Form 5500-SF		Short Form Annua	al Return/Report Benefit Plan	t of Small Employee OMB Nos. 1210-					
	rtment of the Treasury rnal Revenue Service	This form is required to be filed		4065 of the Employee Re	etireme	ent	2014		
	epartment of Labor Benefits Security Administration	Income Security Act of 1974 (I	ERISA), and sections 605 Revenue Code (the Code		Interna	This F	Form is Open to		
Pension Be	enefit Guaranty Corporation	<ul> <li>Complete all entries in ac</li> </ul>	cordance with the inst	ructions to the Form 55	00-SF		lic Inspection		
Part I	Annual Report Ic	dentification Information cal plan year beginning 01/01/201	<u>.</u> ГЛ	and ending 12/3	31/201	Л			
FUI GAIGHG		a single-employer plan		blan (not multiemployer) (I			ox must attach a list		
A This ret	turn/report is for:		of participating emplo	over information in accord		-			
D This set		a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/report	rn/report (less than 12 mo	onths)				
	L				Липај				
C Check	box if filing under:	Form 5558	automatic extension		L	DFVC progra	im		
	l	special extension (enter descrip	tion)						
Part II		mation—enter all requested infor	rmation						
1a Name	-	, INC. PROFIT SHARING 401(K) F	ΟΙ ΔΝ			Three-digit plan number			
Purier der die						(PN)	001		
					1c	Effective date o	f plan /1985		
		Iress; include room or suite number	(employer, if for a single	employer plan)	<b>2b</b>		fication Number		
AMERICAN I	METER & APPLIANCE,	INC.				()			
	LAKE AVENUE NORTH	i			2C 3	Sponsor's telep 800-56	bhone number 2-2858		
SEATTLE, W					2d	Business code ( 44314	(see instructions) 41		
3a Plan a	dministrator's name and	d address XSame as Plan Sponso	ır.		3b /	Administrator's			
4 If the r	name and/or FIN of the	plan sponsor has changed since th		for this plan enter the	4b		telephone number		
name	e, EIN, and the plan num	ber from the last return/report.		of the plan, once are	4c				
- <u>·</u> ···	or's name number of participants a	at the beginning of the plan year			4c 5a		43		
		at the end of the plan year		-	5b		24		
C Numb	per of participants with ac	ccount balances as of the end of th	ne plan year (defined bene	efit plans do not	50		24		
		icipants at the beginning of the plar			5d(1	n	37		
<b>d(2)</b> Tot	al number of active part	ticipants at the end of the plan year.			5d(2	-	4		
<b>e</b> Numbe	er of participants that terr	minated employment during the pla	an year with accrued bene	efits that were	50(/	-	1		
		r incomplete filing of this return/i							
Under pena	alties of perjury and othe	er penalties set forth in the instruction	ions, I declare that I have	e examined this return/rep	oort, ind	cluding, if applic			
	edule MB completed and true, correct, and comple	d signed by an enrolled actuary, as lete.	well as the electronic ver	rsion of this return/report,	, and to	o the best of my	knowledge and		
SIGN		alid electronic signature.	07/16/2015	EMILY LEE					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sigr	ning as plan adr	ninistrator		
SIGN									
HERE Dropororio	Signature of employe		Date	Enter name of individu					
Preparer s	name (including firm na	ame, if applicable) and address (incl	ude room or suite numbe	ər ) (optionai) -	Prepa	arer's telephone	number (optional)		

6a	Were all of the plan's assets during the plan year invested in eligibl	le assets?	(See instructions.)				X Yes No
b	Are you claiming a waiver of the annual examination and report of a						 X Yes ☐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno						
с	If the plan is a defined benefit plan, is it covered under the PBGC in					-	
Pa	t III Financial Information					•	
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a	Total plan assets	7a	25457				1089925
	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	25457	'61			1089925
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)	400				
	(2) Participants	8a(2)	977	31			
	(3) Others (including rollovers)	8a(3)			_		
b	Other income (loss)	8b	1108	313			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		248544
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	16820	91			
	Certain deemed and/or corrective distributions (see instructions)	8e	68	800			
	Administrative service providers (salaries, fees, commissions)	8f	154	89			
	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1704380
	Net income (loss) (subtract line 8h from line 8c)	8i					-1455836
<u> </u>	Transfers to (from) the plan (see instructions)	8i					
Par	t IV Plan Characteristics	oj					
	If the plan provides pension benefits, enter the applicable pension	feature coo	les from the List of Plan Chara	acteris	stic Co	odes in	the instructions:
	2E 2F 2G 2J 2K 2T 3D 3H						
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Coc	des in t	he instructions:
Part	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribution	tions within	the time period described in		103		Amount
	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		-			V	
	on line 10a.)			10b		X	
C	Was the plan covered by a fidelity bond?			10c	Х		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
e				Tou		~	
U	insurance service, or other organization that provides some or all						
	instructions.)			10e		Х	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g		-		10g	Х		0
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		x	
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr					11a	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<b>b</b> Enter the minimum required contribution for this plan year		12b		
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c		
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	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?		· 🗆 ۲	Yes X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	inder the	control		Yes 🗙 No
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		<b>14b</b> ⊺⊧	rust's EIN	

Form 5500-SF Short Form Annual Return/Report of S Benefit Plan				UY CC	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be filed un	This form is required to be filed under sections 104 and 4065 of the Employee I				2014			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (ER	ISA), and sections 605 venue Code (the Code		Internal		orm is Open to			
Pension Benefit Guaranty Colporation	Complete all entries in according to the second	ordance with the instr	uctions to the Form 5!	500-SF.	Publ	ic Inspection			
Part I Annual Repor	t Identification Information								
For calendar plan year 2014 or		01/01/2014	and ending	12	/31/201	.4 .1			
A This return/report is for:	a single-employer plan		ian (not multiemployer) yer information in accord						
B This return/report is	the first return/report	the final return/report							
	an amended return/report		n/report (less than 12 m	ionths)					
~ ·	П Form 5558 П	automatic extension	• •		FVC progra				
C Check box if filing under:	special extension (enter description				r vo progra	166			
			2000-00-00-00-00-00-00-00-00-00-00-00-00						
	ormation-enter all requested information	ation		1 <i>4</i> fr					
<b>1a</b> Name of plan				1b Thre plan	e-digit number				
American Meter & Ar	opliance, Inc.			(PN)		001			
Profit Sharing 401	(K) FIED ·			1	tive date of				
2a Plan sponsor's name and a	ddress; include room or suite number (er	mplover if for a single-	employer plan)	1	<u>31/1985</u> suos Idantif				
American Meter & Ag		entragent in locial antigra	employer plant		46-243	ication Number			
						hone number			
1001 Westlake Aven	10 North				<u>) 562-</u>				
1001 Westlake Avenue North					2d Business code (see Instructions)				
Seattle WA 98109 3a Plan administrator's name and address Same as Plan Sponsor.					- <i>i</i> - 7				
	nd address 🔬Same as Plan Sponsor.	<u> 4</u> 12	<u>98109</u>	443 3b Admi	141 nistrator's B	EIN			
	ind address 🖉 Same as Plan Sponsor.	<u>. 49</u>	98109	3b Admi	nístrator's E	EIN elephone number			
<ul> <li>3a Plan administrator's name a</li> <li>4 If the name and/or EIN of the</li> </ul>	re plan sponsor has changed since the la			3b Admi	nístrator's E				
<ul> <li>3a Plan administrator's name a</li> <li>4 If the name and/or EIN of the</li> </ul>	<b>F</b> .1			3b Admi 3c Admi	nístrator's E				
<ul> <li>3a Plan administrator's name a</li> <li>4 If the name and/or EIN of the name, EIN, and the plan not a Sponsor's name</li> </ul>	re plan sponsor has changed since the la	ast return/report filed fo	rr this plan, enter the	3b Admi 3c Admi 4b EIN	nístrator's E	elephone number			
<ul> <li>3a Plan administrator's name a</li> <li>4 If the name and/or EIN of the name, EIN, and the plan not a Sponsor's name</li> <li>5a Total number of participant.</li> </ul>	re plan sponsor has changed since the la mber from the last return/report.	ast return/report filed fo	n this plan, enter the	3b         Admi           3c         Admi           4b         EIN           4c         PN	nístrator's E	elephone number			
<ul> <li>3a Plan administrator's name a</li> <li>4 If the name and/or EIN of the name, EIN, and the plan nume, eIN, and the pl</li></ul>	te plan sponsor has changed since the la imber from the last return/report. s at the beginning of the plan year s at the end of the plan year account balances as of the end of the p	ast return/report filed fo	n this plan, enter the fit plans do not	3b         Admi           3c         Admi           4b         EIN           4c         PN           5a	nístrator's E	elephone number			
<ul> <li>3a Plan administrator's name a</li> <li>4 If the name and/or EIN of the name, EIN, and the plan not a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active participants</li> </ul>	te plan sponsor has changed since the la imber from the last return/report. S at the beginning of the plan year account balances as of the end of the plan articipants at the beginning of the plan year	ast return/report filed fo blan year (defined bene ear	fit plans do not	3b         Admi           3c         Admi           4b         EIN           4c         PN           5a         5b	nístrator's E	elephone number			
<ul> <li>3a Plan administrator's name a</li> <li>4 If the name and/or EIN of the name, EIN, and the plan number, EIN, and the plan number, EIN, and the plan number of participants</li> <li>5a Total number of participants</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active participants</li> <li>d(2) Total number of active participants</li> </ul>	The plan sponsor has changed since the lat mber from the last return/report. Is at the beginning of the plan year account balances as of the end of the plan articipants at the beginning of the plan year	ast return/report filed fo plan year (defined bene ear	fit plans do not	3b         Admi           3c         Admi           4b         EIN           4c         PN           5a         5b           5c         5c	nístrator's E	elephone number 43 24 24			
<ul> <li>3a Plan administrator's name a</li> <li>4 If the name and/or EIN of the name, EIN, and the plan not a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active participants of active participants and the participants of active participants and the participants and the participants and the participants are added by the participants and the participants and the participants are added by the participants are added by the participants and the participants are added by the participants are adde</li></ul>	te plan sponsor has changed since the la umber from the last return/report. s at the beginning of the plan year account balances as of the end of the plan articipants at the beginning of the plan year articipants at the end of the plan year erminated employment during the plan year	ast return/report filed fo plan year (defined bene ear	fit plans do not	3b Admi 3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1)	nístrator's E	elephone number 43 24 24			
<ul> <li>3a Plan administrator's name a</li> <li>4 If the name and/or EIN of the name, EIN, and the plan not a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active participants that the less than 100% vested.</li> </ul>	te plan sponsor has changed since the la imber from the last return/report. Is at the beginning of the plan year account balances as of the end of the plan articipants at the beginning of the plan year erminated employment during the plan year	ast return/report filed fo plan year (defined bene ear	r this plan, enter the fit plans do not fits that were	3b         Admi           3c         Admi           3c         Admi           4b         EIN           4c         PN           5a         5b           5c         5d(1)           5d(2)         5e	nistrator's E	elephone number 43 24 24			
<ul> <li>3a Plan administrator's name a</li> <li>4 If the name and/or EIN of the name, EIN, and the plan not a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants</li> <li>c Number of participants with complete this item)</li> <li>d(1) Total number of active participants of participants that the less than 100% vested.</li> <li>Caution: A penalty for the late Under penalties of perjury and o</li> </ul>	The plan sponsor has changed since the later from the last return/report. Is at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year erminated employment during the plan year or incomplete filing of this return/rep ther penalties set forth in the instructiones ind signed by an enrolled actuary, as we	ast return/report filed fo plan year (defined bene ear year with accrued bene ort will be assessed i 5. I declare that I have	fit plans do not fit plans do not fits that were	3b         Admi           3c         Admi           3c         Admi           4b         EIN           4c         PN           5a         5b           5c         5d(1)           5d(2)         5e           see is estab         ort. includer	nistrator's E nistrator's t lished.	elephone number 43 24 24 24 37 4 1 this a Schedule			
<ul> <li>3a Plan administrator's name a</li> <li>4 If the name and/or EIN of the name, EIN, and the plan not a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active participants that is the stan 100% vested.</li> <li>Caution: A penalty for the late Dinder penalties of perjury and o SB or Schedule MB completed a belief, it is true, correct, and com SIGN</li> </ul>	The plan sponsor has changed since the later from the last return/report. Is at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year erminated employment during the plan year or incomplete filing of this return/rep ther penalties set forth in the instructiones ind signed by an enrolled actuary, as we	ast return/report filed fo plan year (defined bene ear year with accrued bene ort will be assessed i 5. I declare that I have	fit plans do not fit plans do not fits that were unless reasonable cau examined this return/report	3b         Admi           3c         Admi           3c         Admi           4b         EIN           4c         PN           5a         5b           5c         5d(1)           5d(2)         5e           see is estab         ort. includer	nistrator's E nistrator's t lished.	elephone number 43 24 24 24 37 4 1 this a Schedule			
<ul> <li>3a Plan administrator's name a</li> <li>4 If the name and/or EIN of the name, EIN, and the plan not a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active participants that is the stan 100% vested.</li> <li>Caution: A penalty for the late a Dellef, it is true, correct, and corrects</li> <li>Sign With With Stand Standard Standard</li></ul>	te plan sponsor has changed since the la imber from the last return/report. Is at the beginning of the plan year account balances as of the end of the plan account balances as of the end of the plan year articipants at the beginning of the plan year erminated employment during the plan y or incomplete filing of this return/rep ther penalties set forth in the instructions and signed by an enrolled actuary, as we plete	ast return/report filed fo plan year (defined bene ear year with accrued bene ort will be assessed i 5. I declare that I have	fit plans do not fit plans do not fits that were	3b         Admi           3c         Admi           3c         Admi           4b         EIN           4c         PN           5a         5b           5c         5d(1)           5d(2)         5e           se is estab         set is estab	nistrator's f nistrator's t lished. g, if applica best of my	elephone number 43 24 24 24 37 4 1 sble, a Schedule knowledge and			
<ul> <li>3a Plan administrator's name a</li> <li>4 If the name and/or EIN of the name, EIN, and the plan not a Sponsor's name</li> <li>5a Total number of participant:</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active participants of participants with complete this item)</li> <li>d(2) Total number of active participants that the less than 100% vested.</li> <li>Caution: A penalty for the late Date penalties of perjury and o SB or Schedule MB completed a belief. It is true, correct, and com SIGN HERE</li> <li>Signature of plan a SIGN</li> </ul>	te plan sponsor has changed since the la imber from the last return/report. Is at the beginning of the plan year account balances as of the end of the plan account balances as of the end of the plan year articipants at the beginning of the plan year erminated employment during the plan y or incomplete filing of this return/rep ther penalties set forth in the instructions and signed by an enrolled actuary, as we plete	ast return/report filed fo plan year (defined bene ear year with accrued bene ort will be assessed to s, I declare that I have o il as the electronic year	fit plans do not fit plans do not fits that were unless reasonable cau examined this return/report Emily Lee	3b         Admi           3c         Admi           3c         Admi           4b         EIN           4c         PN           5a         5b           5c         5d(1)           5d(2)         5e           se is estab         set is estab	nistrator's f nistrator's t lished. g, if applica best of my	elephone number 43 24 24 24 37 4 1 sble, a Schedule knowledge and			
<ul> <li>3a Plan administrator's name a</li> <li>4 If the name and/or EIN of the name, EIN, and the plan not a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active participants that is less than 100% vested.</li> <li>C Number of participants that is less than 100% vested.</li> <li>Caution: A penalty for the late under penalties of perjury and o SB or Schedule MB completed a belief. It is true, correct, and com SIGN HERE</li> <li>Signature of plan a SIGN HERE</li> </ul>	The plan sponsor has changed since the lating of the plan year in the last return/report. Is at the beginning of the plan year is at the end of the plan year is at the end of the plan year is account balances as of the end of the plan year is articipants at the beginning of the plan year is articipants at the end of the plan year is articipants at the plan year is articipants at the plan year is articipants at the end of the plan year is articipants at the plan year is arti	ast return/report filed for an year (defined bene ear	fit plans do not fit plans do not fits that were unless reasonable cau examined this return/report Emily Lee Enter name of individu	3b       Admi         3c       Admi         3c       Admi         4b       EIN         4c       PN         5a       5b         5c       5d(1)         5d(2)       5e         see is estab       set is estab         sort, includir       and to the         Jal signing a       and to the	nistrator's f nistrator's t lished. g, if applica best of my	elephone number 43 43 24 24 24 37 4 1 sble, a Schedule knowledge and			
<ul> <li>3a Plan administrator's name a</li> <li>4 If the name and/or EIN of the name, EIN, and the plan not a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active participants that is less than 100% vested.</li> <li>C Number of participants that is less than 100% vested.</li> <li>Caution: A penalty for the late Under penalties of perjury and o SB or Schedule MB completed a belief. It is true, correct, and com SIGN HERE</li> <li>Signature of plan a SIGN HERE</li> </ul>	the plan sponsor has changed since the later the plan sponsor has changed since the later the plan year in the last return/report. Is at the beginning of the plan year is at the end of the plan year is at the end of the plan year is account balances as of the end of the plan year is account balances as of the plan year is at the beginning of the plan year is at the beginning of the plan year is account balances at the beginning of the plan year is account balances as of the plan year is account balances as of the end of the plan year is account balances as of the plan year. Is account balances as of the plan year is account balances as of the plan year is account balances as of the plan year is account balances as of the plan year. Is account balances as of the plan year is account balances as of the plan year. Is account balances as of the plan year is account balances as of the plan year. Is account balances as of the plan year is account balances as of the plan year. Is account balances as of the plan year is account balances as of the plan year. Is account balances as of the plan year is account balances as of the plan year. Is account balances as of the plan year weis account balan	ast return/report filed for an year (defined bene ear	fit plans do not fit plans do not fits that were unless reasonable cau examined this return/report Emily Lee Enter name of individu	3b       Admi         3c       Admi         3c       Admi         4b       EIN         4c       PN         5a       5b         5c       5d(1)         5d(2)       5e         se is estab       sort, includir, and to the         Jal signing a       Jal signing a	nistrator's f nistrator's t lished. g, if applica best of my rs plan adm	elephone number 43 43 24 24 24 37 4 1 sble, a Schedule knowledge and			
<ul> <li>3a Plan administrator's name a</li> <li>4 If the name and/or EIN of the name, EIN, and the plan not a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active participants that the less than 100% vested.</li> <li>C Number of participants that the less than 100% vested.</li> <li>Caution: A penalty for the late Under penalties of perjury and o SB or Schedule MB completed a belief, it is true, correct, and com SIGN HERE</li> <li>Signature of plan a Signature of employments in the signature is the signature of employments in the signature is the signature in the signature is the sis the signature is the signature is the signature is</li></ul>	The plan sponsor has changed since the lating of the plan year in the last return/report. Is at the beginning of the plan year is at the end of the plan year is at the end of the plan year is account balances as of the end of the plan year is articipants at the beginning of the plan year is articipants at the end of the plan year is articipants at the plan year is articipants at the plan year is articipants at the end of the plan year is articipants at the plan year is arti	ast return/report filed for an year (defined bene ear /ear with accrued bene ort will be assessed ill as the electronic vers Date 7/17/15 Date = roorn or suite number	fit plans do not fit plans do not fits that were unless reasonable cau examined this return/report Emily Lee Enter name of individu Enter name of individu	3b       Admi         3c       Admi         3c       Admi         4b       EIN         4c       PN         5a       5b         5c       5d(1)         5d(2)       5e         se is estab       sort, includir, and to the         Jal signing a       Jal signing a	nistrator's f nistrator's t lished. g, if applica best of my rs plan adm	elephone number 43 43 24 24 24 37 4 1 sble, a Schedule knowledge and inistrator or plan sponsor			

Page	2
1 000	a

.

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepei and condi	ndent qualified public accounta tions.)	ınt (İQ	PA)		
с	If you answered "No" to either line 6a or line 6b, the plan cannot If the plan is a defined benefit plan, is it covered under the PBGC in						
	t III Financial Information			, ,	لاسا		أسنا احتما مرجعين المرجعين المرجع
7	Plan Assets and Liabilities		(a) Beginning of Yea	۲r		1994: Paulskanskanska	(b) End of Year
a	Total plan assets	7a	2,54		7		1,089,925
	Total plan liabilities	7b		<u> </u>			
	Net plan assets (subtract line 7b from line 7a)	7c	2,545	5,76	1		1,089,925
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		enini ana an		(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)		),00			
	(2) Participants	8a(2)	91	7,73	1		
P_	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	<ul> <li>And the second constraints and the second s</li></ul>	) <u>,81</u>			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					248,544
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,682	2.09	1		
	Certain deemed and/or corrective distributions (see instructions)	8e		5,80	2002		
f	Administrative service providers (salaries, fees, commissions)	8f		5,48	1.1.1.		
1999 (1999 (1999 (1999 (1999 (1999 (1999 (1999 (1999 (1999 (1999 (1999 (1999 (1999 (1999 (1999 (1999 (1999 (199	Other expenses	8g		57 10	-		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,704,380
	Net income (loss) (subtract line 8h from line 8c)	8i					-1,455,836
	Transfers to (from) the plan (see instructions)	8j				0.54	
Par	t IV Plan Characteristics					of 100000000	an na mita ta t
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Cod	les in t	he instructions:
Parl	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	rection Program)	10a		X	· ·
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
C	Was the plan covered by a fidelity bond?			10c	х		500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		X	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x	· .
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	Х		·
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	(See instru	uctions and 29 CFR	10h			, 
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne required	d notice or one of the	101		X	
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500 and line 11a below)						(Form
11a	Enter the unpaid minimum required contribution for current year fro	om Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)				
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.				and e	nter th Day	ne date of the letter ruling Year

Form	5500-SF	2014
------	---------	------

Page 3 -

lfy	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	s 🔲	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	500 40 54 60 <b>6</b> 64 60 <b>6</b> 60 60 60 60 60 60 60 60 60 60 60 60 60			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	r the	control			] Yes	No No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pl which assets or liabilities were transferred. (See instructions.)	an(s)	to				
1	3c(1) Name of plan(s):	1	3c(2) E	IN(s)	·	13c(3)	PN(s)
Part	VIII Trust Information (optional)						
14a I	Name of trust		14b ⊤	rust's E	ÍN		