

P.O. Box 191030 Sacramento, CA 95819-1030 PH: 916-457-0821 Fax: 916-457-8276 Toll Free: 1-877-811-4474

5841 Newman Court
Sacramento, CA 95819
Web:www.pipetradesbenefits.org
Email:inquire@pipetradesbenefits.org

May 6, 2016

TO: U. A. Local 447 Benefit Plan Participants & Employers

FROM: Pipe Trades Benefit Plans Fund Office

RE: Summary Annual Reports for the Defined Contribution and Health & Welfare Plans

PLEASE NOTE THAT NO ACTION IS REQUIRED BY YOU OR YOUR EMPLOYER ON ANY OF THESE NOTICES.

Enclosed for your review are the Summary Annual Reports for the U.A. Local 447 Defined Contribution Plan and the U.A. Local 447 Health and Welfare Plan. These notices are being provided for informational purposes only and no action is required on your part.

Please review these notices carefully and call the Trust Funds Administration Office at (916) 457-0821 if you have any questions or if we can be of any assistance.

Health & Welfare

Pension

Defined Contribution

Vacation

Employee Assistance

. . . .

SUMMARY ANNUAL REPORT

FOR U.A LOCAL NO. 447 DEFINED CONTRIBUTION PLAN AND TRUST

This is a summary of the annual report for the U.A. Local No. 447 Defined Contribution Plan and Trust, E.I.N. 68-0401920, Plan No. 002, for the year ended June 30, 2015. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided through a trust fund. Plan expenses were \$4,913,312. These expenses included \$492,164 in administrative expenses and \$4,421,148 in benefits paid to or for participants and beneficiaries. A total of 1,211persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$80,158,675 as of June 30, 2015, compared to \$81,806,291 as of July 1, 2014. During the plan year the plan made transfers to a related plan of \$421,181. The plan experienced a decrease in its net assets of \$1,226,435. This decrease includes unrealized appreciation/depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. The plan had a total gain of \$3,686,877 including employer contributions of \$1,233,640, participant contributions of \$940,509, dividend and interest income of \$2,629,597, and net depreciation in fair value of investments including realized and unrealized gains/losses of \$1,116,869.

Minimum Funding Standards

Contributions to the plan during the year met the minimum funding standards of ERISA.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- An independent auditors' report;
- 2. financial information and information on payments to service providers;
- 3. insurance information, including sales commissions paid by insurance carriers;
- 4. assets held for investment; and
- 5. transactions in excess of 5% of the plan assets.

To request a copy of the full annual report, or any part thereof, write the office at Plan Administrator of U.A. Local No. 447 Defined Contribution Plan and Trust, P.O. Box 191030, Sacramento, CA 95819-1030, or call (916) 457-0821. The charge to cover copying costs will be \$8.50 for the full annual report, or 25 cents per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (5841 Newman Court, Sacramento, CA 95819-1030) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

SUMMARY ANNUAL REPORT

FOR U.A. LOCAL NO. 447 PIPE TRADES HEALTH AND WELFARE PLAN

This is a summary of the annual report of the U.A. Local No. 447 Pipe Trades Health and Welfare Plan, E.I.N. 94-1268305, Plan No. 501, for the year ended June 30, 2015. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has contracts with Kaiser Foundation Health Plans, Inc., The Union Labor Life Insurance Company, Delta Dental of California and UnitedHealthcare of California to provide medical, life insurance and accidental death and disability benefits and dental benefits under terms of the plan. The total premiums paid for the plan year ended June 30, 2015 were \$5,343,619.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$6,441,039 as of June 30, 2015, compared to \$4,917,181 as of July 1, 2014. During the plan year, the plan experienced an increase in its net assets of \$1,523,858. This increase includes unrealized appreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the plan had total income of \$13,292,013 including employer contributions of \$12,179,952, participant contributions of \$1,164,729, dividend and interest income of \$235,226 and net depreciation in fair value of plan investments consisting of unrealized gains on investments of (\$287,894).

Plan expenses were \$11,768,155. These expenses included \$864,922 in administrative expenses, \$5,863,619 in premium payments and \$5,039,614 in benefits paid to or for participants and beneficiaries.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- 1. An independent auditors' report:
- 2. financial information and information on payments to service providers;
- 3. assets held for investment:
- 4. transactions in excess of 5% of the plan assets; and
- 5. insurance information, including sales commissions paid by insurance carriers.

To request a copy of the full annual report, or any part thereof, write to the office at Plan Administrator of U.A. Local No. 447 Health and Welfare Trust Fund, P.O. Box 191030, Sacramento, CA 95819, or call (916) 457-0821. The charge to cover copying costs will be \$10.00 for the full annual report, or 25 cents per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (5841 Newman Court, Sacramento, CA 95819) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Summary Plan Information for the Plan Year Beginning July 1, 2014

for

Employers and Employee Representatives

of the

U.A. Local No. 447 Pension Plan

The following notice is intended to provide a summary of plan information to employers and employee representatives of the U.A. Local No. 447 Pension Plan. The information given is required to be furnished by law under ERISA Section 104(d). This notice relates to the 2014/2015 Plan Year, which began July 1, 2014 and ended June 30, 2015.

- (1) Description of the Plan's contribution schedules, benefit formulas, and any modifications made during the Plan Year:
 - a. Contributions for the Plan are made monthly pursuant to the terms of the current Collective Bargaining Agreements.
 - b. The benefit formula is as follows: For each year of continuous service prior to July 1, 1956, a participant is credited with \$5 of monthly annuity, subject to a maximum of \$60. For each year of service between July 1, 1956 and June 30, 1969, a participant is credited with \$17 of monthly annuity. (One year of service is equal to 1,500 hours of covered employment). For service between July 1, 1969 and June 30, 1990, a participant is credited with \$65 of monthly annuity for each year of credited service (1,200 hours of covered employment) with proportionate credit for hours worked above/below 1,200. For service between July 1, 1990 and June 30, 2000, a participant is credited with \$100 of monthly annuity for 1,200 hours of covered employment with proportionate credit for hours worked above/below 1,200. For service between July 1, 2000 and June 30, 2015, a participant is credited with \$60 of monthly annuity for 1,200 hours of covered employment with proportionate credit for hours worked above/below 1,200. For service between July 1, 2015 and June 30, 2017, a participant is credited with \$75 of monthly annuity for 1,200 hours of covered employment with proportionate credit for hours worked above/below 1,200. For service after June 30, 2017, a participant is credited with \$60 of monthly annuity for 1,200 hours of covered employment with proportionate credit for hours worked above/below 1,200.
 - c. Modifications made to contribution schedules or benefit formulas during the Plan Year: A \$0.25 increase in the scheduled hourly contribution rate was approved during the Plan Year and is effective July 1, 2015. Effective July 1, 2015, the benefit accrual rate increased from \$60 to \$75 for the period July 1, 2015 through June 30, 2017. The benefit accrual rate on and after July 1, 2017 is \$60.
- (2) Total number of employers obligated to contribute in the 2014/2015 Plan Year: 65.

Summary Plan Information for the Plan Year Beginning July 1, 2014

(Continued)

- (3) Employer(s) contributing more than 5% of the Plan's total contributions for the 2014/2015 Plan Year:
 - a. Name: ACCO Engineered Systems
 - b. Name: Intech Mechanical Co., LLC
 - c. Name: Airco Mechanical
 - d. Name: J.W. McClenahan Co.
 - e. Name: Lawson Mechanical Contractors
- (4) Number of participants of previously withdrawn employers on whose behalf no employer contributions were made for the following periods:
 - a. 2014/2015 Plan Year: 0
 - b. 2013/2014 Plan Year: 0
 - c. 2012/2013 Plan Year: 0
- (5) Plan's 2014/2015 funding status:
 - a. The Plan was not in critical or endangered status.
- (6) Withdrawing employers during the preceding Plan Year (2013/2014):
 - a. Number of employers that withdrew: 0
 - b. Aggregate amount of withdrawal liability assessed or estimated to be assessed for the withdrawn employers: 0
- (7) Transfers or mergers of assets and liabilities during the 2014/2015 Plan Year: None.
- (8) Amortization extensions or funding shortfall methods:
 - a. Description of any amortization extensions sought or received during the Plan Year, if applicable: N/A.
 - b. Description as to whether the Plan used the shortfall funding method for the Plan Year, if applicable: N/A.

Upon written request to the Fund Office, any contributing employer or union is entitled to receive a copy of the Plan's Form 5500 filing, summary plan description, and/or summary of any material modification of the Plan. You may contact the U.A. Local No. 447 Pipe Trades Trust Fund Office at P.O. Box 191030, Sacramento, CA 95819-1030. In no case shall a recipient be entitled to receive more than one copy of any such document during any one 12-month period. The Fund Office may make a reasonable charge to cover copying, mailing, and other costs of furnishing copies of this information.