Form 5500-SF	Short Form Annua	I Return/Repor Benefit Plan	t of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed		4065 of the Employee Reti	rement		2015
Department of Labor Employee Benefits Security Administrat Pension Benefit Guaranty Corporatio	Income Security Act of 1974 (E	ERISA), and sections 60 Revenue Code (the Cod	057(b) and 6058(a) of the Ind le).	ternal		orm is Open to ic Inspection
	Complete all entries in action of the second	cordance with the ins	tructions to the Form 5500	0-SF.		-
For calendar plan year 2015 c		15	and ending 12/3	1/2015		
i _ z	x a single-employer plan	a multiple-employer	plan (not multiemployer) (F		king this be	ox must attach a
A This return/report is for:	a one-participant plan	list of participating e	mployer information in acco	ordance w	ith the form	instructions)
B This return/report is	the first return/report	the final return/report				
	an amended return/report	a short plan year retu	ırn/report (less than 12 mon	ths)		
C Check box if filing under:	X Form 5558	automatic extension		[] I	DFVC prog	am
	special extension (enter descrip	tion)				
Part II Basic Plan Ir	nformation—enter all requested info	rmation				
1a Name of plan KING ELECTRICAL MANUFAC	CTURING COMPANY 401(K) SALARY	REDUCTION PLAN AN		1b Thre plan (PN)	number	001
			1	()	tive date of	plan
	ployer, if for a single-employer plan) room, apt., suite no. and street, or P.O.	Pov	2		oyer Identif	1/1999 ication Number
	ince, country, and ZIP or foreign postal		tructions)	(EIN) 2 C Spor		724644 hone number
KING ELECTRICAL MANUFAC					206-76	62-0400
9131 - 10TH AVENUE SOUTH			2	2d Busir	ness code (see instructions)
SEATTLE, WA 98108					8112	10
3a Plan administrator's name	e and address X Same as Plan Sponso	r.	3	3b Admi	nistrator's I	EIN
				3c Admi	nistrator's t	elephone number
	the plan sponsor has changed since th	e last return/report filed	for this plan, enter the	4b ein		
name, EIN, and the plan a Sponsor's name	number from the last return/report.		4	1c pn		
	nts at the beginning of the plan year			5a		69
	nts at the end of the plan year			5b		55
	ith account balances as of the end of th			5c		21
1 ,	participants at the beginning of the plar			5d(1)		65
.,	participants at the end of the plan year	-		5d(2)		49
e Number of participants the	hat terminated employment during the p	lan year with accrued b	enefits that were less	5e		0
Caution: A penalty for the la	te or incomplete filing of this return/	report will be assesse	d unless reasonable cause			
	I other penalties set forth in the instructi d and signed by an enrolled actuary, as omplete.					
SIGN Filed with authoriz	ed/valid electronic signature.	08/08/2016	ROVERT E. WILSON			
HERE Signature of pla	n administrator	Date	Enter name of individual	I signing	as plan adn	ninistrator
SIGN HERE						
Signature of em	ployer/plan sponsor m name, if applicable) and address (incl	Date ude room or suite numb	Enter name of individual		as employe telephone	
For Paperwork Reduction Act N	otice and OMB Control Numbers, see the i	nstructions for Form 550	0-SF.			Form 5500-SF (2015)

10i

10j

11a

Yes X

Yes

No

No

Form 5500-SF 2015		Page Z							
 6a Were all of the plan's assets during the plan year invested in eligib b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cam 	an indeper and conditi not use Fo	ndent qualified public a ions.) rm 5500-SF and mus	t instea	ant (IQ Id use	PA) Form	5500.		X Yes	No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not determ	ined
Part III Financial Information	1								
7 Plan Assets and Liabilities		(a) Beginning	g of Yea	ar	_		(b) End	of Year	
a Total plan assets	. 7a		811	874				82720	7
b Total plan liabilities	. 7b			0					0
C Net plan assets (subtract line 7b from line 7a)	. 7c		811	874				82720	7
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoເ	unt				(b) 1	otal	
a Contributions received or receivable from: (1) Employers	. 8a(1)		10	448					
(2) Participants	. 8a(2)		42	183					
(3) Others (including rollovers)	. 8a(3)			0					
b Other income (loss)	. 8b		-14	563					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							3806	8
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		13	632					
e Certain deemed and/or corrective distributions (see instructions)	. 8e			0					
f Administrative service providers (salaries, fees, commissions)	. 8f			0					
g Other expenses	. 8g		9	103					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							2273	5
i Net income (loss) (subtract line 8h from line 8c)	. 8 i							1533	3
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in t	the instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare f	feature cod	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instruct	ions:	
Part V Compliance Questions					T	ī			
10 During the plan year:			1	Yes	No	N/A		Amount	
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's \ Description)	/oluntary F	iduciary Correction	40-		X				
Program) b Were there any nonexempt transactions with any party-in-interest			10a		^				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	х					81187
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X				
e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		x				
${f f}$ Has the plan failed to provide any benefit when due under the pla	an?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Х				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10g		Х				
i If 10h was answered "Yes," check the box if you either provided t									

exceptions to providing the notice applied under 29 CFR 2520.101-3.....

Did the plan trust incur unrelated business taxable income?

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40...

5500) and line 11a below).....

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.

Pension Funding Compliance

j

Part VI

11

12

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					1				
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling		
lf	you c	ompleted 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					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
of the PBGC?						Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		14b Trust's EIN					
14c	Nam	e of trustee or custodian		14d		's or custodi ne number	an's		
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es				
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

	Form 5500-SF	Short Form Annual F	Return/Report of Benefit Plan	f Small Employe	e		OMB Nos: 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	This form is required to be fi		nd 4065 of the Employee		2	015
En	Department of Labor ployee Benefits Security Administration	Retirement Income Security Act	of 1974 (ERISA), and se rnal Revenue Code (the C	ction 6057(b) and 6058(a) of		Open to Public
-	Pension Benefit Guaranty Corporation	Complete all entries in according to the second	ordance with the instruc	tions to the Form 5500-	SF.		
P		dentification Information	01 /01 /0015	and anding	12/	/31/2015	
For	calendar plan year 2015 or fisc		01/01/2015	and ending			must attach
	This return/report is for: This return/report is:	x a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating er a foreign plan the final return/report	an (not multiemployer) (F nployer information in ac n/report (less than 12 mo	cordan	ce with the form	n instructions)
С	Check box if filing under:	x Form 5558	automatic extension			DFVC program	n
-		special extension (enter descrip	1000		_		
	art II Basic Plan Infor Name of plan	mation enter all requested in	formation		1 b T	hree-digit	
Ta		ifacturing Company 401()	k) Salarv Reducti	on Plan		olan number PN) ►	001
	and Trust	inacturing company tort.	.,		1c E	Effective date of 01/01/1999	
2a	Malling Address (include room	er, if for a single-employer plan) n, apt., suite no. and street or P.O.	Box)	(untiona)		Employer Identii EIN) 91-072	fication Number 24644
	City of town, state of province King Electrical Man	, country, and ZIP or foreign postal ufacturing Company	code (if foreign, see insti			Sponsor's telepl (206) 762-0	
	9131 - 10th Avenue	South				Business code (311210	see instructions)
-	US SEATTLE WA 98108	V Course as Dian Coor	aar Nama		3b A	Administrator's	EIN
3a	Plan administrator's name an	d address 🛛 🕱 Same as Plan Spor	ISOFINAITIE				
					3c /	Administrator's	telephone number
4	If the name and/or EIN of the	plan sponsor has changed since the bar from the last return/report.	e last return/report filed fo	or this plan, enter the	4b (EIN	
;	Sponsor's name				4c	PN	
-	the second se	at the beginning of the plan year			5a		69
k	Total number of participants	at the end of the plan year			5b		55
C	Number of participants with a	ccount balances as of the end of th	e plan year (defined bene	efit plans do not	5c		21
~		icipants at the beginning of the plar			5d(*	1)	65
					5d(2	2)	49
e	Number of participants that to	icipants at the end of the plan year erminated employment during the p	lan year with accrued ber	nefits that were	56		0
-		or incomplete filing of this return	and a state of the		ise is e	established.	
U S	Inder populties of perius, and of	her penalties set forth in the instruc nd signed by an enrolled actuary, a	tions. I declare that I have	e examined this return/rep	port, ind	cluding, if applic	cable, a Schedule / knowledge and
3.6	SIGN			Robert E. Wilso	n		
No.	HERE Signature of plan adm	inistrator Automati	Date	Enter name of individua	al signir	ng as plan adm	inistrator
	这点 台	Frand		Robert E. Wilso	n		
- 100	SIGN HERE Signature of employer	plan sponsor	Date	Enter name of individua	al signii	ng as employer	or plan sponsor
F	Preparer's name (including firm	ame, if applicable) and address; in	clude room or suite numb	er	Prepa	arer's telephone	e number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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10111 0000-01 2010	

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) e instructions on waiver eligibility and conditions) XYes No

X Yes No

.....

	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use	Form 5500.	
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	······ Yes	No Not determined
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see Error) results in the plan		

Part III Financial Information (b) End of Year (a) Beginning of Year Plan Assets and Liabilities 7 827,207 811,874 7a Total plan assets а 0 0 7b b Total plan liabilities 827,207 811,874 Net plan assets (subtract line 7b from line 7a) 7c С (a) Amount (b) Total Income, Expenses, and Transfers for this Plan Year 8 Contributions received or receivable from: а 10,448 8a(1) (1) Employers 42,183 8a(2) (2) Participants 0 8a(3) (3) Others (including rollovers) (14, 563)8b b Other income (loss) 38,068 8c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) С d Benefits paid (including direct rollovers and insurance premiums 13,632 8d to provide benefits) 0 e Certain deemed and/or corrective distributions (see instructions) 8e 0 8f Administrative service providers (salaries, fees, commissions) f 9,103 8g g Other expenses 22,735 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 15,333 Net income (loss) (subtract line 8h from line 8c) 8i i 0 81 Transfers to (from) the plan (see instructions)

Part IV Plan Characteristics

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

2E 2F 2G 2J 2K 2T 3D

. . . .

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

Part V Compliance Questions

1000	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period				Conton to	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction				172	
	Program)	10a		x	(21/20) A (50)	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
С	Was the plan covered by a fidelity bond?	10c	x		1026	81,187
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	12210	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		x	17 54	
g	Did the plan have any participant loans? (If "Yes." enter amount as of year end.)	10g		x	11-1165	ALC: NO DECK OF DECK
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	「日本の	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				
j	Did the plan trust incur unrelated business taxable income?	10j				
Par	VI Pension Funding Compliance					

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schero 5500) and line 11a below)	dule SE	3 (Form	☐ Ye	s X No
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 40	11a			

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... | 🗌 Yes 🕱 No 12

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	below, as applicable.)			ما مغم مذ ال	o lottor	ing
a If a waiver of the minimum funding standard for a prior yea oranting the waiver.	r is being amortized in this plan year,	monut	enter the	date of the Year		
If you completed line 12a, complete lines 3, 9, and 10 of Sci	nedule 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	or this plan year		12c			
d Subtract the amount in line 12c from the amount in line 12b negative amount)			12d			
e Will the minimum funding amount reported on line 12d be n	net by the funding deadline?			Yes 🔔	No 🖵	N/A
Part VII Plan Terminations and Transfers of As						
13a Has a resolution to terminate the plan been adopted in any	plan year?		Ye	s 🗶 No	I	
If "Yes," enter the amount of any plan assets that reverted			13a			
b Were all the plan assets distributed to participants or benef of the PBGC?	iciaries, transferred to another plan, or	brought under the co	ntrol		Yes 🛛	No
 C If during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See instruction 	rred from this plan to another plan(s),	identify the plan(s) to				
13c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3) F	PN(s)
			_			
Part VIII Trust Information						
14a Name of trust		4	14b ⊺	rust's EIN		
			14d T	rustee or c	ustodian's	
14c Name of trustee or custodian				phone num		>
Part IX IRS Compliance Questions						
15a Is the plan a 401(k) plan:			🗋 Ye	s	🗌 No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimina matching contributions (as applicable) under sections 401(k)	ation requirements for employee defer	rais and employer	ba ha	sign- sed safe rbor ethod	ADP// test	ACP
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP test testing method" for nonhighly compensated employees (Tre 2(a)(2)(ii))?	eas. Reg. section 1.401(k)-2(a)(2)(ii) a	nd 1.401(m)-	C Ye	s	🗌 No	
16a Check the box to indicate the method used by the plan to s	atisfy the coverage requirements und	er section 410(b);		atio ercentage est	Avera Bene	ige fit Test
16b Does the plan satisfy the coverage and nondiscrimination the this plan with any other plans under the permissive aggregation	ation rules?		□ Ye	98		
17a Has the Plan been timely amended for all required law cha			Ye Ye		No (Se	
17b Date of the last plan amendment/restatement for the require instructions for tax law changes and codes).				able code		.e
 17c If the plan sponsor is an adopter of a pre-approved master advisory letter, enter the date of that favorable letter 17d If the plan is an individually-designed plan and recieved a to determination letter / / / 	/ / and the letter's se	indi number.				
 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (i made), American Samoa, Guam, the Commonwealth of the 	f no election under ERISA section 102 Northern Mariana Islands or the U.S	22(i)(2) has been . Virgin Islands)?	T Ye	es	🗌 No	
19 Were in-service distributions made during the plan year?			U Ye	es	🗌 No	
If Yes, enter amount			19			
20 Were minimum required distributions made to 5% owners with not retired) as required under section 401(a)(9)?	vho have attained age 70 ½ (regardle	ss of whether or	U Y	es	🗌 No	□ N//