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

2017

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Informatior	1			
For calenda	ar plan year 2017 or f	fiscal plan year beginning 01/01/	2017	and ending 12	2/31/2017	
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	_	
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	X the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)	
C Check	oox if filing under:	Form 5558	automatic extension	ı	DFVC progra	ım
		special extension (enter desc	cription)			
Part II	Basic Plan Info	ormation—enter all requested ir	nformation			
1a Name CROWN ELI	•	IT SHARING PLAN & TRUST			1b Three-dig plan numb (PN) ▶	
					1c Effective of	date of plan 01/01/2002
		oyer, if for a single-employer plan)			2b Employer	Identification Number
	,	om, apt., suite no. and street, or P.o ce, country, and ZIP or foreign pos	,	structions)	(EIN)	61-0956394
•	ECTRIC, INC.	, ,,	(3 /	,		s telephone number 70-442-3856
					2d Business	code (see instructions)
P.O. BOX 81 PADUCAH, F	04 <y 42002-8104<="" td=""><td></td><td></td><td></td><td></td><td>238210</td></y>					238210
3a Plan a	dministrator's name a	and address X Same as Plan Spo	onsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
						·
4 If the r	name and/or EIN of th	ne plan sponsor or the plan name h	nas changed since the las	t return/report filed for	4b EIN	
this pl	an, enter the plan spo	onsor's name, EIN, the plan name			4d pu	
a Spons C Plan N	or's name lame				4d PN	
	iamo					
5a Total r	number of participants	s at the beginning of the plan year			5a	1
		s at the end of the plan year			5b	0
		account balances as of the end of			5c	0
d(1) Tota	al number of active pa	articipants at the beginning of the p	olan year		5d(1)	0
		articipants at the end of the plan ye			5d(2)	0
		o terminated employment during th			5e	
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assesse	ed unless reasonable car		
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, aplete.				
SIGN	Filed with authorized	d/valid electronic signature.	07/25/2018	RYAN SAMSIL		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator
SIGN						
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	ual signing as en	nplover or plan sponsor

Form 5500-SF 2017 Page **2**

_	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 							X Yes No	
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined . (See instructions.)	
Pa	rt III Financial Information		r						
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	l of Year	
a	Total plan assets	7a		1373				0	
b	Total plan liabilities	7b							
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		1373		0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total		
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-107					
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-107	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1266					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1266	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-1373	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2T 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	n Chara	acteris	tic Cod	es in the inst	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X			
С				10c	X			50000	
d	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			
е	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	f Has the plan failed to provide any benefit when due under the plan?			10f		X			
g		s of year-e	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i		Χ			

Form 5500-SF 2017 Page 3- 1

Part '	/I Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule S	B 	Yes	No X
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of	f 	Yes	x No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver.			of the letter ru Year	uling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	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 left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part \	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	s No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				X Yes I	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) P	N(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open

Pension Benefit Guaranty Corporation			the instructions to	the Form 5500-SF.	to Public In	spection		
Part I Annual Report Ide	ntification Infor	mation		***************************************				
For calendar plan year 2017 or fisca	l plan year beginning	01/01/20	17	and ending 1	2/31/201	7		
A This return/report is for:	X a single-employer	plan a multipl		ultiemployer) (Filers che				
The same of the sa	_ , ,			ation in accordance with				
	a one-participant			ation in addordation with		0113.)		
B This return/report is	the first return/rep		return/report					
2 This return report is	an amended retur	-			1004			
C Check box if filing under:	Form 5558			rt (less than 12 mont)				
Check box if filling drider.	-		tic extension	L	DFVC program			
Part II Basic Plan Inform	ation - enter all rea	(enter description)						
	ation - enter all req	uested information		41.				
1a Name of plan	C DDOETM	מווא הדאום הואי	A C MDIIGM	1b Three-digit plan number (F	2010	0.00		
CROWN ELECTRIC, IN	C. PROFIT	SHARING PLAI	N & TRUST			002		
				1c Effective date				
0					1/2002			
2a Plan sponsor's name (employer, Mailing address (include room, a	, if for a single-employ	ver plan)			tification Number	er (EIN)		
CROWN ELECTRIC, IN	country, and ZIP or fo	preign postal code (if fo	oreign, see instr.)	61-0956394				
	C.			2c Sponsor's telephone number				
P.O. BOX 8104				(270) $442-$				
					e (see instruction	is)		
PADUCAH		002-8104		2382	10			
3a Plan administrator's name and a	address X Same a	s Plan Sponsor.		3b Administrator's	s EIN			
				3c Administrator's	s telephone num	ıber		
(200								
4 If the name and/or EIN of the plan	n sponsor or the plan	name has changed si	nce the last	4b EIN				
return/report filed for this plan, er	nter the plan sponsor	's name, EIN, the plan	name and the					
plan number from the last return/	report.							
a Sponsor's name				4d PN				
C Plan Name								
5a Total number of participants at	the beginning of the	plan year		5a		1		
b Total number of participants at	the end of the plan y	ear		5b		0		
c Number of participants with ac						-		
contribution plans complete thi	is item)			5c		0		
d (1) Total number of active part	cicipants at the beginn	ning of the plan year		5d(1)		0		
d (2) Total number of active part	icipants at the end o	f the plan year		5d(2)		0		
e Number of participants who ter	rminated employmen	t during the plan year	with accrued					
benefits that were less than 10	00/			5e				
Caution: A penalty for the late or					is established.			
Under penalties of perjury and other	penalties set forth in	the instructions, I dec	lare that I have exam	nined this return/repor	rt, including, if a	pplicable, a		
Under penalties of perjury and other Schedule SB or Schedule MB comp my knowledge and belief, it is true, or	leted and signed by a	an enrolled actuary, as	well as the electronic	c version of this retur	n/report, and to	the best of		
ha //		ĺ						
SIGN Kum Lan	nsil	07/25/2018	RYAN SAMSI	т.		1		
HERE Signature of plan administ		Date		idual signing as plan a	administrator			
				and and and plant				
SIGN								
HERE Signature of employer/plan	n sponsor	Date	Enter name of indiv	idual signing as emplo	over or plan and	neor		
orginatare of employer/plai	- oponisor	Date	Litter hame of indiv	audi sigi iiriy as empi	oyer or plan spo	11901		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017)

v. 170203

Form 5500-SF 2017		Page 2		-
 Were all of the plan's assets during the plan year invested in eligible assets? Are you claiming a waiver of the annual examination and report of an indeper (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either line 6a or line 6b, the plan cannot use For If the plan is a defined benefit plan, is it covered under the PBGC insurance program (so If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing 	ndent qual I condition m 5500-Si ee ERISA se	ified public accountant s.) F and must instead us ection 4021)?	se Form	Yes No
Part III Financial Information				
7 Plan Assets and Liabilities		(a) Beginning of Ye	ar	(b) End of Year
a Total plan assets	7a	13	73	
b Total plan liabilities	7b			
C Net plan assets (subtract line 7b from line 7a)	7c	13	73	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a Contributions received or receivable from:				
(1) Employers	8a(1)			
(2) Participants	8a(2)			
(3) Others (including rollovers)	8a(3)			
b Other income (loss) STATEMENT 1	8b	-1	07	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-10
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) STATEMENT 2	8d	12	66	
e Certain deemed and/or corrective distributions (see instructions)	The second liverage of		00	
f Administrative service providers (salaries, fees, commissions)				
g Other expenses				
h Total expenses (add lines 8d, 8e, 8f, and 8g)				126
i Net income (loss) (subtract line 8h from line 8c)				-137
j Transfers to (from) the plan (see instructions)			18	
Part IV Plan Characteristics			-	
9a If the plan provides pension benefits, enter the applicable pension feature 2E 2F 2G 2T 3D			200-200-200-200-200-200-200-200-200-200	
b If the plan provides welfare benefits, enter the applicable welfare feature co	odes from	the List of Plan Charac	teristic C	codes in the instructions:
Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions with				

a Was there a failure to transmit to the plan any participant contribution period described in 29 CFR 2510.3-102? (See instructions and Distribution Program.)		
b Were there any nonexempt transactions with any party-in-interest transactions reported on line 10a.)	- CANADA AND AND AND AND AND AND AND AND AN	
C Was the plan covered by a fidelity bond?		000
d Did the plan have a loss, whether or not reimbursed by the plan's was caused by fraud or dishonesty?	NAME AND A STATE OF THE STATE O	
• Were any fees or commissions paid to any brokers, agents, or oth insurance carrier, insurance service, or other organization that pro the benefits under the plan? (See instructions.)	vides some or all of	
f Has the plan failed to provide any benefit when due under the pla		
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year-end.)	
h If this is an individual account plan, was there a blackout period? and 29 CFR 2520.101-3.)	See instructions 10h X	
i If 10h was answered "Yes," check the box if you either provided one of the exceptions to providing the notice applied under 29 C	A1 10 10 10 10 10 10 10 10 10 10 10 10 10	