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).

2017

This Form is Open to **Public Inspection**

OMB Nos. 1210-0110

1210-0089

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

Part I		Identification Information	1							
For calenda	ar plan year 2017 or fi	scal plan year beginning 01/01/	<u>/2017</u>	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	irn/report is	the first return/report	the final return/repo							
		an amended return/report	a short plan year re	turn/report (less than 12 m	onths)					
C Check b	oox if filing under:	X Form 5558	automatic extension	n	DFVC progra	m				
		special extension (enter desc	' '							
Part II		ormation—enter all requested in	nformation		41	. 1				
1a Name KINGS HEA	of plan TING & SHEET META	AL INC 401K PLAN			1b Three-dig plan numb (PN) ▶					
					1c Effective of	date of plan 01/01/2002				
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.0			2b Employer (EIN)	Identification Number 16-0725347				
-	town, state or province FING & SHEET META	ce, country, and ZIP or foreign pos AL INC	stal code (if foreign, see ir	nstructions)	•	telephone number				
407 00 UTU I	WORK OTREET				2d Business	code (see instructions)				
	WORK STREET NY 14733-1433					238220				
3a Plan ad	dministrator's name a	nd address Same as Plan Spo	onsor.		3b Administra					
KINGS HEAT	TING & SHEET META		JTH WORK STREET		16-0725347					
		FALCON	IER, NY 14733-1433		3c Administrator's telephone number 716-665-3102					
4 If the r	name and/or FIN of the	e plan sponsor or the plan name h	nas changed since the las	st return/report filed for	4b EIN					
	an, enter the plan spo	onsor's name, EIN, the plan name			4d PN					
C Plan N					4u PN					
5a Total r	number of participants	s at the beginning of the plan year.			5a	6				
		s at the end of the plan year			5b	5				
		account balances as of the end of			5c	5				
d(1) Tota	al number of active pa	articipants at the beginning of the p	olan year		5d(1)	6				
		articipants at the end of the plan ye			5d(2)	5				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
		ther penalties set forth in the instru								
SB or Sche		nd signed by an enrolled actuary,								
SIGN HERE	Filed with authorized	I/valid electronic signature.	10/10/2018	MIKE KING						
	Signature of plan a	ıdministrator	Date	Enter name of individ	ual signing as pla	an administrator				
SIGN HERE	Ciamatura of and		D-4-	Enter some of the Post	uol oigette et e e	onlover or also see a see				
For Papersu	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	uai signing as en	nployer or plan sponsor				

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b	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. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year						Yes No	
Do								
_ Pa	rt III Financial Information		()5					
	Plan Assets and Liabilities	7-	(a) Beginning	of Year 38019			(b) En	d of Year 971796
	Total plan liabilities	7a	10.	36019				971790
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	10	38019	-			971796
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amoun				(h)	Total
	Contributions received or receivable from:		(a) Amoun				(10)	Total
	(1) Employers	8a(1)		1745				
	(2) Participants	8a(2)		8354				
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b	3	12356				
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						322455
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	36	87201				
e	Certain deemed and/or corrective distributions (see instructions)	8e			_			
f	Administrative service providers (salaries, fees, commissions)	8f		1477				
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						388678
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-66223
j	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 2J 2K 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:
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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			200000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		200000
e		ner person ne or all of	s by an insurance the benefits under	10e	X			1393
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ		
g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		10g		X		
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				

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Part	VI 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)		В	. Y	es No
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			es 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	d enter t		of the letter Year	ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	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 '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan 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 beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	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)	PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Pension Benefit Guaranty Corporation

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

Part I Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection**

For poland		Total plan year beginning		017	and anding	10/	31/2017		
_ For calenda	ar plan year 2017 or i	iscal plan year beginning	01/01/2		and ending		sing this box must attach a		
A This ret	urn/report is for:	X a single-employer plan					with the form instructions.)		
		a one-participant plan	a foreig		, ,		•		
B This retu	urn/report is	the first return/report	☐ the final	return/report					
		an amended return/report	<u>~</u>		n/report (less than 12 m	onths)			
0		-	Пасион	pian your rotain	iroport 1000 tildir 12 ii				
C Check I	box if filing under:	X Form 5558		itic extension		☐ DFVC p	rogram		
		special extension (enter desc							
Part II		ormation—enter all requested in	nformation						
1a Name	of plan					1b Thre	e-digit number 005		
KINGS H	EATING & SHEE	T METAL INC 401K PLA	ΔN			(PN)			
							ctive date of plan		
						3	1/2002		
		oyer, if for a single-employer plan)					loyer Identification Number		
		om, apt., suite no. and street, or P.G ce, country, and ZIP or foreign pos		reign, see instr	ructions)	} <u>`</u>	16-0725347		
	leating & She		•	•	•		nsor's telephone number 665-3102		
							ness code (see instructions)		
137 Sou	th Work Stree	et				2382			
Falcone	***	NIV 14722 142	2.2						
		NY 14733-143				2h Admi	inintentaria FINI		
	dministrator's name a EATING & SHEE	1	onsor.				inistrator's EIN 725347		
						3c Admi	nistrator's telephone number		
137 SOU	TH WORK STREE	T				716-6	565-3102		
FALCONE		NY 14733-1433							
		e plan sponsor or the plan name h onsor's name, EIN, the plan name a				4b EIN			
a Sponso		Alsor's Haine, Chy, the plan haine a	and the plant	namber nom u	ie iast retornireport.	4d PN			
C Plan N									
5a Total n	umber of participants	at the beginning of the plan year.				5a	6		
		at the end of the plan year			i	5b	5		
_	and the second s	account balances as of the end of			•	5c	5		
-	•	rticipants at the beginning of the p				5d(1)	6		
		articipants at the end of the plan ye				5d(2)	5		
		terminated employment during the				5e			
		or incomplete filler of this ratur					0 hllahad		
		or incomplete filing of this retur her penalties set forth in the instru-							
SB or Sche		nd signed by an enrolled actuary, a							
SIGN	Mac, contect, and com	de de la companya de	·		Mike King				
HERE	Signature of plan a	administrator	Data	0 -16 -18	Enter name of individ	ual signing	as plan administrator		
SIGN	AN 1	4-3-	Dan		Mike King	aar organing i	ao pian aorinnobator		
HERE	Signature of emplo	workplan enonece	Dot.			ual electro	se amployar ar plan anancar		
For Panerwo		oyempian sponsor ce, see the Instructions for Form 5500		5 10 -10 -10	Cotter hante of individi	uai signing :	as employer or plan sponsor Form 6500-SF (2017)		

a	a	е	2

Part III Financial Information (See instruction PBOC premium filling for this plan year		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.)						_	Yes No	
7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance j	orogram (see ERISA se	ection 4	1021)?	[Yes No		t determined instructions.)
a Total plan assets	Pa	t III Financial Information						·		
a Total plan lassets	7	Plan Assets and Liabilities		(a) Beginning	of Yea			(b) Er	d of Yea	ır
C Net plan assets (subfract line 7b from line 7a)	a	Total plan assets	. 7a				•			971,796
C Net plan assets (subfract line 7b from line 7a)	b	Total plan liabilities	. 7b							
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers (5) Dither income (toss). (6) Other income (toss). (7) Dith income (toss). (8) Dither income (toss). (9) Dither plan have a foss, whether or not reimbursed by the plan's fidelity bond, that was caused by the plan's fidelity bond? (9) Dither plan have a foss, whether or not reimbursed by the plan's fidelity under the plan's fidelity under the plan's fidelity under the plan's fidelity bond (the benefits). (9) Dither plan have a foss, whether or not reimbursed by the plan's fideli	С		. 7c	1,	038,	019			•	971,796
a Contributions received or receivable from: (1) Employers (2) Participants				(a) Amour	1t			(b)	Total	
(3) Other (including rollovers)	а	Contributions received or receivable from:	. 8a(1)			745			: :	
(3) Other (including rollovers)			. 8a(2)		8,	354				
b Other income (loss)		(3) Others (including rollovers)	1				7.7		٠	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b				312,	356	········			
to provide benefits) 8d 387, 201 e Certain deemed and/or corrective distributions (see instructions) 8e	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							322,455
f Administrative service providers (salaries, fees, commissions)	d		. 8d		387,	201				
g Other expenses	e	Certain deemed and/or corrective distributions (see instructions)	8e					· ·		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		1,	477				
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							388,678
Part IV Plan Characteristics	i	Net income (loss) (subtract line 8h from line 8c)	8i							-66,223
9a	j	Transfers to (from) the plan (see instructions)	8j							
Description List of Plan Characteristic Codes in the instructions:	Par	t 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		feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the in	struction	ş:
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.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteríst	ic Coo	les in the ins	tructions	
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)	Par	V Compliance Questions								
described in 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amoun	t
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.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	а	described in 29 CFR 2510.3-102? (See Instructions and DOL's \	/oluntary F	iduciary Correction	10a		х			
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.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the	þ	Were there any nonexempt transactions with any party-in-interest	l? (Do not	include transactions	10b		х			
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.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) t If 10h was answered "Yes," check the box if you either provided the required notice or one of the	С	Was the plan covered by a fidelity bond?			10c	Х				200,000
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.)	d				10d		х			
f Has the plan falled to provide any benefit when due under the plan?	6	carrier, insurance service, or other organization that provides some	ne or all of	the benefits under	10e	Х				1,393
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f				10f		х			
h If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	100		х		,	· · · · · · · · · · · · · · · · · · ·
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the		If this is an individual account plan, was there a blackout period?	(See instru	ictions and 29 CFR				·		
exceptions to providing the notice applied under 29 of 17 2020, 101-5	i		he required	notice or one of the	10i					

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Form	DOUL	·>> -	ZUT	f

Page	3-	ſ

Part	VI Pension Funding Compliance			
11	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5 (Form 5500) and line 11a below)	chedule	SB	Yes No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	tion 302	of	Yes 🔀 No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	_	the date	of the letter ruling Year
<u>lf</u> ;	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		
<u>e</u>	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?		Yes	s 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 beneficiaries, transferred to another plan, or brought under to control of the PBGC?	ne		Yes X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to		
1	3c(1) Name of plan(s): 13c	2) EIN(s)	13c(3) PN(s)