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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I	Annual Repor	rt Identification Information	on					
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01	/2014	and ending 12	2/31/2014			
A This re	eturn/report is for:	X a single-employer plan		er plan (not multiemployer) nployer information in accor	,			
		a one-participant plan	a foreign plan					
B This ref	turn/report is	the first return/report	the final return/repo	ort				
		an amended return/report	a short plan year re	eturn/report (less than 12 m	nonths)			
C Check	box if filing under:	X Form 5558	automatic extension	on	☐ DFVC p	program		
		special extension (enter de	scription)					
Part II	Basic Plan In	formation—enter all requested	information					
1a Name	'				1b Three-digi			
KING ELEC	CTRICAL MANUFAC	TURING COMPANY 401(K) SALA	RY REDUCTION PLAN &	R TRUST	plan numb (PN) ▶	oer 001		
					1c Effective of			
						01/01/1999		
	sponsor's name and a	address; include room or suite nur	nber (employer, if for a sin	ngle-employer plan)		Identification Number		
MINO ELLO	TITIOAL WANGI AGT	ONING COMIT AINT			(=:::)	91-0724644		
0131 - 10TL	HAVENUE SOUTH				-	telephone number 06-762-0400		
SEATTLE, V					2d Business code (see instruction			
-						811210		
3a Dlan	administrator's name	and address XSame as Plan Spo	onsor.		3b Administra	ator's EIN		
Ja Flall								
Ja Flall					3c Administra	ator's telephone number		
Ja Flalla					3c Administra	ator's telephone number		
Ja Flank					3c Administra	ator's telephone number		
Ja Flanc					3c Administra	ator's telephone number		
	nome and/or FIN of		oo the loot voture/recent file	and for this plan contar the		ator's telephone number		
4 If the		the plan sponsor has changed sind number from the last return/report.	ce the last return/report file	ed for this plan, enter the	4b EIN	ator's telephone number		
4 If the name	e, EIN, and the plan r sor's name	number from the last return/report.	· 	· 	4b EIN 4c PN	·		
4 If the name a Spons 5a Total	e, EIN, and the plan r sor's name number of participan	number from the last return/report.	ır		4b EIN 4c PN 5a	·		
4 If the name a Spons 5a Total b Total	e, EIN, and the plan r sor's name number of participan number of participan	ts at the beginning of the plan year	ır		4b EIN 4c PN 5a	ator's telephone number 64 54		
4 If the name a Spons 5a Total b Total c Numl	e, EIN, and the plan r sor's name number of participan number of participan ber of participants wit	number from the last return/report.	of the plan year (defined b	penefit plans do not	4b EIN 4c PN 5a	64		
4 If the name a Spons 5a Total b Total C Numl comp	e, EIN, and the plan r sor's name number of participan number of participan ber of participants wit lete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined b	penefit plans do not	4b EIN 4c PN 5a 5b	64 54		
4 If the name a Spons 5a Total b Total c Numl comp d(1) To	e, EIN, and the plan r sor's name number of participan number of participan ber of participants wit lete this item)	ts at the beginning of the plan yearts at the end of the plan yearh	of the plan year (defined b	penefit plans do not	4b EIN 4c PN 5a 5b 5c	64 54 16		
4 If the name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb	e, EIN, and the plan resor's name number of participant number of participants with plete this item)	ts at the beginning of the plan years at the end of the plan year h account balances as of the end coarticipants at the beginning of the plan year ticipants at the end of the plan year terminated employment during the	of the plan year (defined be plan year	penefit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	64 54 16 60 50		
4 If the name a Spons 5a Total b Total comp d(1) To d(2) To e Numb less the	e, EIN, and the plan resor's name number of participants with plate this item)	ts at the beginning of the plan years at the end of the plan years at the end of the plan yearh account balances as of the end participants at the beginning of the plan year terminated employment during the	of the plan year (defined be plan yearyearyearyearyear year with accrued be	penefit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	64 54 16 60 50		
4 If the name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less ti Caution: Under per	e, EIN, and the plan resor's name number of participants with plate this item)	ts at the beginning of the plan year at the end of the plan year the account balances as of the end participants at the beginning of the plan year terminated employment during the eor incomplete filling of this retother penalties set forth in the institution.	of the plan year (defined by plan year	penefit plans do not penefits that were sed unless reasonable car ave examined this return/re	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if a	64 54 16 60 50 0		
4 If the name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less to Caution: Under per	e, EIN, and the plan resor's name number of participants with plate this item)	ts at the beginning of the plan year at the end of the plan year the account balances as of the end participants at the beginning of the plan year terminated employment during the eor incomplete filling of this retother penalties set forth in the instand signed by an enrolled actuary	of the plan year (defined by plan year	penefit plans do not penefits that were sed unless reasonable car ave examined this return/re	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if a	64 54 16 60 50 0		
4 If the name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less the Caution: Under per SB or Sch belief, it is SIGN	e, EIN, and the plan resor's name number of participant number of participants with plete this item)	ts at the beginning of the plan year at the end of the plan year the account balances as of the end participants at the beginning of the plan year terminated employment during the eor incomplete filling of this retother penalties set forth in the instand signed by an enrolled actuary	of the plan year (defined by plan year	penefit plans do not penefits that were sed unless reasonable car ave examined this return/re	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if a	64 54 16 60 50 0		
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4 If the name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less the Caution: Under per SB or Sch belief, it is SIGN HERE	e, EIN, and the plan resor's name number of participant number of participants with the plant of active potal number of participants that then 100% vested A penalty for the late active potal number of perjury and needule MB completed the true, correct, and confidence of plant signature of plant	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined by plan year	penefit plans do not penefits that were sed unless reasonable care eversion of this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established export, including, if a cit, and to the best dual signing as place.	64 54 16 60 50 0 ed. applicable, a Schedule of my knowledge and		
4 If the name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan resor's name number of participant number of participants with the plant of active potal number of participants that the handless of perjury and active potal number of prigram active potal number of prigram active potal number of potal number of plants. Signature of participants with potal number of participants that the plants of participants are provided in the plants of participants. Signature of participants with participants of participants are provided in the plants of participants of participants.	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined by plan year	penefit plans do not penefits that were penefits that were penefits that were perefits that were penefits that were pene	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established a sport, including, if a ret, and to the best dual signing as planting as	64 54 16 60 50 0 applicable, a Schedule of my knowledge and an administrator		
4 If the name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan resor's name number of participant number of participants with the plant of active potal number of participants that the handless of perjury and active potal number of prigram active potal number of prigram active potal number of potal number of plants. Signature of participants with potal number of participants that the plants of participants are provided in the plants of participants. Signature of participants with participants of participants are provided in the plants of participants of participants.	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined by plan year	penefit plans do not penefits that were penefits that were penefits that were perefits that were penefits that were pene	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established a sport, including, if a ret, and to the best dual signing as planting as	64 54 16 60 50 0 ed. applicable, a Schedule of my knowledge and		
4 If the name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan resor's name number of participant number of participants with the plant of active potal number of participants that the handless of perjury and active potal number of prigram active potal number of prigram active potal number of potal number of plants. Signature of participants with potal number of participants that the plants of participants are provided in the plants of participants. Signature of participants with participants of participants are provided in the plants of participants of participants.	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined by plan year	penefit plans do not penefits that were penefits that were penefits that were perefits that were penefits that were pene	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established a sport, including, if a ret, and to the best dual signing as planting as	64 54 16 60 50 0 applicable, a Schedule of my knowledge and an administrator		
4 If the name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan resor's name number of participant number of participants with the plant of active potal number of participants that the handless of perjury and active potal number of prigram active potal number of prigram active potal number of potal number of plants. Signature of participants with potal number of participants that the plants of participants are provided in the plants of participants. Signature of participants with participants of participants are provided in the plants of participants of participants.	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined by plan year	penefit plans do not penefits that were penefits that were penefits that were perefits that were penefits that were pene	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established a sport, including, if a ret, and to the best dual signing as planting as	64 54 16 60 50 0 applicable, a Schedule of my knowledge and an administrator		

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b	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 a If you answered "No" to either line 6a or line 6b, the plan cann	an indepen and condition ot use For	dent qualified public accounta ons.) m 5500-SF and must instead	int (IQ d d use	PA) Form	5500.			X Ye	s	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA section 40)21)?		Yes	No	∐ N	ot dete	ermin	ied
Par	t III Financial Information	1 1			1						
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) Eı	nd of		074	
	Total plan assets	7a	8430)22					811	874	
	Total plan liabilities	7b	8430	122					811	874	
	Net plan assets (subtract line 7b from line 7a)	7c					/h	\ Tota		01 1	
	Contributions received or receivable from:		(a) Amount				(D) Tota	11		
	(1) Employers	8a(1)		171							
	(2) Participants	8a(2)	286	884							
	(3) Others (including rollovers)	8a(3)	075	74							
	Other income (loss)	. 8b	275	0/1							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							63	3426	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	856	895							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	88	379							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								574	
	Net income (loss) (subtract line 8h from line 8c)	8i							-31	148	
Par	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	8j									
b	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature code	es from the List of Plan Charac	cterist	ic Coc	les in t	he instru	ıction	s:		
10	During the plan year:				Yes	No		Αı	nount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		•	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					8	5000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			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 bene	efits under the plan? (See	10e	X					;	3339
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X					
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 the 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)								Ye	s X	No
_11a	Enter the unpaid minimum required contribution for current year fr	om Schedu	ule SB (Form 5500) line 39			11a		1			
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ection :	302 of	ERISA?		Ye	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•				<u> </u>	• • •			
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter th Day			letter i ear	ruling	ļ

	Form 5500-SF 2014	Page 3 - 1					
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year	ar		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the res negative amount)		of a ,	12d			
е	Will the minimum funding amount reported on line 12d be met by the fund	ding 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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employe	er this year	1	I3a			
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?		under the co	ntrol		Ye	es X No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify t	he plan(s) to				
1	3c(1) Name of plan(s):		13c	(2) EI	N(s)	13c	(3) PN(s)
Part	VIII Trust Information (ontional)						

14b Trust's EIN 912009316

14a Name of trust
KING ELECTRICAL MANUFACTURING COMPA

Form 5500-SF

Department of the Treatury Internal Revenue Service

Department of Labor Employee Benedits Security Administration Pension Benefit Quarterly 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 Retrement Income Security Act of 1974 (ERISA), and section 8057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-8F.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

I P	irtii Annual Repo	rt Identification Information	<u></u>				
	calendar plan year 2014 or		01/01/2014	and ending	12/31	/2014	
A	This return/report in for:	a single-employer plan	of participating emp	plan (not multiemployer) loyer information in accord	(Filera check Janca with th	ing this bo se form inst	k must attach a list ructions)
_		a one-participant plan	a foreign plan	_1			
B	This return/report is:	the first return/report	the final return/repo		أحطفهم		
		an amended return/report	a short plan year re	tum/report (less than 12 m	ictinia)		
C	Check box if filing under:	x Form 5558	automatic extension	1		VC progra	m
Pilia	sarensi – tot to	<u> </u>			····		
		formation enter all requested	information		1b Thre	e-diait	
ıa	Name of plan King Electrical M	anufacturing Company 401	(k) Salary Reduc	tion Plan & Tru	plan (PN)	number ►	001
					01/	tive date of 01/1999	
2a	Plan sponsor's name and King Electrical M	address; include room or suite numb anufacturing: Company	er (employer, if for a sing	l e-e mploy e r plan)		loyer Identi) 91–072	fication Number 24644
						15or's telepi 6) 762-0	hone number 0400
	9131 - 10th Avenue Sou	th.			2d Busk 911:		sea Instructions)
3a	US SEATTLE NA 98108 Plac administrators name	and address X Same as Plan Sp	onsor Name		3b Admi	inistrator's I	EIN
4.	If the name and/or EIN of name, EIN, and the plan n	the plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN		
a	Sponsor's name				4c PN		
5a	Total number of participan	ts at the beginning of the plan year	***************************************	·*************************************	5a		64
b		ts at the end of the plan year			5b		54
C	Number of participants with complete this item)	h account balances as of the end of	the plan year (defined be	nefit plans do not	5c		16
d('	1) Total number of active p	articipants at the beginning of the pla	іл уевг	i4+m+++++++++++++++++++++++++++++++++++	5d(1)		60
ď	2). Total number of active o	articipants at the end of the plan yea	Г миниционня миницион	, ohoo roj a pa j da moonar provincen mana est maj s	5d(2)		50
8	Number of participants the	it terminated employment during the	plan year with accrued by	enalits that were	5e		Ö
Cou	ution: A namely for the la	te or incomplete filing of this retur	n/report will be assess	d unioss reasonable ca	use is actab	ilahed.	
Uni	der negalities of negigny and	other penalties set forth in the instru I and signed by an envolled actuary,	ctions, I declare that I ha	ve examined this return/re	port, includir	ng, if applic	able, a Schedu le knowledge and
Jadye	Malaka A Kama	Lotte		Robert E. Wilso	n		
100000	GN RE Signature of plan ad	(ministrator	Date /0/15/15	Enter name of individu	al signing as	pian admir	nistrator
-Selection		HINITAL MICE.					
	GN		Date	Enter name of individu	al signing as	employer	or plan sponsor
	RE Signature of employ	n name, if applicable) and address; is					number (optional)
Fie	parer s name (moverny am	тпана, п аррожету зна востову, ч		,		•	,

	Form 5500-SF 2014		Page 2		•			
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
	Are you claiming a walver of the annual examination and report of a			(IQP/	A)		,	
	under 29 CFR 2520.104-48? (See instructions on waiver eligibility a	nd conditio	ons.)				XYes 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. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?							
Complement	organistical	sulative h	Ogiani (860 Elitori 8600011 402	'''			LING LING COLCUMNO	
P	nt III Financial Information		(a) Beginning of Vos		т—		(b) End of Year	
7_	Plan Assets and Liabilities		<u> </u>		+-		811,874	
<u>a</u>	Total plan assets	7a 7b	843,0		+		011,074	
	Total plan liabilities							
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount		1		811,874 (b) Total	
a	Contributions received or receivable from:			7.				
	(1) Employers	8a(1)	7,1					
	(2) Participants	8a(2) 8a(3)	20,0	U 78				
	(3) Others (including rollovers)	8b	27,5	71	936083			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					63,426	
	Benefits paid (including direct rollovers and insurance premiums		and the control of th			1, 1		
	(o provide benefits)	8d	95,6	95				
	Certain deemed and/or corrective distributions (see instructions)	8e	0.0	7.0	4.0			
	Administrative service providers (salaries, fees, commissions)	8f	8,6	79				
	Other expenses	8g					94,574	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					(31,148)	
	Net income (loss) (subtract line 8h from line 8c)	81					(32/240/	
C104-007	Transfers to (from) the plan (see Instructions)	<u> 0j</u>	<u> </u>					
	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Charact	eristic	Code	s in the	e instructions:	
»a	2E 2F 2G 2J 2K 3D	amic cour	pp 110111 are that of 1 test community		, 5525		, 11000000110,	
h	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	ristic (Codes	In the	instructions:	
	ti uta pian pidades aditale beisente, enter die approame actione ide							
Pa	rt.V Compliance Questions							
10	During the plan year:		·····	-	Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contribut	ions within	the time period described in					
	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduc			10a	<u> </u>	×		
b	Were there any nonexampt transactions with any party-in-interest:			10b		ж		
	Was the plan covered by a fidelily bond?					1 ** 1		
d				10c	х	-	85,000	
	Did did pitti fitte a 1000, fittetici di fitti ombaloca of dia pieri -	idelity bon	d, that was caused by fraud	10c	х		85,000	
_	or dishonesty?	*******	d, that was caused by fraud	10c	х	х	85,000	
е	or dishonesty?	er persons	d, that was caused by fraud		х		85,000	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of	er persons of the bene	d, that was caused by fraud by an insurance carrier, efits under the plan? (See				85,000 3,339	
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all clinstructions.)	er persons of the bene	of, that was caused by fraud by an insurance camer, edits under the plan? (See	10d				
f	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all clinstructions.) Has the plan falled to provide any benefit when due under the plan	er persons of the bene	od, that was caused by fraud by an insurance carrier, afts under the plan? (See	10d 10e 10f		х		
f g	or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all cinstructions.) Has the plan falled to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	er persons of the bene of year e	d, that was caused by fraud by an insurance camer, edits under the plan? (See	10d 10e		x		
f	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 plan Did the plan have any participant loans? (if "Yes," enter amount at	er persons of the bene i? of year e	td, that was caused by fraud the by an insurance carrier, effits under the plan? (See	10d 10e 10f		x		
f g	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 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? (er persons of the bene of the bene of year er See instru	by an insurance carrier, afts under the plan? (See	10d 10e 10f 10g		x		
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Page 3-L					
ule MB (Form 6500), and skip to	o line 13.				
*************************************	************	12b			
is plan year	**************************	12c			
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y the funding deadline?			Yes [No NA	
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ı year?	*******************	🔲 Ү	es 🗵 N	0	
e employer this year	*************	13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co					
from this plan to another plan(s),	, identify the plan(i) to			
		13c(2) EIN	(s)	13c(3) PN(s)	
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	is plan year	is plan year ter the result (enter a minus sign to the left of a by the funding deadline? ts lyear? e employer this year les, transferred to another plan, or brought under the	s plan year	ter the result (enter a minus sign to the left of a semployer this year semployer this year semployer this year semployer this plan to another plan, or brought under the control from this plan to another plan(s), identify the plan(s) to 13c(2) EIN(s)	