were transferred. (See instruc		e plan(s) t	lo		
1	3c(1) Name of plan(s):		13	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
100000000000000000000000000000000000000	Name of trust Allan Electric, Inc. Defined Benef	fi		14b T	rust's EIN 91-2	2047828

#### 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

2012

This Form is Open to Public Inspection

For	calendar plan year 2012 or fiscal plan year beginning 01/01/2		and ending	1	2/31/2012
	Round off amounts to nearest dollar.				
	Caution: A penalty of \$1,000 will be assessed for late filing of this report u	nless reaso	nable cause is established	l.	
A	Name of plan Allan Electric, Inc. Defined Benefit Pension		B Three-digit plan numb		▶ 002
C	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer lo	entification	Number (EIN)
Ž	Allan Electric, Inc.		91-1527405	)	
E 1	ype of plan: X Single Multiple-A Multiple-B	rior year pla	n size: 🛛 100 or fewer	101-500	More than 500
D.	art I Basic Information				
1	Enter the valuation date: Month 12 Day 31	Year	2012		
2	Assets:				
_	a Market value			2a	598910
	b Actuarial value			2b	598910
3	Funding target/participant count breakdown:		(1) Number of participation	ants	(2) Funding Target
•	a For retired participants and beneficiaries receiving payment	3a	(1) Traines or particip	0	0
	b For terminated vested participants	3b		2	5332
	C For active participants:				
	(1) Non-vested benefits	3c(1)			793
	(2) Vested benefits	3c(2)			514772
	(3) Total active	3c(3)		2	515565
	d Total	3d		4	520897
4	If the plan is in at-risk status, check the box and complete lines (a) and (	b)	П		
	a Funding target disregarding prescribed at-risk assumptions			4a	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition at-risk status for fewer than five consecutive years and disregarding transitions.	on rule for p	lans that have been in	4b	
5	Effective interest rate			5	5.65%
6	Target normal cost			6	58741
	tement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is reasonable combination, offer my best estimate of anticipated experience under the plan.	es, statements a le (taking into a	and attachments, if any, is completecount the experience of the plan a	nd reasonable (	expectations) and such other assumptions, in
H	IERE			0	9/30/2013
ROE	Signature of actuary SERT M. HANESS				<b>Date</b> 1104945
	Type or print name of actuary MESS & ASSOCIATES, LLC				nt enrollment number 6-435-9830
	Firm name		Tel	ephone nur	nber (including area code)
P.C	D. BOX 836				,
ROC	CKLIN CA 95677				
	Address of the firm	3			
If the	actuary has not fully reflected any regulation or ruling promulgated under	the statute	in completing this schedul	e, check the	e box and see

Page	2	-

Pa	rt II E	Regin	ning of Year	Carryov	er Prefunding Balan	CAS.						
ı a		Jegin	illing of Tear	Oarryov	cr i returnaling balan		(a)	Carryover balance		(b)	Prefund	ing balance
7		_	0 , ,		cable adjustments (line 13	•			0			48321
8				•	funding requirement (line 3				0			14979
9	Amount re	emainir	ng (line 7 minus li	ne 8)					0			33342
10	Interest or	n line 9	using prior year's	s actual ret	turn of <u>-0.72</u> %				0			-240
11	Prior year	's exce	ess contributions t	o be adde	d to prefunding balance:							
	<b>a</b> Present	value	of excess contrib	utions (line	38a from prior year)							0
					interest rate of 5.239							0
	C Total ava	ailable	at beginning of cur	rent plan y	ear to add to prefunding bala	nce						0
	<b>d</b> Portion	of (c) 1	to be added to pre	efunding ba	alance							0
12	Other redu	uctions	in balances due	to election	s or deemed elections				0			
13	Balance a	ıt begir	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 1	2)			0			33102
Pa	art III	Fun	ding Percenta	ages								
14	Funding ta	arget a	ttainment percent	age							14	108.26%
15	Adjusted f	funding	target attainmen	t percenta	ge						15	100.72%
16					of determining whether ca					e	16	100.56%
17	If the curre	ent val	ue of the assets o	of the plan	is less than 70 percent of th	ne funding ta	rget, enter	such percentage			17	%
Pa	art IV	Con	tributions an	d liquidi	ty shortfalls							
18	Contribution	ons ma	ade to the plan for	the plan y	ear by employer(s) and em	ployees:						
/N /	(a) Date	00	(b) Amount p	•	(c) Amount paid by	(a) [		(b) Amount pai		(	(c) Amount paid by	
(IVI	M-DD-YYY	11)	employer	(8)	employees	(MM-DE	7-1111)	employer(s	)		emp	oyees
						-						
						+						
						1						
						<del> </del>						
						+						
						Totals ▶	18(b)		(	18(c)		0
19	Discounte	d emp	loyer contributions	s – see ins	tructions for small plan with	n a valuation	date after t	he beginning of the	year:		•	
	a Contribu	utions	allocated toward	unpaid mir	nimum required contribution	s from prior	years		19a			0
	<b>b</b> Contribu	utions	made to avoid res	strictions a	djusted to valuation date				19b			0
	<b>C</b> Contribu	utions a	allocated toward mi	inimum req	uired contribution for current	year adjusted	d to valuatio	n date	19c			0
20			utions and liquidit			<u> </u>		<u> </u>				
	•		•	•	the prior year?							Yes X No
			_		stallments for the current ye							Yes No
				-	ete the following table as a		•				L	<u> </u>
					Liquidity shortfall as of	• •	er of this pla	an year_				
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4t	n

Pa	rt V	Assumptio	ns Used to Determine F	Funding Target and Targe	t Normal Cost					
21	Discou	int rate:								
	<b>a</b> Seg	ment rates:	1st segment: 5.54%	2nd segment: 6 . 85%	3rd segment: 7.52%		N/A, ful	l yield	curve	used
	<b>b</b> Appl	licable month (	(enter code)			21b				0
22	Weight	ted average re	tirement age			22				65
23	Mortali	ty table(s) (se	e instructions) X Pre	scribed - combined Pre	scribed - separate	Substitut	e			
Pa	rt VI	Miscellane	ous Items							
24				uarial assumptions for the current					Yes	X No
25	Has a	method change	e been made for the current pla	an year? If "Yes," see instructions	regarding required attac	hment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		X	Yes	No
27				er applicable code and see instruc		27		_		_
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	m Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior y	/ears		28				0
29				unpaid minimum required contrib		29				0
30	Remai	ning amount of	f unpaid minimum required con	tributions (line 28 minus line 29)		30				0
Pa	rt VIII	Minimum	<b>Required Contribution</b>	For Current Year						
31	Target	normal cost a	nd excess assets (see instructi	ons):						
	<b>a</b> Targe	et normal cost	(line 6)			31a				58741
	<b>b</b> Exce	ess assets, if a	pplicable, but not greater than I	ine 31a		31b				43041
32	Amorti	zation installme	ents:		Outstanding Bala	nce	In	stallme	ent	
	a Net s	shortfall amorti	zation installment			0				0
			n installment			0				0
33				er the date of the ruling letter grar ) and the waived amount		33				0
34	Total fu	unding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	1570			15700
				Carryover balance	Prefunding balar	nce	To	tal bala	ınce	
35			use to offset funding	C		15700				15700
36	Additio	nal cash requi	rement (line 34 minus line 35)			36				0
37				ntribution for current year adjuste		37				0
38	Preser	nt value of exce	ess contributions for current year	ar (see instructions)						
	<b>a</b> Total	(excess, if any	y, of line 37 over line 36)			38a				0
	<b>b</b> Porti	on included in	line 38a attributable to use of p	prefunding and funding standard c	arryover balances	38b				0
39	Unpaid	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39				0
40	Unpaid	l minimum requ	uired contributions for all years			40				0
Pai	rt IX	Pension	Funding Relief Under P	ension Relief Act of 2010	(See Instructions)	)				
41	If an ele	ection was made	de to use PRA 2010 funding re	lief for this plan:						
	<b>a</b> Sche	edule elected .					2 plus 7 year	s	15 y	ears
	<b>b</b> Eligib	ble plan year(s	s) for which the election in line 4	1a was made		2008	3 2009	2010		2011
42	Amoun	t of acceleration	on adjustment			42				
43	Excess	installment ac	celeration amount to be carried	d over to future plan years		43				

# Schedule SB, line 22 Description of Weighted Average Retirement Age Allan Electric, Inc. Defined Benefit Pension Plan 91-1527405 / 002 For the plan year 1/1/2012 through 12/31/2012

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

## Schedule SB, Part V Summary of Plan Provisions

## Allan Electric, Inc. Defined Benefit Pension Plan

#### For the plan year 1/1/2012 through 12/31/2012

**Employer:** Allan Electric, Inc.

Type of Entity - C-Corporation

EIN: 91-1527405 TIN: Plan #: 002 Plan Type: Defined Benefit

<u>Dates:</u> Effective - 1/1/2003 Year end - 12/31/2012 Valuation - 12/31/2012

Top Heavy Years - 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

**Plan Benefits:** Retirement - Derived from the fixed benefit formula below:

111% of average monthly compensation reduced by 1/25 for each year of participation less than

25 years

Accrued Benefit - Pro-rata based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

**Top Heavy Minimum:** 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$200,000

Maximum 401(a)(17) compensation - \$250,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years Joint with 50% or 75% Survivor Benefit

Vesting Schedule: Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

#### Schedule SB, Part V Summary of Plan Provisions

#### Allan Electric, Inc. Defined Benefit Pension Plan 91-1527405 / 002

#### For the plan year 1/1/2012 through 12/31/2012

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.07
Segment 2	6 - 20	4.45
Segment 3	> 20	5.24

Mortality Table - 12E - 2012 Applicable Mortality Table for 417(e) (unisex)

#### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)