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

2018

This Form is Open to Public Inspection

Part I	Annual Report	i Identification Information	<u>1</u>									
For calend	ar plan year 2018 or f	iscal plan year beginning 01/01/2	2019		and ending 00	3/31/20)19					
A This ref	A This return/report is for: 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 one-participant plan	a fo	oreign plan	plan							
B This reti	urn/report is	the first return/report	X the	final return/report	return/report							
		an amended return/report	X a sh	nort plan year return	/report (less than 12 m	onths)						
C Check	box if filing under:	X Form 5558	aut	omatic extension		DF	VC program					
		special extension (enter descr	cription)									
Part II	Basic Plan Info	ormation—enter all requested inf	nformatio	n								
1a Name AIR PURIFIC	•	RETIREMENT SAVINGS PLAN					Three-digit plan number (PN)	001				
						1c		ffective date of plan 01/01/1970				
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	O. Box)			2b Employer Identification Number (EIN) 84-0460387						
	town, state or province CATION COMPANY	ce, country, and ZIP or foreign post	stal code ((if foreign, see instru	uctions)		Sponsor's telep					
1861 WEST DENVER, CO	64TH LANE O 80221-2347					2d	Business code (2389	(see instructions)				
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number												
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a				4b						
a Spons C Plan N	or's name lame					4d	PN					
5a Total	number of participants	s at the beginning of the plan year				5a	a	31				
_		s at the end of the plan year				5k)	0				
		account balances as of the end of	•		•	50	:	0				
d(1) Tot	al number of active pa	articipants at the beginning of the pl	olan year			5d(1)	26				
	·	articipants at the end of the plan yea				5d(2)	0				
than	100% vested	o terminated employment during the				5€		0				
Under pena SB or Sche	alties of perjury and of	or incomplete filing of this return ther penalties set forth in the instruc- and signed by an enrolled actuary, an aplete.	uctions, I	declare that I have	examined this return/re	port, in	cluding, if applic	cable, a Schedule y knowledge and				
SIGN	Filed with authorized	d/valid electronic signature.		11/06/2019	G. BAILY ANDERSON							
HERE	Signature of plan a	administrator		Date	Enter name of individ	ual sig	ning as plan adı	ministrator				
SIGN												
HERE	Signature of emplo	oyer/plan sponsor		Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor				

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	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.									
С	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the					_	. – –			
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year			
a	Total plan assets	7a	373	37905		0				
<u>b</u>	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	373	37905			0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	_		(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)	8b	32	29200						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					329200			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)									
f	Administrative service providers (salaries, fees, commissions)	8f		2146						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				2146				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					327054			
j	Transfers to (from) the plan (see instructions)	8j	-40	-4064959						
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2T $$ 3D	feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cteris	tic Coc	des in the instructions:			
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	Χ		500000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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.)						4750			
f	f Has the plan failed to provide any benefit when due under the plan?					X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	Х		0			
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	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
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 s ERISA?	ection	302 of		0	res X No				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver			he date						
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?			X Yes	s 🛮 N	lo				
	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 unde control of the PBGC?	the		X Yes 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.)	an(s)	to							
1	3c(1) Name of plan(s):	c(2)	EIN(s)	-	13c(3	3) PN(s)				
TRINE [*]	T 401K PLAN 48-130	1650	-		334	·				

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).

2018

OMB Nos. 1210-0110 1210-0089

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

This Form is Open to **Public Inspection**

	port Identification Informatio									
For calendar plan year 201	8 or fiscal plan year beginning	01/01/2019	and ending	03/31/2						
A This return/report is for: 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.)										
B This return/report is	a one-participant plan	a foreign plan								
- This return report is	the first return/report	X the final return/report								
_	an amended return/report	🛚 a short plan year retu	ırn/report (less than 12 r	report (less than 12 months)						
C Check box if filing under	7 01111 0000	automatic extension DFVC program								
Dowl II Doois Dlow	special extension (enter des									
	Information—enter all requested	information		T 41						
1a Name of plan Air Purificat:		1b Three-diging plan numb (PN) ▶								
				1c Effective of 01/01/						
Mailing address (includ	employer, if for a single-employer plan le room, apt., suite no. and street, or F	O. Box)		2b Employer Identification Number (EIN) 84 - 0460387						
Air Purificat:	rovince, country, and ZIP or foreign po ion Company	stal code (if foreign, see ins	structions)	2c Sponsor's telephone number 303-428-2800						
1861 West 64tl	n Lane				code (see instructions)					
Denver	CO 80221	2347		220000						
3a Plan administrator's na	me and address X Same as Plan Sp	oonsor		238900 3b Administrator's EIN						
out have definitionally of the	Administrator's Env									
4 1/4										
 4 If the name and/or EIN this plan, enter the pla a Sponsor's name 	of the plan sponsor or the plan name n sponsor's name, EIN, the plan name	has changed since the last and the plan number from	return/report filed for the last return/report.	4b EIN 4d PN						
C Plan Name				4u PN						
5a Total number of partici	pants at the beginning of the plan yea	r		. 5a	31					
b Total number of partici	pants at the end of the plan year			5b	0					
C Number of participants	with account balances as of the end o	of the plan year (only define	d contribution plans	5c	0					
	ve participants at the beginning of the			. 5d(1)	26					
d(2) Total number of acti	ve participants at the end of the plan y	/ear		. 5d(2)	0					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0					
Caution: A penalty for the	late or incomplete filing of this retu	urn/réport will be assesse	d unless reasonable ca	use is establish	ed.					
SB or Schedule MB comple belief, it is true, correct, and	and other penalties set forth in the inst sted and signed by an enrolled actuary I complete.	actions, I declare that I hav , as well as the electronic v	e examined this return/repo ersion of this return/repo	eport, including, if rt, and to the best	applicable, a Schedule of my knowledge and					
SIGN 65.5	ty (11-6-2019	G. Baily Ande	rson						
Signature of p	olan administrator	Date	Enter name of individ	dual signing as pla	an administrator					
SIGN HERE										
	employer/plan sponsor t Notice, see the Instructions for Form 55	Date	Enter name of individ	dual signing as en	nployer or plan sponsor Form 5500-SF (2018)					

c	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be 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	an indepe and condi not use Fo nsurance p	ndent qualified public attions.) prm 5500-SF and must program (see ERISA se	account t instea ection 4	ant (IC ad use 1021)?	QPA) e Form	X Yes No S5500. Yes No Not determined		
Pai	t III Financial Information	For an order of the second of the	g*- management of the contract						
_7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year		
-	Total plan assets	7a	3,	737,	905				
<u>b</u>	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	3,	737,	905				
8	Income, Expenses, and Transfers for this Plan Year	745.4	(a) Amour	nt			(b) Total		
	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
-	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		329,	200				
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					329,200		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		2,	146				
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2,146		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				327,05			
j	Transfers to (from) the plan (see instructions)	8j	-4,064,959						
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.								
10	During the plan year:		W		Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary F	Fiduciary Correction	10a	103	X	Amount		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х		500,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				х			
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.)			10d 10e	х		4,750		
f	Has the plan failed to provide any benefit when due under the pla			10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	Х		C		
h	2520.101-3.)	••••••		10h		Х			
Ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	You.					

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Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requ (Form 5500) and line 11a below)	uirements? (If "Yes," see instruction	ons an	d complete Sch	edule S	SB		Yes No	
11a Enter the unpaid minimum required contributions for all years				- Consequentian				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (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 instructions, and enter the date of the letter ruling granting the waiver. Month Day Year								
If you completed line 12a, complete lines 3, 9, and 10 of Scho	edule MB (Form 5500), and skij	p to lin	ne 13.					
b Enter the minimum required contribution for this plan year				12b			•	
c Enter the amount contributed by the employer to the plan for the				12c			WP Protection in the control of the	
d Subtract the amount in line 12c from the amount in line 12b. Enegative amount)	Enter the result (enter a minus sig	gn to th		12d				
e Will the minimum funding amount reported on line 12d be me	t by the funding deadline?				Yes	No	N/A	
Part VII Plan Terminations and Transfers of Asset								
13a Has a resolution to terminate the plan been adopted in any plan ye	ear?				X Yes	; ∏ 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?						X Yes	☐ No	
If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred.								
13c(1) Name of plan(s):			13c(2)	EIN(s)		13c	(3) PN(s)	

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