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).

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2016

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 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit KING ELECTRICAL MANUFACTURING COMPANY 401(K) SALARY REDUCTION PLAN & TRUST plan number 001 (PN) • 1c Effective date of plan 01/01/1999 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) 91-0724644 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number KING ELECTRICAL MANUFACTURING COMPANY 206-762-0400 2d Business code (see instructions) 9131 - 10TH AVENUE SOUTH 811210 SEATTLE, WA 98108 **3a** Plan administrator's name and address X Same 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. 4c PN a Sponsor's name 5a 72 5a Total number of participants at the beginning of the plan year 5b 95 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 45 5c complete this item)..... 66 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 84 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 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.

<u>beliet, it is t</u>	rue, correct, and complete.			
SIGIA	Filed with authorized/valid electronic signature.	09/19/2017	BRAD WILSON	
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor		ual signing as employer or plan sponsor	
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r)	Preparer's telephone number

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d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No
C if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Ye	s 🗌 No
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (a) Total plan assets and Liabilities 7a 827207 1084675 (b) End of Year (c) End of Year (c) End of Year (d) End of Year (e) End of Year	_						_	_	_	□ N	
7 Plan Assets and Liabilities 7 Ra 8 827307 1004575 8 Total plan assets 8 7 Ra 827207 1004575 C Net plan assets (subtract line 7b from line 7a)		<u> </u>	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not de	erminea
a Total plan isabilities	Pa		r	Ι							
D Total plan liabilities			_						(b) End		'F
C. Net plan assets (subtract line 7b from line 7a)	_	·			021201	+				100437	3
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers)					827207	,				108457	5
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Others (including rollovers). (6) Other income (lost). (7) Employers. (8) Others (including rollovers). (8) A45654 (8) Dother income (lost). (8) Dother expenses. (8) Dother expenses. (9) Other expenses. (9) Dother expenses. (9) Dother expenses. (1) Dother expenses. (1) Dother (lost). (1) Dother (lost). (2) Dother expension benefits. (3) Dother (lost). (4) Dother (lost). (5) Dother (lost). (6) Dother (lost). (7) Dother (lost). (8) Do			/c						4) -		
(1) Employers 8a(1) 7423 (2) Participants 8a(2) 115642 (3) Others (including rollovers) 8a(3) 46664 b) Others (including rollovers) 8a(3) 46664 c) Others (including rollovers) 8a(3) 46664 c) Others (including rollovers) 8a(3) 46664 c) Other income (loss) 8a(1), 8a(2), 8a(3), and 8b) 8b 49287 c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 288006 d) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 22382 e) Certain deemed and/or corrective distributions (see instructions) 8e 1 f Administrative service providers (salaries, fees, commissions) 8f 1 g) Other expenses 8d 28266 f) Total expenses (add lines 8d, 8e, 8f, and 8g) 8d 8266 f) Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 30638 f) Transfers to (from) the plan (see instructions) 8j f) Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics all the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions				(a) Amour	nt				(b) I	otai	
(a) Others (including rollovers)	u		8a(1)		77423	3					
b Other income (loss). C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(2) Participants	8a(2)		115642						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		45654						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		49287	,					
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							28800	6
f Administrative service providers (salaries, fees, commissions)	d		8d		22382	2					
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions).	8e								
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f								
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		8256						
Transfers to (from)the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				30638				
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: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	i	Net income (loss) (subtract line 8h from line 8c)	8i				257368				
Part IV Plan Characteristics	j	Transfers to (from) the plan (see instructions)	8i								
9a	Pai	rt IV Plan Characteristics		•							
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Par	t V Compliance Questions									
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No	N/A		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	a	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-		X				
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	c	,				X					100000
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.) 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 of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d						X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ner persor ne or all of	s by an insurance the benefits under	10e	X					6777
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
	h	·	•		10h		X				
	i				10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t control of the PBGC?							Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefil Guaranty Corporation

Department of Labor

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 section 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

2016

This Form is Open to Public Inspection

		port Identification Information				
For	calendar plan year 2016	or fiscal plan year beginning	01/01/2016	and ending	12/31/201	
A 1	This return/report is for:	x a single-employer plan☐ a one-participant plan	a multiple-employer pl a list of participating e a foreign plan	an (not multiemployer) mployer information in	(Filers checking this accordance with the	s box must attach form instructions.)
Вı	This return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12	months)	
C	Check box if filing under:	▼ Form 5558 □ special extension (enter desc	automatic extension		DFVC pr	ogram
Da	art II Basic Plan	Information enter all requested	information			
	Name of plan	mormation enter all requested	mormation		1b Three-digit	
	King Electrical	Manufacturing Company 401	.(k) Salary Reducti	on Plan &	plan numbe	001
	Trust				(PN) ► 1c Effective da	
					01/01/1	•
2a	Mailing Address (includ	employer, if for a single-employer plan) le room, apt., suite no. and street, or P.	O. Box)	untions)	755027777	dentification Number -0724644
		ovince, country, and ZIP or foreign pos Manufacturing Company	tai code (ii foreign, see insti	uctions)	2c Sponsor's t	elephone number
	Kind Flectrical	Manufacturing Company			(206) 7	
						ode (see instructions)
	9131 - 10th Avenue South				811210	
	US SEATTLE WA 98108					
3a	Plan administrator's nar	me and address 🗓 Same as Plan Sp	onsor		3b Administrat	or's EIN
					3c Administra	tor's telephone number
4	If the name and/or FIN	of the plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
4		of the plan sponsor has changed since n number from the last return/report.	the last return/report filed in	or triis plan, enter the	70 6114	
a	Sponsor's name				4c PN	
		pants at the beginning of the plan year			. 5a	72
b	Total number of particip	pants at the end of the plan year			. 5b	95
С		with account balances as of the end of			5c	45
4/		a participants at the basinging of the pl			E-1/43	66
•	•	e participants at the beginning of the pl	E SANCTON FORMAR PROVINCE TO ACCC			
d(e participants at the end of the plan year			5d(2)	84
е	Number of participants less than 100% vested	that terminated employment during the	pian year with accrued ber	ents that were	5e	0
		e late or incomplete filing of this retu				н
		and other penalties set forth in the instru				
SB	or Schedule MB comple	eted and signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/rep	ort, and to the best	of my knowledge and
bel	ief, it is true correct/ant	i complete./ /-//			- 1	
SI	GN- Ploulle	Ullalow	9-19+17	Brad 1	Nilson	
	ERE Signature of plan	a appriinistrator	Date	Enter name of individ	lual signing as plan	administrator
01	1/\1.1/1/4	Wilne	9-19-17	Brad	Wilson	ė
	GN Signature of emp	nover/plan sponsor	Date	Enter name of individ	*	
		firm name, if applicable) and address (Preparer's telep	hone number
	rip this question	, , , , , , , , , , , , , , , , , , , ,			Skip this qu	iestion
1						

	Form 5500-SF 2016		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (Se	e instructions.)						X Yes No	
	Are you claiming a waiver of the annual examination and report of ar under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan cannot	nd conditions t use Form	s.) 5500-SF and must inst	ead u	se Fo	rm 55	500.		XYes No	
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance prog	ram (see ERISA section	4021)? .		Yes	∐ No	Not determined	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Year		-		(b) End	of Year	
а	Total plan assets	7a	82	7,20	7				1,084,575	
b	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		7,20)7	-			1,084,575	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			_		(b) 1	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	7	7,42	23	S 10"				
	(2) Participants	8a(2)	11	5,64	12				Yang Xin Hat Pile -	
	(3) Others (including rollovers)	8a(3)	4	5,65	54	1.8				
b	Other income (loss)	8b	4	49,287						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		10	d mini				288,006	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	22,382				S. Valv		
е	Certain deemed and/or corrective distributions (see instructions)	8e							fittive series in 1994.	
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		8,25	56					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	ve hewen man	-IM		30,638			30,638	
i	Net income (loss) (subtract line 8h from line 8c)	8i			Q.L.	257,3			257,368	
j	Transfers to (from) the plan (see instructions)	8j								
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codes	from the List of Plan Ch	aract	eristic	Code	s in the	instruct	ions:	
	2E 2F 2G 2J 2K 2T 3D						_			
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture codes t	from the List of Plan Cha	ıracte	ristic (Codes	in the i	instructio	ons:	
Pa	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribut	tions within t	he time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fidu	ciary Correction				, Öz			
	Program)			10a		Х	1841			
k	Were there any nonexempt transactions with any party-in-interest			10b		x				
-	reported on line 10a.)				37				100,000	
	The state of the s		The state of the s	10c	Х				100,000	
	by fraud or dishonesty?			10d		х	76			
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				6,777	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х	La Pi			
- 0	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g		х				
r		See instruct	ions and 29 CFR	10h		x	John H			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required r	notice or one of the	10i						

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Page 3 -	

Dar	art VI Pension Funding Compliance							-
11		uirements? (If "Yes." see instructions an	nd complete So	chedule :	SB		- Fre	
	(Form 5500 and line 11a below)			· · · · · · · · · · · · · · · · · · ·		L Ye	es X	NO NO
-	a Enter the unpaid minimum required contributions for all years			11a	_	r		
12	2 Is this a defined contribution plan subject to the minimum fur ERISA?					Y	es 🗓	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e					L		
а	I If a waiver of the minimum funding standard for a prior year is granting the waiver					of the leti Year		ıg
Ify	f you completed line 12a, complete lines 3, 9, and 10 of Sche							
b	Enter the minimum required contribution for this plan year		***************************************	12b				
С	Enter the amount contributed by the employer to the plan for	the plan year	•••••	12c				
d	Subtract the amount in line 12c from the amount in line 12b. negative amount)	,		12d				
е	Will the minimum funding amount reported on line 12d be me	t by the funding deadline?			Yes 🗌] No [] N//	٩
Par	rt VII Plan Terminations and Transfers of As	sets						
13a	${f 3a}$ Has a resolution to terminate the plan been adopted in any pl	an year?			Yes	x	No	
	If "Yes," enter the amount of any plan assets that reverted to	the employer this year		13a				
b	Were all the plan assets distributed to participants or benefici control of the PBGC?					Yes X	No	
С	If, during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See instructions.)	red from this plan to another plan(s), ide						
1	13c(1) Name of plan(s):		13c(2) E	EIN(s)		13c(3) PN(s)
					Į.			
Par	art VIII Trust Information - Skip These Questio	ne						
	la Name of trust	113		14b	Trust's El	N		
140	C Name of trustee or custodian			14d	Trustee o	r custodi	an's	
					telephone	e number		
				<u> </u>				
Par	rt IX IRS Compliance Questions - Skip Thes	e Questions						
15a	5a Is the plan a 401(k) plan? If "No," skip b.		D \	Yes			0	
15b	5b How did the plan satisfy the nondiscrimination requirements f			Design-b safe harl			Prior ye est	ar" ADP
	401(k)(3) for the plan year? Check all that apply:			Jaic Hair	,,,		31	
				'Current	vear"			
				'Current ADP test			N/A	
16a	6a What testing method was used to satisfy the coverage require year? Check all that apply:		an F	ADP test Ratio percenta		Average	e [
	year? Check all that apply:		an F	ADP test			e [□ N/A
		irements of sections 410(b) and 401(a)	an F	ADP test Ratio percenta		Average	e [□ N/A
16k	year? Check all that apply:	irements of sections 410(b) and 401(a) nder the permissive aggregation rules?	an	ADP test Ratio percenta est Yes	ge 🔲	Average benefit t	e test	
16k	year? Check all that apply: Did the plan satisfy the coverage and nondiscrimination required for the plan year by combining this plan with any other plan u If the plan is a master and prototype plan (M&P) or volume su	irements of sections 410(b) and 401(a) nder the permissive aggregation rules?	an F	ADP test Ratio percenta est Yes tter or ac	ge dvisory lett	Average benefit t	e [test o	te of
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