Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN HERE 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/20)15	and ending 12/31/2	2015	
A This retu	urn/report is for:	a single-employer plan a one-participant plan		lan (not multiemployer) (File ployer information in accord	_	
B This retu	rn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 months	\$)	
C Check b	oox if filing under:	Form 5558 special extension (enter descrip	automatic extension otion)		DFVC prog	ram
Part II	Basic Plan Info	ormation—enter all requested info	ormation			
1a Name	of plan	D BENEFIT PENSION PLAN		1b	Three-digit plan number (PN)	002
				10	Effective date o	f plan 1/2003
Mailing	address (include room	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O.			Employer Identi (EIN) 91-1	fication Number 527405
LLAN ELEC		e, country, and ZIP or foreign posta	i code (ii foreign, see instr	2c	Sponsor's telep 509-5	hone number 82-6770
	CANAL DR.			2 d	Business code	see instructions)
ENNEWICK	, WA 99336				2382	210
3a Plan ac	dministrator's name ar	nd address XSame as Plan Sponso	or.	3b	Administrator's	EIN
4 If the n	ame and/or EIN of the	o plan appagar has abangad since th	as lost ratura/report filed for			telephone number
name,	EIN, and the plan nur	e plan sponsor has changed since the mber from the last return/report.	ie iast retum/report nied it		EIN	
a Sponso					PN 5a	4
_		at the beginning of the plan year			5b	4
C Number	er of participants with	account balances as of the end of th	ne plan year (defined bene	efit plans do not	5c	·
	,	rticipants at the beginning of the pla		_	d(1)	2
		articipants at the end of the plan year		_	d(2)	2
than 1	00% vested	terminated employment during the p	•		5e	0
		or incomplete filing of this return/				
SB or Sche	, , ,	her penalties set forth in the instruct nd signed by an enrolled actuary, as plete.	•	•	0	·
SIGN	Filed with authorized/	/valid electronic signature.	07/05/2016	ANTHONY EDWARDS		
HERE	Signature of plan a	administrator	Date	Enter name of individual si	gning as plan adr	ninistrator

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Fo	rm 5500-SF 2015		Page 2							
b Are you cl under 29	of the plan's assets during the plan year invested in eligible aiming a waiver of the annual examination and report of CFR 2520.104-46? (See instructions on waiver eligibility swered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public a	ccount	ant (IQ	PA)			X Yes X Yes	No No
	is a defined benefit plan, is it covered under the PBGC in						-	No 🗌	Not determ	nined
Part III F	inancial Information	-								
	ts and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
	assets	. 7a	(a) = 0 g		3281			(2) = 114	87505	57
b Total plan	liabilities				0					0
C Net plan a	ssets (subtract line 7b from line 7a)	. 7с		903	3281				87505	7
8 Income, E	xpenses, and Transfers for this Plan Year		(a) Amou	unt				(b) T	otal	
	ons received or receivable from: oyers	. 8a(1)								
(2) Partic	ipants	. 8a(2)								
(3) Others	s (including rollovers)	. 8a(3)								
b Other inco	me (loss)	. 8b		-16	394					
	me (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							-1639	14
	aid (including direct rollovers and insurance premiums benefits)	. 8d								
	emed and/or corrective distributions (see instructions)	. 8e								
f Administra	ative service providers (salaries, fees, commissions)	. 8f		11	830					
g Other exp	enses	. 8g								
h Total expe	enses (add lines 8d, 8e, 8f, and 8g)	. 8h							1183	80
i Net incom	e (loss) (subtract line 8h from line 8c)	. 8i							-2822	!4
j Transfers	to (from) the plan (see instructions)	8j								
Part IV I	Plan Characteristics									
9a If the plar	n provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteris	stic Co	des in t	he instruc	tions:	
	n provides welfare benefits, enter the applicable welfare f	feature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	e instructi	ions:	
Part V Co	mpliance Questions									
10 During th	ne plan year:				Yes	No	N/A		Amount	
describe	re a failure to transmit to the plan any participant contribued in 29 CFR 2510.3-102? (See instructions and DOL's \ n)	oluntary F	Fiduciary Correction	10a		X				
	ere any nonexempt transactions with any party-in-interest									
reported	on line 10a.)			10b		X				
C Was the	plan covered by a fidelity bond?			10c		X				
by fraud	olan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
carrier, ii	y fees or commissions paid to any brokers, agents, or oth nsurance service, or other organization that provides son? (See instructions.)	ne or all of	the benefits under	10e		X				
	plan failed to provide any benefit when due under the pla			10f		X				
q Did the p	blan have any participant loans? (If "Yes," enter amount a	as of year e	end.)			Χ				
h If this is	an individual account plan, was there a blackout period? 1-3.)	(See instru	uctions and 29 CFR	10g 10h		X				
i If 10h wa	as answered "Yes," check the box if you either provided the stop providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10ii						
	plan trust incur unrelated business taxable income?			10j						
Part VI Pe	nsion Funding Compliance									
	defined benefit plan subject to minimum funding requirem d line 11a below)	•			•			•	X Yes	No
11a Enter the	unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			0
12 Is this a	defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction :	302 of F	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal	
b	Enter ti	he minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No
С	If duri	PBGC?ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifications are considered from the plan to another plan(s) and the plan to another plan (s).				<u> </u>	
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(s)		13c(3) F	PN(e)
	100(1)	tuno oi piuntoj.	130(2)	L114(3)		130(3)	· v (3)
Dant		Turnet lafe una eti a c					
Part	Name c	Trust Information		14h 1	Γrust's Ell	N	
ı T a	Name C	n trust		175	iusi s Lii	14	
14c	Name	of trustee or custodian				s or custodia e number	an's
					tolophon	o mambon	
Par	t IX	IRS Compliance Questions		ı			
15a	Is the	plan a 401(k) plan?		Ye	s	No	
					esign-		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			ased safe arbor	∐ ADF test	P/ACP
450					ethod		
150		.DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4		∐ Ye	S	No	
	2(a)(2)	(ii))?		□ Ri	atio		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con must have any other plans under the permissive aggregation rules?		Ye	s	No	
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plants of the plants of the favorable letter/ and the letter's serial representations.		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Yes	\$	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
		," enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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).

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

	File as an attachmen	t to Form 5500	or 5500-SF.			
For	calendar plan year 2015 or fiscal plan year beginning 01/01/2015		and endir	g 12/31	1/2015	
▶ F	Round off amounts to nearest dollar.					
) (Caution: A penalty of \$1,000 will be assessed for late filing of this report ur	nless reasonable	e cause is establishe	d.		
	ame of plan		B Three-dig	it		
ALL	AN ELECTRIC, INC. DEFINED BENEFIT PENSION PLAN		plan numb	er (PN)	•	002
C D	lan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer I	dontificati	on Number (E	INI)
	AN ELECTRIC, INC.		Employer	91-1527	•	IIN)
7 (3.44 2223 1440, 1440.			91-1321	+05	
Fτ	ype of plan: X Single	ior vear plan size	e: X 100 or fewer	101-50	0 More th	an 500
		ioi your plan oizi	o. / 100 or 101101		o 🔲 iviolo an	aii 000
Pa 4		V 201E				
2	Enter the valuation date: Month 12 Day 31	_ Year <u>2015</u>				
2	Assets:			. 2a		723896
				-		
	b Actuarial value		(4) N a a a f	. 2b		723896
3	Funding target/participant count breakdown		(1) Number of participants	. ,	ed Funding Irget	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment		0	10	0	
	b For terminated vested participants		2		10774	
	C For active participants		2		624558	10774
	·					631294
	d Total		4		635332	642068
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)					
	a Funding target disregarding prescribed at-risk assumptions			. 4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition at-risk status for fewer than five consecutive years and disregarding			4b		
5	Effective interest rate			. 5		5.38%
6	Target normal cost			. 6		62619
	ement by Enrolled Actuary			<u>., , , , , , , , , , , , , , , , , , , </u>		323.3
Т	to the best of my knowledge, the information supplied in this schedule and accompanying schedules					
	ccordance with applicable law and regulations. In my opinion, each other assumption is reasonable ombination, offer my best estimate of anticipated experience under the plan.	(taking into account	the experience of the plan a	and reasonal	ne expectations) a	nd such other assumptions, in
S	IGN					
	ERE				05/10/20	116
	Signature of actuary				Date	
DAN	IIEL J. VAN MIEGHEM				14-0229	90
	Type or print name of actuary			Most re	cent enrollme	
PYR	AMID PENSION SERVICES				805-845	-1630
	Firm name		Te	lephone r	umber (includ	ling area code)
	BOX 8088				(- 22	÷ -,
GUL	ETA, CA 93118					
	Address - Cib - Poss					
	Address of the firm					

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

Page	2	_

Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding B	Balances						
							(a) (Carryover balance		(b) i	Prefund	ing balance
7		Ū	0 , ,		cable adjustments (line 13				0			22144
8				,	unding requirement (line 35				0			0
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)					0			22144
10	Interest	t on line 9	using prior year's	actual ret	urn of <u>3.47</u> %				0			768
11					to prefunding balance:							
	a Prese	ent value	of excess contribu	utions (line	38a from prior year)							43431
	b(1) Ir	nterest or	the excess, if any	y, of line 38	Ba over line 38b from prior ye interest rate of5.30%.	year						
	b(2) Ir	nterest or	line 38b from prid	or year Sch	nedule SB, using prior year	's actual						0
												0
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding bala	ınce						43431
	d Porti	on of (c)	to be added to pre	funding ba	alance					(
					s or deemed elections				0			0
13	Balance	e at begir	nning of current ye	ar (line 9 +	- line 10 + line 11d – line 12	2)			0			22912
Pa	art III	Fun	ding Percenta	ages								
14	Funding	g target a	ttainment percent	age							14	109.29 %
15	Adjuste	ed funding	g target attainmen	t percentag	je						15	102.71 %
16	-		• •		of determining whether ca		-	•		e 	16	122.41 %
17	If the co	urrent val	ue of the assets o	f the plan is	s less than 70 percent of th	ne funding targ	et, enter s	such percentage			17	%
Pá	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and em	ployees:						
(M	(a) Dat M-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount pa employer((0		ınt paid by loyees
(101	IVI DD 1	111)	employer	.3)	employees	(IVIIVI)	,	employer	<u></u>		СПР	loyees
				- 1		Totals ▶	18(b)		C	18(c)		0
19	Discou	nted emp	loyer contributions	s – see inst	tructions for small plan with	n a valuation da	ate after th	ne beginning of the	e year:			
	a Cont	ributions	allocated toward u	unpaid mini	imum required contribution	s from prior ye	ears		19a			0
	b Cont	ributions	made to avoid res	trictions ac	djusted to valuation date				19b			0
	c Cont	ributions a	allocated toward mi	nimum requ	uired contribution for current	year adjusted t	o valuation	n date	19c			0
20	Quarte	rly contrib	outions and liquidit	y shortfalls	s:							
	a Did t	he plan h	ave a "funding sh	ortfall" for t	he prior year?							Yes X No
	b If line	e 20a is "	Yes," were require	ed quarterly	installments for the currer	nt year made ir	n a timely	manner?				Yes No
	C If line	e 20a is "	Yes," see instructi	ons and co	emplete the following table	as applicable:						
		(4)	.,		Liquidity shortfall as of	end of quarter					(4)	
		(1) 19	SI		(2) 2nd		(3)	3rd			(4) 4t	n

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21		unt rate:								
	a Seg	gment rates:	1st segment: 4.72%	2nd segment: 6.11 %	3rd segment 6.81 %		N/A, fu	ıll yield	curv	e used
	b App	licable month (enter code)			21b				0
22	Weigh	ted average ret	irement age			. 22				65
23	Mortal	ity table(s) (see	e instructions)	escribed - combined Pre	escribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		•	· ·	tuarial assumptions for the current	•				l 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	ions):						
	a Targ	et normal cost	(line 6)			. 31a				62619
	b Exce	ess assets, if ap	pplicable, but not greater than	line 31a		. 31b				57682
32	Amorti	ization installme	ents:		Outstanding Bala	ance	I	nstallm	ent	
	a Net	shortfall amortiz	zation installment			0				0
	b Wai	ver amortization	n installment			0				0
33				ter the date of the ruling letter gra) and the waived amount		33				
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	. 34				4937
				Carryover balance	Prefunding bala	ince	To	otal bal	ance	
35			use to offset funding			4937				4937
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36				0
37	Contrib (line 1	butions allocate 9c)	d toward minimum required c	ontribution for current year adjuste	ed to valuation date	37				0
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)						
	a Tota	l (excess, if any	, of line 37 over line 36)			. 38a				0
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard o	carryover 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)				
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	ars	15	years
	b Eligi	ble plan year(s)) for which the election in line	41a was made		200	8 2009	2010	<u> </u>	2011
42	Amoun	nt of acceleratio	n adjustment			42	<u> </u>			
			-	d over to future plan years		43				

Allan Electric, Inc.

Defined Benefit Pension Plan

Plan Number: 002

EIN: 91-1527405

2015 Schedule SB, Line 26 - Schedule of Active Participant Data

Valuation Date: 12/31/2015

				Υe	ears of Cre	dited Servi	ce			
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44		1								
45 to 49										
50 to 54										
55 to 59										
60 to 64								1		
65 to 69										
70 & Up										

Allan Electric, Inc. Schedule SB, Part V

Defined Benefit Pension Plan

Plan Number: 002

EIN: 91-1527405

Statement of Actuarial Assumptions/Methods

Plan Year: 12/31/2015

1. Funding Method As Prescribed in IRC Section 430

2. Interest Rates for Funding 0 Lookback Months Prior to End of Plan Year

		<u>Current</u>	<u>Average</u>	or Minimum
Years 0-5	Segment Rate 1	1.39%	5.24%	4.72%
Years 6-20	Segment Rate 2	3.98%	6.79%	6.11%
Years Over 20	Segment Rate 3	5.00%	7.57%	6.81%

3. Mortality for Funding

Pre-Retirement None

Post-Retirement Projection Based on Projection Scale AA

and the RP-2000 Static Combined Male and Static Combined Female Mortality Table

4. Interest Rates per Internal Revenue Code 12 Lookback Months Prior to End of Plan Year

Years 0-5	Segment Rate 1	1.48%
Years 6-20	Segment Rate 2	3.77%
Years > 20	Segment Rate 3	4.79%

5. Mortality per Internal Revenue Code

Pre-Retirement None

Post-Retirement Applicable Mortality Table from Rev. Rul. 2006-67 - Unisex

6. Interest Rates for Plan Actuarial Equivalence

Pre-Retirement 5.00% Post-Retirement 5.00%

7. Mortality for Plan Actuarial Equivalence

Pre-Retirement None

Post-Retirement GAR 94 Projected to 2002 with Scale AA - 50% Male/50% Female

8. Assumptions for 410(b) and 401(a)(4) Testing and Compliance

Pre-Retirement Interest 8.50%
Post-Retirement Interest 8.50%
Pre-Retirement Mortality None

Post-Retirement Mortality 1971 Group Annuity Table - Male Rates

Testing Age Normal Retirement Age
Permissively Aggregated Plans Tested as Single Plan

Note: These Assumptions are Utilized to Determine Compliance and, in Order to Pass Testing Might be Changed for This Plan Year or any Other Plan Year

9. Benefit Form for Funding Lump Sum

Assumed Retirement Age Normal Retirement Age

11. Effective Interest Rate

This Year 5.38% Last Year 5.30%

12. Actual Interest Rate

This Year -3.22% Last Year 3.47%

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a A This return/report is for: list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report B This return/report is an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 DFVC program automatic extension special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit ALLAN ELECTRIC, INC. DEFINED BENEFIT PENSION PLAN plan number (PN) 1c Effective date of plan 01/01/2003 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1527405 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number ALLAN ELECTRIC, INC. 509-582-6770 2d Business code (see instructions) 918 A WEST CANAL DR. 238210 KENNEWICK 99336 3a Plan administrator's name and address XSame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a 4 b Total number of participants at the end of the plan year 5b 4 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year 5d(1) 2 d(2) Total number of active participants at the end of the plan year..... 5d(2) 2 Number of participants that terminated employment during the plan year with accrued benefits that were less 56 than 100% vested..... 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete ANTHONY EDWARDS SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Date Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

	Form 5500-SF 2015		Page 2								
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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cannowledge the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use Forr	lent qualified public a ns.) n 5500-SF and mus	ccount t instea	ant (IQ ad use	PA) Form	5500.		X Ye	s [No No ed
Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year		
a	Total plan assets	7a		9	0328	1				875	057
b	Total plan liabilities	7b				0					0
С	Net plan assets (subtract line 7b from line 7a)	7c		9	0328	1				875	057
-	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)									
*	(2) Participants	8a(2)					//E	119	William !	J.	
	(3) Others (including rollovers)	8a(3)				0.0				J.C.	11/
	Other income (loss)	8b		-	1639	4		y V i No	913/1	77	7/10
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				(i)				-16	 394
	Benefits paid (including direct rollovers and insurance premiums						to selly	an xin	AL C	والو	8 1
77	to provide benefits)	8d				17	100		10.70		100
	Certain deemed and/or corrective distributions (see instructions)	8e			1100			- 1			
	Administrative service providers (salaries, fees, commissions)	8f			1183	0		THE REAL PROPERTY.			
	Other expenses	8g	Cartini III			100		100	1	4.4	0.0.0
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		50.00		_					830
	Net income (loss) (subtract line 8h from line 8c)	8i			31		T E IIV	Town I	1100000	-28	224
Par		8j					THE PARTY.	No.	- 174		10
B	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan plan provides welfare for the plan provides welfare for the plan plan provides welfare for the plan plan provides welfare for the plan plan plan plan plan plan plan plan	sature code	s nom the List of Flat	II Chare	acterist	10 000	ses in the	instructio	ons:		_
10	During the plan year:				Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fid		10a		Х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х	Mun				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of th	e benefits under	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	1000				_
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear en	d.)	10g		Х	x				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruc	tions and 29 CFR	10g 10h		X	1000		G 1 1 1 7 2 5	in III-	N. S.
j	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	e required i	notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part				rvj							_
11	Is this a defined benefit plan subject to minimum funding requirem: 5500) and line 11a below)	ents? (If "Ye	es," see instructions a	and con	nplete	Sched	lule SB (F	orm	X Yes	п	No
11a	Enter the unpaid minimum required contribution for all years from						11a		0		
12	Is this a defined contribution plan subject to the minimum funding							ISA?	☐ Yes	x	No
	THE CONTRACT OF THE CONTRACT O								- Local	1 1	

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e granting the waiverMonth	nter Da		the le Yea		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	121				
c	Enter the amount contributed by the employer to the plan for this plan year	12				
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)	120	t l			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	N	。	N/A
Part	VII Plan Terminations and Transfers of Assets					
	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	es Π	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				0
			_		_	
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?			Ye	s X	No ———
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s): 13c(2)	EIN(3)	13	3c(3) F	N(s)
Part	VIII Trust Information					
14a	Name of trust	141	Trust's E	IN		
14c	Name of trustee or custodian	14	d Trustee telephor			an's
Par	IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Yes		No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method	∌ [ADF test	/ACP
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?		Yes]No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		Ratio percentage test	e [rage efit test
			IGOL			
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Yes		No	
17a	this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes?	Ξ			No No	□ N/A
17a 17b	this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	applic	Yes Yes cable code		No (See i	structions
17a 17b	this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted . Enter the a	applic	Yes Yes cable code		No (See i	structions
17a 17b 17c	this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject.	applie	Yes Yes cable code	IRS of	No (See in	structions
17a 17b 17c 17d	this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted i. Enter the affortax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of	applie	Yes Yes cable code favorable	IRS op	No (See in	structions
17a 17b 17c 17d 18	this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted Enter the afor tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number. If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter. Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? Were in-service distributions made during the plan year?	applied to a	Yes Yes cable code favorable	IRS op	No (See in pinion le	structions
17a 17b 17c 17d 18	this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted Enter the afor tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number. If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter. Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	applied to a	Yes Yes cable code favorable lan's last fa	IRS of	No (See in pinion le	structions
17a 17b 17c 17d 18	this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted Enter the afor tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number. If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter. Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? Were in-service distributions made during the plan year?	applied to a the p	Yes Yes Cable code favorable Lan's last fa	IRS op	No (See in pinion le	structions

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). 2015

OMB No. 1210-0110

This Form is Open to Public Inspection

5500 or 5500-SF.					
and endir	ng	12/31/2	015		
nable cause is establishe	d.				
plan num	ber (PN)	•	002		
D Employer	dentificati	on Number (E	IN)		
01 150740	_				
	<u> </u>				
n size: X 100 or fewer	101-50	0 More th	an 500		
2015_					
			723896		
	2b		723896		
(1) Number of participants		ested Funding (3) Total Fund Target Target			
0		0			
2		10774	10774		
2		624558	631294		
4		635332	642068		
Π					
	4a		MINING STORY OF STREET		
	4b				
			5.38%		
6 Target normal cost					
nd attachments, if any, is comple count the experience of the plan	te and accura and reasonat	ate. Each prescribe ble expectations) ar	d assumption was applied in nd such other assumptions, in		
		05/10/20	16		
		Date			
		1402290)		
Te	lephone n	umber (includ	ing area code)		
	nable cause is established B Three-dig plan num D Employer I 91-152740 n size: X 100 or fewer 2015 (1) Number of participants 0 2 4	and ending nable cause is established. B Three-digit plan number (PN) D Employer Identificati 91-1527405 n size: X 100 or fewer 101-50 2015 (1) Number of participants 72 2 2 4 3 ans that have been in tor 4b tor 5 6 Most regarded.	and ending 12/31/20 nable cause is established. B Three-digit plan number (PN) D Employer Identification Number (E 91-1527405 n size: X 100 or fewer 101-500 More the 2015 (1) Number of participants 7 Target 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		

	5	Schedule	SB (Form 5500) 2	015			Page 2	2 -							
Pa	art II	Begi	nning of Year	Carryov	er and Prefunding	Balance	es								
		•						(a) C	arryover balance	!	(b) F	Prefundi	ng bala	nce	
7		•			cable adjustments (line 1	•				0				22144	
8					unding requirement (line										
O				•	(iiile					0				C	
9	Amour	nt remain	ing (line 7 minus li	ne 8)						0				22144	
10	Interes	st on line	9 using prior year'	s actual retu	urn of <u>3.47</u> %					0				768	
11	Prior y	ear's exc	ess contributions	to be added	to prefunding balance:										
				,	38a from prior year)									43431	
					sa over line 38b from prion e interest rate of 5 · 3 0%									0	
					edule SB, using prior year										
														C	
	C Tota	ıl available	e at beginning of cu	rrent plan ye	ear to add to prefunding ba	lance								43431	
	d Port	tion of (c)	to be added to pr	efunding ba	lance									(
12	Other	reduction	s in balances due	to elections	or deemed elections					0					
13	Baland	ce at begi	nning of current y	ear (line 9 +	line 10 + line 11d – line	12)				0				22912	
Р	art III	Fur	nding Percent	ages											
14	Fundir	ng target	attainment percen	tage								14		9.29%	
15	Adjust	ed fundin	g target attainmer	it percentag	e							15	102	2.71%	
16	-				of determining whether of			-	•			16	12	2.41%	
17	current year's funding requirement								17		%				
	art IV		ntributions an				<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					,,,	
					ear by employer(s) and e	emplovees									
	(a) Da		(b) Amount p		(c) Amount paid by		(a) Da	ite	(b) Amount p	aid by	(0) Amou	nt paid	by	
(N	/M-DD-	YYYY)	employer	(s)	employees	(MN	1-DD-\	(YYY)	employer((s)	-	empl	oyees		
						-					-				
											1				
						Total	s ▶	18(b)			0 18(c)			(
19	Discou	ınted emi	oloyer contribution	s – see inst	ructions for small plan w			` ,	e beginning of the		~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I			
					mum required contribution					19a				(
	b Contributions made to avoid restrictions adjusted to valuation date										(
	c Con	tributions	allocated toward m	inimum requ	uired contribution for curre	nt year adjı	usted to	o valuation	date	19c				(
20	Quarte	erly contri	butions and liquidi	ty shortfalls	:										
	a Did	the plan l	have a "funding sh	ortfall" for th	he prior year?								Yes	X No	
	b If lin	ne 20a is '	'Yes," were requir	ed quarterly	installments for the curr	ent year m	nade ir	a timely r	manner?				Yes	No	
	C If lin	ie 20a is '	'Yes," see instruct	ions and co	mplete the following table	e as applio	able:								
		/4\ 4	ct		Liquidity shortfall as o	f end of qu	uarter		•			(1) 11			
		(1) 1	ວເ	1	(2) 2nd	1		(3)	3rd	1		(4) 4th	1		

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Ta	rget Normal Cost								
21	Discou	ınt rate:											
	a Seg	ment rates:	1st segment: 2nd segment: 3rd segment: N/A, full y 4 . 72 % 6 . 11 % 6 . 81 % N/A, full y							N/A, full yield curve used			
	b Applicable month (enter code)										0		
22	Weigh	ted average ret	tirement age			22	65						
		ity table(s) (se			Prescribed - separate	Substitu	te						
Pa	rt VI	Miscellane	ous Items										
24		-	·	tuarial assumptions for the cur			-			Yes	X No		
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment												
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see ins	tructions regarding require	ed attachmen			X	Yes	No		
27		•	•	ter applicable code and see ins	0 0	27							
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribut	ons For Prior Year	S							
28	Unpaid	d minimum requ	uired contributions for all prior	years		28					0		
29											0		
30	Remai	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 2	9)	30					0		
Pa	rt VIII	Minimum	Required Contribution	For Current Year									
31	Target	t normal cost a	nd excess assets (see instruct	tions):									
	a Targe	et normal cost	(line 6)			31a					62619		
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b					57682		
32	32 Amortization installments: Outstanding Balance Installment												
	a Net s	shortfall amortiz	zation installment			0					0		
						0					0		
33				ter the date of the ruling letter) and the waived amou		33							
34	Total fo	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 3	1a - 31b + 32a + 32b - 33) 34		4937					
				Carryover balance	Prefunding ba	alance		Tota	l bala	ance			
35			use to offset funding			4937					4937		
36	6 Additional cash requirement (line 34 minus line 35)							(
37							0						
38	38 Present value of excess contributions for current year (see instructions)												
	a Total (excess, if any, of line 37 over line 36)												
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b							0					
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)										0		
40	40							0					
Pai	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)												
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 years		15	years		
	b Eligi	ble plan year(s) for which the election in line	41a was made		200	8 2	2009	2010	Ш	2011		
42	Amoun	t of acceleratio	n adjustment			42							
43	Excess	installment ac	celeration amount to be carrie	d over to future plan years		43		· <u></u>					

Allan Electric, Inc.

Defined Benefit Pension Plan

Plan Number: 002

EIN: 91-1527405

2015 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Valuation Date: 12/31/2015

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 age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of their assumed retirement age.

Allan Electric, Inc. Defined Benefit Pension Plan

Plan Number: 002

EIN: 91-1527405

Summary of Plan Provisions

Schedule SB, Part V

Plan Year: 12/31/2015

Plan Effective Date January 01, 2003
 Valuation Date December 31, 2015

3. Plan Year From January 01 to December 31

4. Eligibility All Employees not Excluded by Class are eligible to enter on the

January 01 or July 01 Coincident with or Next Following

the Completion of the Following Requirements:

12 Months of Service Attainment of Age 21

Union Employees and Non-Resident Aliens are Excluded.

5. Normal Retirement Age All Participants are Eligible to Retire on the Later of:

Attainment of Age 65 Completion of 5 Years of Participation

6. Normal Retirement Benefit Upon Normal Retirement, Each Participant will be Entitled to an Annual

Benefit Payable in the Normal Form Equal to the Following:

111% of Compensation Reduced by 1/25 for each Year of Participation

Less than 25 at Normal Retirement Date

Benefits Accrue Fractionally Based on Participation

7. Years Excluded Years Prior to a Participant's Entry Date are Excluded

8. Normal Form Of Benefit An Annuity Payable for the Life of the Participant

9. Termination Benefits Upon Termination of Participation for a Reason other than Death, Disability

or Retirement, a Participant is Entitled to a Portion of the Earned to Date

Actuarial Equivalent of the Accrued Benefit in Accordance with

the Following Vesting Schedule:

Credited Years	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

Credited Years are Plan Years Excluding the Followiing:

Years with Less Than 1000 Hours

10. Death Benefit 100% of the Actuarial Equivalent of the Accrued Benefit

Earned to the Date of Death