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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part		rt Identification Information					
For cal	endar plan year 2013 o	r fiscal plan year beginning 01/01/201	3	and ending 1	2/31/2	2013	
A This	s return/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	pant plan
B This	s return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 m	onths))	
C Che	eck box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	on)				
Part	II Basic Plan In	formation—enter all requested inform	ation				
	me of plan				1b	Three-digit	
UNITED	STATES ELECTRIC C	ORP OF WASHINGTON 401(K) PLAN				plan number (PN) ▶	001
					1c	Effective date o	
						01/01	•
2a Pla	an sponsor's name and	address; include room or suite number (eCORPORATION OF WASHINGTON	employer, if for a single-	employer plan)	2b	Employer Identi	
UNITED	STATES ELECTRIC C	ORFORATION OF WASHINGTON			0-	(=::+)	24477
D O DC	NV 07				2C	Sponsor's telep	
P. O. BO OLYMPI	A, WA 98507				2d		(see instructions)
						23821	
3a Pla	an administrator's name	and address Same as Plan Sponsor N	Name Same as Plar	Sponsor Address	3b	Administrator's	EIN 224477
JNITED S	STATES ELECTRIC CC	RPORATION OF P. O. BOX 87 OLYMPIA, WA	V 98507		3c		telephone number
7,10111110		oerm b, w	(0000 /			206-39	
4 If 1	he name and/or EIN of	the plan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4h	EIN	
		number from the last return/report.	iaat ratai iii apart iii a r	a tine plan, enter the			
	onsor's name					PN	
_		nts at the beginning of the plan year			5a		19
	•	nts at the end of the plan year			5b		0
		th account balances as of the end of the		-	5с		0
6a W	ere all of the plan's ass	sets during the plan year invested in eligib	ole assets? (See instruc	tions.)			X Yes No
		r of the annual examination and report of					X Yes □ No
		46? (See instructions on waiver eligibility beither line 6a or line 6b, the plan cann					N Tes No
	•	nefit plan, is it covered under the PBGC in					Not determined
	<u> </u>			·	<u> </u>		<u> </u>
		te or incomplete filing of this return/re other penalties set forth in the instruction					able a Schedule
SB or S	Schedule MB completed	d and signed by an enrolled actuary, as w					
belief, i	t is true, correct, and co	omplete.					
SIGN	Filed with authorize	ed/valid electronic signature.	04/02/2014	BRADY MALCOLM			
HERE	Signature of plan	n administrator	Date	Enter name of individ	ual sig	gning as plan adn	ministrator
SIGN							
HERE	Signature of em	oloyer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor
	, ,	n name, if applicable) and address; includ	de room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)
	ALHOUN LL & HURLEY, INC.					509-838	8-5500
601 W.	RIVERSIDE AVE., SUI	TE 1600					
SPOKA	NE, WA 99201						

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of V	nar .		
	Total plan assets	7a	(a) Beginning of Tea		+		(b) Lilu	<u> </u>	<u> </u>)	
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c	63197	7					C)	
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) T	otal			
	Contributions received or receivable from:		(a) Amount				(0) 1	Jiai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	4390	5							
	(3) Others (including rollovers)	8a(3)	8842	28							
b	Other income (loss)	8b	12658	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	58919		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	88778	7							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	310	9							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						8	90896	3	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-6	31977	7	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a		feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	ions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ons:			
Par	t V Compliance Questions										
10	•				Yes	No		A			
a	During the plan year: Was there a failure to transmit to the plan any participant contribute.	tione withi	n the time period described in		162	NO		Amo	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X					
N	on line 10a.)			10b		X					
				10c	X					300	000
d	• • • • • • • • • • • • • • • • • • • •			100						300	000
	or dishonesty?	······		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
h		(See instru	uctions and 29 CFR	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	ne required	d notice or one of the	10i							
Part						l					
11	Is this a defined benefit plan subject to minimum funding requirem								Voc	П	No
44-	5500) and line 11a below)							L	Yes	Ц	No
	Enter the unpaid minimum required contribution for current year fr		,		-	11a					
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA?	L	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_4! - :		··	a dete su	'		! ·	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day	ne date of th	ne le Yea		ıng	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>		I				
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	. 1	
гаус	J		

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	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	control		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(s) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

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

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Parti		Identification information		1 /201	2		and anding		12/31/2013	
For calend	ar pian year 2013 or ti	scal plan year beginning	F3	1/201			and ending			
A This ref	turn/report is for:	X a single-employer plan	∐ a m	nultiple-e	employ	er p	lan (not multiemployer)		a one-participant plan	
B This ref	turn/report is:	the first return/report	X the	final ret	urn/re	port				
		an amended return/report	a sh	ort plan	year	retur	n/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	auto	omatic e	extens	ion			DFVC program	
	Ū	special extension (enter desc	cription)						_	
Part II	Basic Plan Info	rmation—enter all requested in	formation	<u> </u>						
1a Name		,						1b	Three-digit	
		RIC CORP OF WASHINGTO	ON 401	1 (K)	PLAI	1			plan number 001	
									(PN) F	
								10	Effective date of plan 01/01/2004	
2a Dian a	nonnar'a nama and ad	dress; include room or suite numb	or (omple	war if f	or a ci	nala	employer plan)	2h	Employer Identification Num	
UNITED	STATES ELECT	RIC CORPORATION OF WA	ASHING	TON	01 a 31	ingic	-ciripioyer piarij	20	(EIN) 13-4224477	<i>)</i> C1
								2c	Sponsor's telephone numbe	 Г
P. O. 1	BOX 87								206-391-7360	
								2d	Business code (see instruction	ons)
OLYMPI.	A	WA 98507							238210	
3a Plan a	dministrator's name ar	nd address Same as Plan Spons	sor Name	e Sa	me as	Plar	n Sponsor Address	3b	Administrator's EIN	
UNITED	STATES ELECTI	RIC CORPORATION OF WA	ASHING	TON				2-	13-4224477	
								36	Administrator's telephone nu 206-391-7360	mber
P. O. 1	BOX 87								200-391-7300	
OLYMPI	A	WA 98507								
4 If the	name and/or EIN of the	e plan sponsor has changed since	the last r	eturn/re	port fi	led fo	or this plan, enter the	4b	EIN	
	•	mber from the last return/report.								
<u>-</u>	or's name							 	PN	
_		at the beginning of the plan year						5a		19
b Total	number of participants	at the end of the plan year	•••••	•••••				5b		0
		account balances as of the end of						5c		0
									X Yes	П No
		s during the plan year invested in ϵ f the annual examination and repo							Д тез	
		? (See instructions on waiver eligib							X Yes	No
		ither line 6a or line 6b, the plan o								_
C If the	plan is a defined benef	it plan, is it covered under the PBC	GC insura	ance pro	gram	(see	ERISA section 4021)?		Yes No Not determ	ined
Cautian	h manaitre fan tha lata	or incomplete filing of this return	nlroport	will bo	20000	cod	uniose rozeonablo car	ieo le	netablished	
		her penalties set forth in the instru								dule
SB or Sche	edule MB completed a	nd signed by an enrolled actuary,	as well as	s the ele	ectroni	c ver	rsion of this return/repor	t, and	to the best of my knowledge a	ind
belief, it is	true, correct, and com	plete.								
SIGN	B. Com	rolalm		411	1 11	J	BRADY MALCOLM			
HERE	100				1	\vdash	Estas a second finality in	اماما	anina na alan administrator	
	Signature of plan a	dministrator		Date	1		Enter name of individ	uai si	gning as plan administrator	
SIGN HERE										
CEKE	Signature of emplo	yer/plan sponsor		Date			Enter name of individ	ual si	gning as employer or plan spo	nsor
Die beschaften							/tiI\	D		
	name (including firm r	name, if applicable) and address; ir	nclude ro	om or s	uite ni	umbe	er (optional)	Pre	parer's telephone number (opt	
JODI C	name (including firm r ALHOUN	name, if applicable) and address; ir	nclude ro	om or s	uite ni	umbe	er (optional)	Pre	parer's telephone number (opt 509-838-5500	
JODI C. Randal	name (including firm r ALHOUN l & Hurley, I	name, if applicable) and address; in	nclude ro	om or s	uite ni	umbe	er (optional)	Pre		
JODI C. Randal	name (including firm r ALHOUN l & Hurley, I	name, if applicable) and address; ir	nclude ro	om or s	uite ni	umbe	er (optional)	Pre		

Га	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a	Total plan assets	7a	63	3197	7		0
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	6.	3197	7		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	00(4)			1		
	(1) Employers	8a(1) 8a(2)		1390	5		
	(2) Participants	8a(3)		3842			
<u> </u>	(3) Others (including rollovers)	8b		2658			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1	-	258919
	Benefits paid (including direct rollovers and insurance premiums				+		
	to provide benefits)	8d	88	3778	7		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			_		
f	Administrative service providers (salaries, fees, commissions)	8f		310	9		
<u>g</u>	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-		890896
	Net income (loss) (subtract line 8h from line 8c)	8i					-631977
<u> </u>	Transfers to (from) the plan (see instructions)	8j					***************************************
	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:
	2E 2F 2J 3D						
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he 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 contribu	tions withi	a the time period described in				Amount
	20 CED 2510 3-1022 (See instructions and DOI 's Voluntary Fide			10a		Х	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Com	rection Program)include transactions reported	10a		X	
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corr (Do not	rection Program)include transactions reported	10b	Х		300000
c	Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Com	rection Program)include transactions reported		Х	Х	300000
c d	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	uciary Corn ? (Do not	rection Program)	10b	Х		300000
c	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bo	include transactions reported includ	10b 10c 10d	X	Х	300000
c e	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	fidelity bo	include transactions reported include transactions reported include transactions reported ind, that was caused by fraud ind, that was caused by fraud is by an insurance carrier, efits under the plan? (See	10b 10c 10d	Х	X X	300000
c e	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantage of	fidelity bo	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f	Х	X X X	300000
c e f	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 a	fidelity bo ner person of the ben ns of year e	nd, that was caused by fraud so by an insurance carrier, efits under the plan? (See	10b 10c 10d	Х	X X	300000
c d e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bo ner person of the ben ns of year e	include transactions reported include that was caused by fraud in insurance carrier, effits under the plan? (See include inclu	10b 10c 10d 10e 10f	Х	X X X	300000
c e f	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bo ner person of the ben ns of year e (See instru	include transactions reported include that was caused by fraud in insurance carrier, effits under the plan? (See include inclu	10b 10c 10d 10e 10f 10g	X	x x x x	300000
c d e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bo ner person of the ben ns of year e (See instru	include transactions reported include that was caused by fraud in insurance carrier, effits under the plan? (See include inclu	10b 10c 10d 10e 10f 10g 10h	X	x x x x	300000
c d e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bo mer person of the ben n? (See instru-	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X dule SE	3 (Form
c d e f g h i Part	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity bo ner person of the ben s of year of (See instru-	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X dule SE	3 (Form
c d e f g h i Part	Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plance bid the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bo fidelity bo fire person of the ben fis of year e (See instruction of the required 1-3 control of the tents? (If "	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X Adule SE	3 (Form Yes No
c d e f g h i 11a 11a 12	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	fidelity bo ner person of the ben s of year of (See instru- nents? (If "	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X A A A A A A A A A A A A A A A	3 (Form Yes No ERISA? Yes X No
c d e f g h i 11a 11a 12 a	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	fidelity bo ner person of the ben n? s of year of (See instru- nents? (If "	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X A A A A A A A A A A A A A A A	B (Form Yes No ERISA? Yes X No ne date of the letter ruling
c d e f g h i 11a 11a 12 a	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	fidelity bo ner person of the ben n? s of year of (See instru- nents? (If "	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X Ault SE	B (Form Yes No ERISA? Yes X No ne date of the letter ruling