Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I		Identification Information				
For calenda	ar plan year 2015 or fis	scal plan year beginning 01/01/2	2015	and ending 12/3	1/2015	
A This ret	turn/report is for:	a single-employer plan	list of participating en	olan (not multiemployer) (Finployer information in acco	_	
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year retur	n/report (less than 12 mon	ths)	
C Check I	box if filing under:	X Form 5558	automatic extension	, ,	DFVC pr	ogram
		special extension (enter desc	ription)		ы .	
Part II	Basic Plan Info	rmation—enter all requested in	formation			
1a Name GASLINE M	of plan IECHANICAL INC. CA	SH BALANCE PLAN		1	Three-digit plan number (PN)	002
				1	1c Effective date	of plan 1/01/2013
Mailing	g address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C				ntification Number -1634769
	ECHANICAL INC	e, country, and ZIP or foreign post	ai code (ir foreign, see inst	ructions)	2c Sponsor's tel	ephone number -487-2359
9926 ELLIOT	TT RD			2	2d Business cod	e (see instructions)
	H, WA 98296				81	1310
3a Plan a	dministrator's name ar	nd address XSame as Plan Spon	sor.	3	3b Administrator	s EIN
				3	3c Administrator	s telephone number
name		e plan sponsor has changed since mber from the last return/report.	the last return/report filed f		4b EIN 4c PN	
		at the beginning of the plan year			5a	10
b Total i	number of participants	at the end of the plan year			5b	10
		account balances as of the end of		·····	5c	
` '		rticipants at the beginning of the p	-	<u> </u>	5d(1)	10
		rticipants at the end of the plan ye terminated employment during the			5d(2)	10
than	100% vested				5e	0
		or incomplete filing of this retur				Parkla a Oakadala
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.				
SIGN HERE	Filed with authorized/	valid electronic signature.	10/31/2016	JOHN R. ANDERSON		
	Signature of plan a	dministrator	Date	Enter name of individual	l signing as plan a	dministrator
SIGN HERE	Ciamaton of and		Detr	Fatanaan (Calletta	Latantian 1	
	Signature of emplo		Date	Enter name of individual		
rieparer s	name (including firm n	name, if applicable) and address (i	noidue 100m of Suite numbé	=1 <i>)</i> P	Preparer's telepho	ne number

Form 5500-S	F 2015		Page 2							
b Are you claiming a wunder 29 CFR 2520.	s assets during the plan year invested in eligibly aiver of the annual examination and report of a 104-46? (See instructions on waiver eligibility alon to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a	account	ant (IQ	PA)			X Yes	
c If the plan is a define	ed benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?	X	Yes	No	Not deter	mined
Part III Financial	Information									
7 Plan Assets and Liab			(a) Beginning	of Ye	ar			(b) End	of Year	
		. 7a	(1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1		0			<u> </u>		0
b Total plan liabilities .		. 7b								
C Net plan assets (sub	tract line 7b from line 7a)	. 7c			0					0
8 Income, Expenses, a	and Transfers for this Plan Year		(a) Amou	unt				(b) T	otal	
	ed or receivable from:	8a(1)								
(2) Participants		8a(2)								
(3) Others (including	g rollovers)	8a(3)								
b Other income (loss)		8b								
	nes 8a(1), 8a(2), 8a(3), and 8b)	8c								0
	ing direct rollovers and insurance premiums	. 8d								
	/or corrective distributions (see instructions)	8e								
	ce providers (salaries, fees, commissions)	. 8f								
		8g								
h Total expenses (add	lines 8d, 8e, 8f, and 8g)									0
i Net income (loss) (si	ubtract line 8h from line 8c)	. 8i								0
j Transfers to (from) th	ne plan (see instructions)	8j								
Part IV Plan Cha	aracteristics									
Part V Compliance	welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara				e instruct	ions:	
10 During the plan year		.0	a de a Casa a a de d	I	Yes	No	N/A		Amount	
described in 29 CF	to transmit to the plan any participant contribu FR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X				
b Were there any nor	nexempt transactions with any party-in-interest	t? (Do not	include transactions							
reported on line 10	a.)			10b		X				
C Was the plan cove	ered by a fidelity bond?			10c		X				
•	a loss, whether or not reimbursed by the plan's esty?	•		10d		X				
carrier, insurance s	commissions paid to any brokers, agents, or oth service, or other organization that provides som ructions.)	ne or all of	the benefits under	10e		X				
	to provide any benefit when due under the pla			10f		X				
q Did the plan have a	any participant loans? (If "Yes," enter amount a	s of year e	end.)			Χ				
h If this is an individu	al account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g 10h		Λ.				
i If 10h was answere	ed "Yes," check the box if you either provided the ding the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10ii						
	ncur unrelated business taxable income?			10j						
Part VI Pension Fo	unding Compliance									
	nefit plan subject to minimum funding requirem below)				•			•	X Yes	s No
11a Enter the unpaid m	inimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			23391
12 Is this a defined co	entribution plan subject to the minimum funding	requireme	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), identifications are considered from the plan to another plan (s), identifications are considered from the plan to another plan (s), identifications are considered from the plan to another plan (s), identifications are considered from the plan to another plan (s), identifications are considered from the plan to another plan (s), identifications are considered from the plan to another plan (s), identifications are considered from the 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

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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2015

	Pension Be	enefit Guaranty Corporation	File as an a	attachment to Form	5500 or 9	5500-SF.			-
For	calendar	plan year 2015 or fiscal pl	an year beginning 01/01	1/2015		and endin	g 12/3	31/2015	
▶ F	Round of	ff amounts to nearest do	llar.						
) (Caution:	A penalty of \$1,000 will be	e assessed for late filing of the	is report unless reaso	nable ca	use is established	d.		
	ame of p					B Three-digit	t		
GA	SLINE M	ECHANICAL INC. CASH I	BALANCE PLAN			plan numb	er (PN)	•	002
C P	an enone	eor's name as shown on li	ne 2a of Form 5500 or 5500-			D Employer Id	lentificat	tion Number (E	:INI)
		ECHANICAL INC	10 24 011 01111 0000 01 0000 0	Si.		Linployerie	91-163		
							31-103-	1 705	
Ету	/pe of pla	ın: X Single Multiple	e-A Multiple-B	F Prior year pla	n size: X	100 or fewer	101-5	00 More th	an 500
Pa	rt I E	Basic Information		•	_		_	_	
1		e valuation date:	Month 01 Day	01 Year _2	2015				
2	Assets:		<u> </u>			_			
	a Marke	et value					. 2a		0
	b Actua	ırial value					2b		0
3		target/participant count be			(1) N	Number of	(2) Ves	ted Funding	(3) Total Funding
		, , ,			par	ticipants	T	arget	Target
	a For re	etired participants and bene	eficiaries receiving payment			0		0	0
	b For te	erminated vested participar	nts			0		0	0
	C For a	ctive participants				12		130066	131659
	d Total					12		130066	131659
4			k the box and complete lines	•		<u> </u>			
	a Fundi	ng target disregarding pre	scribed at-risk assumptions				. 4a		
			assumptions, but disregardin				4b		
	at-	risk status for fewer than fi	ve consecutive years and dis	regarding loading fac	ctor				
5							5		6.21%
6							. 6		0
T a	o the best o		pplied in this schedule and accompany In my opinion, each other assumption ad experience under the plan.						
	IGN ERE							06/21/20	016
		S	ignature of actuary					Date	
LOR	RAINE D	OORSA						14-042	53
		Type o	or print name of actuary				Most r	ecent enrollme	nt number
AEG	IS PENS	SION SERVICES, INC.						904-686	s-1835
			Firm name			Tel	ephone	number (includ	ding area code)
SUIT	E 212	TIVE WAY RA BEACH, FL 32082	A.I. 61. 5			_	-	·	·
			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	art II	Begi	nning of Year	Carryov	er and Prefunding Ba	alances							
							(a) (Carryover balance		(b) l	Prefundi	ng balance	
7		-	•		cable adjustments (line 13 f	•			0			()
8			·	-	unding requirement (line 35				0			()
9									0			()
10					urn of <u>0.00</u> %				0			()
11					to prefunding balance:								
	a Prese	ent value	e of excess contribu	utions (line	38a from prior year)				_			()
					Ba over line 38b from prior ye interest rate of <u>6.38</u> %								
	b(2) In	nterest o	n line 38b from prid	or year Sch	nedule SB, using prior year's	actual						()
												()
	C Total	available	e at beginning of cur	rent plan ye	ear to add to prefunding balar	ıce						()
	d Portion	on of (c)	to be added to pre	funding ba	alance							()
12	Other re	eduction	is in balances due t	to elections	s or deemed elections								
13	Balance	e at beg	inning of current ye	ar (line 9 +	- line 10 + line 11d – line 12)			0			C)
P	art III	Fur	nding Percenta	ages									
14	Funding	g target	attainment percent	age							14	0.00 %	,
15	Adjuste	d fundin	ig target attainment	percentag	je						15	0.00 %	,
16					of determining whether car						16	0.00 %	,
17	If the cu	urrent va	alue of the assets o	f the plan i	s less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	0.00 %	,
Pá	art IV	Coi	ntributions and	d Liquid	ity Shortfalls								
18					ear by employer(s) and emp					Т			
(M	(a) Dat 1M-DD-Y		(b) Amount pa employer((c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer((0	,	int paid by oyees	
	3/02/2016		1 1 1 1	16998	0	,	,	1 3 1	- /			.,	_
													_
						Totals ▶	18(b)		16998	18(c)			0
19	Discour	nted emp	ployer contributions	s – see ins	tructions for small plan with	a valuation	date after th	ne beginning of the	year:				
	a Conti	ributions	s allocated toward u	ınpaid min	imum required contributions	from prior	years		19a			1389	7
	b Contr	ributions	made to avoid res	trictions ac	djusted to valuation date				19b				0
	C Contr	ributions	allocated toward mi	nimum req	uired contribution for current y	ear adjuste	d to valuation	n date	19c				0
20		•	butions and liquidit	•									
			_		he prior year?						<u>></u>	Yes No	
					installments for the current	-	-	manner?			L	Yes X No	
	C If line	20a is	"Yes," see instruction	ons and co	omplete the following table a								
		(1) 1	st		Liquidity shortfall as of e	nd of quarte	er of this pla (3)	n year 3rd			(4) 4tl	า	
		\./ '			(-)		(0)				1.7 74	•	_

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost				
21	Discou	ınt rate:				,			
	a Seg	ment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yiel	d curve	used
	b App	licable month (enter code)			21b			0
22	Weigh	ted average ret	tirement age			22			62
23	Mortali	ity table(s) (see	e instructions) X Pro	escribed - combined Pre	scribed - separate	Substitute	е		
Pa	rt VI	Miscellane	ous Items	-					
	Has a	change been m	nade in the non-prescribed ac	cuarial assumptions for the current	•		· · -	d Yes	X No
25	Has a	method change	e been made for the current of	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No
26			•	Participants? If "Yes," see instruc	3 3 1			Yes	П №
27	If the p	olan is subject to	o alternative funding rules, en	ter applicable code and see instruc	ctions regarding	27		100	
Do						1			
	rt VII		•	ım Required Contribution		28			
28				years		20			157071
	(line 19	9a)		d unpaid minimum required contrib		29			13897
30	Remai	ning amount of	unpaid minimum required co	ntributions (line 28 minus line 29)		30			143174
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31	Targe	t normal cost a	nd excess assets (see instruc	ions):					
	a Targe	et normal cost ((line 6)			31a			0
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b			0
32	Amorti	zation installme	ents:		Outstanding Bala	ance	Installr	nent	
	a Net	shortfall amortiz	zation installment			131659			23391
	b Wai	ver amortization	n installment			0			0
33				ter the date of the ruling letter grar		33			0
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			23391
				Carryover balance	Prefunding bala	nce	Total ba	lance	
35			use to offset funding						0
36	Additio	nal cash requir	rement (line 34 minus line 35)		1	36			23391
37	Contrib	outions allocate	ed toward minimum required c	ontribution for current year adjuste	d to valuation date	37			0
38	`		ess contributions for current ye			1			
			•			38a			0
				prefunding and funding standard c		38b			
39				ear (excess, if any, of line 36 over		39			23391
40	-			S	·	40			
	rt IX		•	Pension Relief Act of 2010					166565
			de to use PRA 2010 funding re		(See mstructions)			
			-				2 plus 7 years		years
				41a was made					2011
40			·				. □2009 □201	<u> </u>	2011
						42			
4.3	Excess	s installment ac	celeration amount to be carrie	g over to tuture plan years		43			

Plan Name: Gasline Mechanical, Inc. Cash Balance Plan

EIN: 91-1634769

PIN: 002

Plan Year End: 12/31/2015

NRA	Active Group Weight =(TNC+FT)xNRA	Weighted Average Retirement Age
0	0	
62	8,162,858	
Total:	8,162,858	62

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age		nder 1 Avg. . Comp		To 4 Avg. Comp		To 9 Avg. Comp	10 T	Го 14 Avg. Comp		To 19 Avg. Comp	N		Го 24 Avg. Comp	25 No.	To 29 Avg. Comp		To 34 Avg. Comp		5 To 39 Avg. Comp		Avg.
Under 25	0	0	2	0	0	0	0	0	0	0	+	0	0	0	0	0	0	0	0	10	0
25 to 29	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	2	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	2	0	F	0	0		0	0	0	0	0		
33 10 37	+ •	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			+ •		+ •	•		, v	+		0	+ •		+ "			0		
40 to 44	0	0	0	0	2	0	0	0	0	0	_	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	1	0	0	0		0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	1	0	0	0	1	0	1	0	+	0	0	0	0		0	0	0		0
30 10 34	+ •	0	1	U	"	U	1	0	1		+		U	+ "	U	┼	0		U		
55 to 59	0	0	0	0	0	0	0	0	0	0	+	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0		0
65 to 69	0	0	0	0	0	0	0	0	0	0	+	0	0	0	0	0	0	0	0		0 0
70 & Up	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0

Name of plan: Gasline Mechanical, Inc. Cash Balance Plan

Plan sponsor's name:

Gasline Mechanical, Inc. Cash Balance Plan
Gasline Mechanical, Inc.

Plan number: 002

EIN: 91-1634769

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions: Options:

Male Nonannuitant: 2015 Nonannuitant Male Use optional combined mortality table for small plans: Yes

Female Nonannuitant: 2015 Nonannuitant Female Use discount rate transition: No

Male Annuitant: 2015 Annuitant Male Lump sums use proposed regulations: Yes

Female Annuitant: 2015 Annuitant Female <u>Actuarial Equivalent Floor</u>

Applicable months from valuation month: 0 **Stability period:** plan year

Probability of lump sum: 99.00% Lookback months: 1

Use pre-retirement mortality: No Nonannuitant: N/A

Annuitant: 2015 Applicable

1st <u>2nd</u> <u>3rd</u> <u>1st</u> 2nd <u>3rd</u> **Current:** 1.48 3.77 4.79 1.22 **Segment rates:** 4.11 5.20 Override: 0.00 0.000.00

 High Quality Bond rates:
 N/A
 N/A
 N/A
 Override:
 0.00
 0.00
 0.00

 Final rates:
 4.72
 6.11
 6.81

Override: 0.00 0.00 0.00

<u>Salary Scale</u> <u>Late Retirement Rates</u>

 Male:
 0.00%
 Male:
 N/A

 Female:
 0.00%
 Female:
 N/A

Withdrawal Marriage Probability Setback

Male: N/A Male: 0.00%

Female: N/A Female: 0.00% Withdrawal-Select Expense loading: 0.00%

Male: N/A Disability Rates

Female: N/A Male: N/A

Early Retirement Rates

Male: N/A

Mortality

Male: N/A Mortality Setback
Female: N/A Mortality N/A

Wheidized Forly Petisement Petes

Subsidized Early Retirement Rates
Female: N/A

0

Male: N/A
Female: N/A

Name of Plan: Gasline Mechanical, Inc. Cash Balance Plan

Plan Sponsor's EIN: 91-1634769

Plan Number: 002

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection**

1 or calerius	er nlan voor 2015 or	figural plan vices be simulated	01/01/01-			
	di piani year 2010 or	fiscal plan year beginning	01/01/2015	and ending	12/31/2	
△ This rot	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	(Filers checking the	nis box must attach a
A misre	unineport is for.	a one-participant plan	a foreign plan	ployer information in a	ccordance with the	form instructions)
			a foreign plan			
B This retu	rn/report is	the first return/report	the final return/report			
	,	an amended return/report		Jeanart (lass than 40 -		
0			a short plan year return	rreport (less than 12 m	nonths)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC	orogram
		special extension (enter des	cription)			
Part II	Basic Plan Inf	ormation—enter all requested i	nformation			
1a Name	of plan				1b Three-digit	
Gasline	Mechanical	Inc. Cash Balance Pl	an		plan number	er 002
					(PN) •	
					1c Effective da	
2a Plan or	opoor's name (annul	365			01/01/2	
Mailing	address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O Box)			fentification Number
City or	town, state or provin	ce, country, and ZIP or foreign pos	stal code (if foreign, see instr	uctions)	(EIN) 91-	
Gaslin	ne Mechanical	Inc			2C Sponsor's 1 425-487	elephone number
0006 8	77' 7					ode (see instructions)
9926 E	lliott Rd				811310	ode (see instructions)
Snohom	ich	7.77				
		WA 98296				
Ja Plan ac	aministrators name a	and address XSame as Plan Spor	nsor.		3b Administrat	or's EIN
					3c Administrat	or's telephone number
					oc Administrat	or's telephone number
4 If the n						
· II the II	ame and/or EIN of the	ne plan sponsor has changed since	e the last return/report filed for	r this plan, enter the	4h EIN	
name,	EIN, and the plan no	ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed for	r this plan, enter the	4b EIN	
a Sponso	EIN, and the plan no or's name	umber from the last return/report.			4c PN	
a Sponso	EIN, and the plan no or's name	umber from the last return/report.			4c PN	10
a Sponso	EIN, and the plan no or's name number of participant	umber from the last return/report. s at the beginning of the plan year			4c PN 5a	
a Sponso 5a Total r b Total r c Number	EIN, and the plan no or's name number of participant number of participant er of participants with	umber from the last return/report. s at the beginning of the plan year s at the end of the plan year n account balances as of the end o	f the plan year (defined bene	fit plans do not	4c PN 5a 5b	10
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Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information**

For calendar plan year 2015 or	fiscal plan year beginning	01/01/2015	and anding	10/01/00	
	X a single-employer plan		and ending	12/31/20	15
A This return/report is for:		list of participating e	plan (not multiemployer) mployer information in a	(Filers checking this	box must attach a
	a one-participant plan	a foreign plan	mployer information in a	ccordance with the fo	rm instructions)
B This return/report is	T the first action (
b mis return/report is	the first return/report X an amended return/report	the final return/report			
	X an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
C Check box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram
	special extension (enter desc			_ Б. торк	gram
Part II Basic Plan Inf	ormation—enter all requested in	nformation			
1a Name of plan				1b Three-digit	T
Gasline Mechanical	Inc. Cash Balance Pla	an		plan number	002
				(PN)	
				1c Effective date 01/01/20:	of plan 1.3
2a Plan sponsor's name (empl	oyer, if for a single-employer plan)			2b Employer Ider	
City or town, state or provin	om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos	O. Box) stal code (if foreign, see ins	tructions)	(EIN) 91-16	34769
Gasline Mechanical	Inc	na. 3000 (ii foreigh, 300 iiis	idelions)	2c Sponsor's tele	ephone number
				425-487-2	
9926 Elliott Rd				2d Business code 811310	e (see instructions)
Snohomish				011310	
	WA 98296				
Than auministrator's name a	and address XSame as Plan Spon	nsor.		3b Administrator's	EIN
				3c Administrator's	tolophono number
					telephone number
					telephone number
					receptione number
4 If the name and/or EIN of the	ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	verepriorie number
4 If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name	ne plan sponsor has changed since Imber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	verepriorie number
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	Form 5500-SF 2015		Page 2							
b A	Vere 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 ander 29 CFR 2520.104-46? (See instructions on waiver eligibility by you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi	ndent qualified public a	ccount	ant (IQ	PA)				es N
	the plan is a defined benefit plan, is it covered under the PBGC in							¬No Γ	Not det	ermined
Part],,,		.cirimica
7 P	lan Assets and Liabilities		(a) Beginning	n of Vo		T		/b) End	l of Voor	
а т	otal plan assets	7a	(a) Degiiiiiii	3 01 16		0		(D) E110	of Year	
_	otal plan liabilities	7b		***************************************		+				
	et plan assets (subtract line 7b from line 7a)	7c				0				
8 In	come, Expenses, and Transfers for this Plan Year		(a) Amou	ınt		\top		(h)	Total	
	ontributions received or receivable from:) Employers	8a(1)						(3)	Total	
	?) Participants	8a(2)		***************************************						
	3) Others (including rollovers)	8a(3)								
	ther income (loss)	8b								
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								
to	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d		-						
_	ertain deemed and/or corrective distributions (see instructions)	8e								
	dministrative service providers (salaries, fees, commissions)	8f								
	ther expenses	8g				-				
A CONTRACTOR OF THE PARTY OF TH	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h								
	et income (loss) (subtract line 8h from line 8c) ransfers to (from) the plan (see instructions)	8i								
Part		8j	1							
B	f the plan provides welfers benefit t t t' t t t r						des in t			
Part \	·	eature cod	des from the List of Plan	n Chara	acterist				tions:	
Part \	Compliance Questions During the plan year:			n Chara	Yes				tions:	nt
Part \	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	tions with	in the time period			ic Cod	es in the			nt
Part \ 10 a	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) Were there any nonexempt transactions with any party-in-interest	tions with 'oluntary F	in the time period Fiduciary Correction include transactions	n Chara		No X	es in the			nt
Part \ 10 a	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	tions with 'oluntary F	in the time period Fiduciary Correction include transactions			ic Cod	es in the			nt
Part \ 10 a	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) Were there any nonexempt transactions with any party-in-interest	tions with oluntary f	in the time period Fiduciary Correction include transactions	10a		No X	es in the			nt
Part \ 10 a	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	tions with oluntary F (Do not	in the time period Fiduciary Correction include transactions	10a 10b		No X	es in the			nt
Part \ 10 a b c d e	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	tions with oluntary F (Do not fidelity bo	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under	10a 10b 10c 10d		No X X	es in the			nt
Part \ 10 a b c d e	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.)	tions with oluntary F ? (Do not fidelity bo ner persor ne or all of	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under	10a 10b 10c 10d		No X X X X X	es in the			nt
Part \ 10 a b c c d f f	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan	tions with foluntary f ? (Do not fidelity bo ner persor ne or all of	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under	10a 10b 10c 10d 10e 10f		No X X X X X X	es in the			nt
Part \ 10 a c d f g	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) 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?	tions with oluntary F (Do not fidelity bounder person the or all of s of year of	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under end.)	10a 10b 10c 10d 10e 10f 10g		No X X X X X	es in the			ıt .
Part \ 10 a b c d f g h i	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)	tions with 'oluntary F (Do not fidelity be ner persor ne or all of (See instra-	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under end.) uctions and 29 CFR	10a 10b 10c 10d 10e 10f 10g		No X X X X X X	es in the			nt
Part \ 10 a b c d f g h i	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	tions with old of the control of the	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under end.) actions and 29 CFR d notice or one of the	10a 10b 10c 10d 10e 10f 10g 10h		No X X X X X X	es in the			nt .
Part \ 10 a b c d f g h i	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10-1.	tions with old of the control of the	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under end.) actions and 29 CFR d notice or one of the	10a 10b 10c 10d 10e 10f 10g		No X X X X X X	es in the			nt .
Part \\ 10 a b c c d f c f c c c c c c c c c c c c c c c c c c c c c c c c c c c c	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. Did the plan trust incur unrelated business taxable income? Pension Funding Compliance s this a defined benefit plan subject to minimum funding requirem	tions with 'oluntary F ? (Do not fidelity both fidelity b	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under end.) actions and 29 CFR d notice or one of the	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes	No X X X X X Sched	N/A N/A	e instruc	Amour	
Part V	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. Did the plan trust incur unrelated business taxable income?	tions with oluntary for the or all of the or	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under end.) uctions and 29 CFR d notice or one of the	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes	No X X X X X Sched	N/A N/A	e instruc		es N

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		***************************************		-	***************************************
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver	uctions, and				ıling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.	Day_		Year	
b	Enter the minimum required contribution for this plan year		12b			
	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the let negative amount)	tofo	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes 🗍	No	N/A
Part	VII Plan Terminations and Transfers of Assets			700	110	14/7
_13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	□No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	<u> </u>		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?	t	ontrol	П	Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to		L		
	13c(1) Name of plan(s):	13c(2)	EIN(s)	T	13c(3) F	PN(s)
Part	VIII Trust Information					
14a	Name of trust		14h T	rust's EIN		
			140 1	ust's Elly		
440						
140	Name of trustee or custodian			Trustee's o		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 ematching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas har	sign- sed safe bor thod		P/ACP
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curr testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401 2(a)(2)(ii))?	(m)	Yes		□ No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	410(b):	Rat per tes:	centage		rage efit test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combir this plan with any other plans under the permissive aggregation rules?		Yes	NOT THE REAL PROPERTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND	No	
17a	Has the plan been timely amended for all required tax law changes?		Yes		No	□ N/A
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	. Enter the a		-		structions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan t advisory letter, enter the date of that favorable letter and the letter's serial num	iher				or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, ente determination letter	r the date of t	he plan'	s last favor	rable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) hamade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isl	s been ands)?	Yes		No	
19	Were in-service distributions made during the plan year?		Yes		No	
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of wheth retired), as required under section 401(a)(9)?	ner or not	Yes		No	

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 attachmer	nt to Form 5500	or 5500-SF.			
For	calendar plan year 2015 or fiscal plan year beginning 01/01/2	2015	and endin	g	12/31/20	015
▶ 1	Round off amounts to nearest dollar.					
• (Caution: A penalty of \$1,000 will be assessed for late filing of this report u	nless reasonabl	e cause is established	1.		
	lame of plan		B Three-digi	t		
G	Gasline Mechanical, Inc. Cash Balance Plan	plan numb	er (PN)	>	002	
CP	lan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Id	lantificat	ion Number (E	INIX
O F	nam sponsor's name as snown on line 2a or Form 5500 or 5500-5F		Employerio	ientificat	ion Number (E	iin)
G	Gasline Mechanical, Inc.		91-1634769	9		
FΤ	ype of plan: X Single Multiple-A Multiple-B	Prior vear plan siz	e: X 100 or fewer	101-5	00 More tha	an 500
		nor year plan siz	e. A 100 of lewer	101-0	no I wore an	ari 500
110	art I Basic Information					
1	Enter the valuation date: Month 01 Day 01	Year20	15			
2	Assets:			0		
	a Market value			2a		0
_	b Actuarial value			. 2b		0
3	Funding target/participant count breakdown		(1) Number of participants		ted Funding arget	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment		0		0	(
	b For terminated vested participants		0		0	(
	C For active participants		12	130,066		131,659
	d Total		12		130,066	131,659
4	If the plan is in at-risk status, check the box and complete lines (a) and (b	***************************************	П			
	a Funding target disregarding prescribed at-risk assumptions			4a		
	b Funding target reflecting at-risk assumptions, but disregarding transitio					
	at-risk status for fewer than five consecutive years and disregarding	The second second second second		4b		
5	Effective interest rate			. 5		6.21%
6	Target normal cost			. 6		(
State	ement by Enrolled Actuary					
T	o the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is reasonable	es, statements and att	achments, if any, is complete the experience of the plan a	e and accur	rate. Each prescribe	d assumption was applied in
C	combination, offer my best estimate of anticipated experience under the plan.	•		TOWN TOWNS		
S	IGN				1 1	
H	ERE				6/21/	2016
	Signature of actuary				Date	
Lor	raine Dorsa				1404253	3
	Type or print name of actuary			Most re	ecent enrollme	nt number
Aeg:	is Pension Services, Inc.			9	904-686-1	835
	Firm name		Tel	ephone	number (includ	ing area code)
100	Executive Way					
Suit	te 212					
Pont	te Vedra BeachFL 32082 Address of the firm					
	actuary has not fully reflected any regulation or ruling promulgated under t	the statute in co	mpleting this schedule	e, check	the box and se	е

	S	Schedule	SB (Form 5500) 20	015		Page	2 -					
Pa	art II	Begii	nning of Year	Carryov	er and Prefunding B	alances						
7		•			cable adjustments (line 13 f		(a)	Carryover balance	0	(b) P	refundin	g balance 0
8				unding requirement (line 35			0			0		
9									0			0
10	Interes	t on line	9 using prior year's	s actual ret	urn of <u>0.00</u> %				0			0
11	Prior y	ear's exc	ess contributions t	o be added	d to prefunding balance:							
	a Present value of excess contributions (line 38a from prior year)											0
	` '		·	•	danig prior year							0
					ear to add to prefunding balar							0
	d Port	ion of (c)	to be added to pre	efunding ba	alance							0
12	Other i	reduction	s in balances due	to elections	s or deemed elections				0			0
					+ line 10 + line 11d – line 12				0			0
	art III		nding Percenta			,			<u> </u>			
											14	0.00%
			g target attainmen								15	0.00%
					of determining whether car						16	0.00
	current	t year's fu	unding requiremen	t							-	0.00%
17	If the c	urrent va	lue of the assets of	f the plan i	s less than 70 percent of the	e funding tar	get, enter s	such percentage			17	0%
P	art IV	Cor	ntributions an	d Liquid	ity Shortfalls							
18					rear by employer(s) and employer			1		1 .		
(N	(a) Da ۱-MM-DD)		(b) Amount p employer((c) Amount paid by employees	(a) D (MM-DD		(b) Amount pai employer(s		(c	Amoun' employ	t paid by vees
Ò	3/02/	2016		16,998		,	•	. , ,				
-												
						Totals ▶	18(b)	1	6.998	18(c)		0
19	Discou	nted emr	olover contributions	s – see inst	tructions for small plan with	a valuation o				21		
			-		imum required contributions				19a			13,897
b Contributions made to avoid restrictions adjusted to valuation date									0			
	C Conf	tributions	allocated toward mi	nimum requ	uired contribution for current y	ear adjusted	to valuation	n date	19c			0
20			butions and liquidit			-		1				
	a Did the plan have a "funding shortfall" for the prior year?											
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?								Yes X No				
	C If lin	e 20a is "	'Yes," see instructi	ons and co	omplete the following table a	s applicable	:					<u>—</u>
				I	Liquidity shortfall as of e	nd of quarte		-				
		(1) 1	st		(2) 2nd		(3)	3rd		((4) 4th	

Pa	rt V Assumptio	ns Used to Determine	Funding Target and Targ	et Normal Cost					
21	Discount rate:								
	a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%		ld curve	e used		
	b Applicable month (enter code)			21b	21b			
22	Weighted average ret	irement age			22		62		
	Mortality table(s) (see			escribed - separate	Substitute	e			
Pa	rt VI Miscellane	ous Items	<u> </u>						
	Has a change been m	nade in the non-prescribed act	uarial assumptions for the current				ed Yes	X No	
25			an year? If "Yes," see instructions			<u>L</u>	Yes	X No	
		<u>.</u>	· · · · · · · · · · · · · · · · · · ·				X Yes	□ No	
27			Participants? If "Yes," see instru			<u>_</u>	1 165	NO	
21		alternative funding fules, ent	er applicable code and see instru	cuons regarding	27				
Pa	rt VII Reconcilia	ation of Unpaid Minimu	m Required Contribution	s For Prior Years					
28		•	/ears		28		1	57,071	
29			unpaid minimum required contrib		29				
	(line 19a)							13,897	
30	Remaining amount of	unpaid minimum required con	tributions (line 28 minus line 29).		. 30		1	43,174	
Pa	rt VIII Minimum	Required Contribution	For Current Year						
31	Target normal cost ar	nd excess assets (see instruct	ons):						
	a Target normal cost ((line 6)			31a	(
	b Excess assets, if ap	oplicable, but not greater than	ine 31a		31b	(
32	Amortization installme	ents:		Outstanding Bala	ance	Install	ment		
	a Net shortfall amortiz	zation installment		. 1	L31,659			23,391	
	b Waiver amortization	n installment			0			0	
33			er the date of the ruling letter gra) and the waived amount		33			0	
34	Total funding requiren	nent before reflecting carryove	r/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34	23,3			
			Carryover balance	Prefunding bala	nce	Total balance			
35	Balances elected for u	use to offset funding						0	
36	<u>'</u>	rement (line 34 minus line 35)			36			23,391	
	Contributions allocate	d toward minimum required co	ontribution for current year adjuste	ed to valuation date	37			0	
38	,	ss contributions for current yea							
30			(See IIIStructions)		38a			0	
			prefunding and funding standard o		38b			0	
39		-	ear (excess, if any, of line 36 over	-	39			23,391	
40					40			65,596	
		•	ension Relief Act of 2010		1			03,370	
				(See mstructions)				
41		le to use PRA 2010 funding re							
	a Schedule elected				<u>-</u>	2 plus 7 years	∐15 y	years	
	b Eligible plan year(s)	for which the election in line 4	1a was made		2008	2009 20	10	2011	
42	Amount of acceleratio	n adjustment			42				
43	Excess installment ac	celeration amount to be carried	d over to future plan years		43				

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contribution Year End Date: 12/31/2013 Effective: 6.57% Late Quarterly: 11.57%

Discounted	<u>Amount</u>	Effective Date
\$13,897	\$16,998	03/02/2016
\$13,897	\$16,998	

Name of Plan: Gasline Mechanical, Inc. Cash Balance Plan

Plan Sponsor's EIN: 91-1634769 Plan Number: 002

Plan Sponsor's Name: Gasline Mechanical, Inc.

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements Service/Participation Requirements

Age (yrs): 21 Definition of years: Hours worked

Age (months): 0 Continuing hours: 1,000

Wait (months): 12 Excluded classes: Union Members
Two year eligibility: No Non-resident alien

Other

Earnings

Total compensation excluding: Other

Retirement Normal Early Subsidized Early Disability Death

Age: 62 Service: 0 Participation: 5

Defined:

1st of month following

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceN/A0Female:Actuarial EquivalenceActuarial EquivalenceN/A0

 Rates - Male:
 N/A
 N/A
 N/A

 Rates - Female:
 N/A
 N/A
 N/A

Use Social Security Retirement Age: No REACT Benefits Percentage: 50.00%

Vesting Schedule: 3 Cliff Pre-retirement death benefit

Vesting Definition:Hours WorkedPercentage of accrued benefit:100.00%Death Benefit Payment method:PVAB

AnnuityPercentYearsNormal:Life only0.00%0QJSA:Joint and contingent50.00%0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Gasline Mechanical, Inc. Cash Balance Plan

Plan Sponsor's EIN: 91-1634769

Plan Number: 002

Schedule SB, line 32 - Schedule of Amortization Bases

Charges/Credits

Type of Base		Effective <u>Date</u>	Interest <u>Rate</u>	Initial <u>Amount</u>	Initial <u>Amort</u>	Current <u>Balance</u>	Rem <u>Amort</u>	<u>Payment</u>
Shortfall		01/01/2014	4.72 / 6.11	76,730	7.00	68,218	6.00	12,841
Shortfall		01/01/2015	4.72 / 6.11	63,441	7.00	63,441	7.00	10,550
Totals	Shortfall					131,659		23,391

Name of Plan: Gasline Mechanical, Inc. Cash Balance Plan

Plan Sponsor's EIN: 91-1634769 Plan Number: 002