Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe						2013		
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 Employee Benefits Security Administration the Internal Revenue Code (the Code).									
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.							pection		
Part I		entification Information							
	ar plan year 2013 or fisca	· · · · ·		.	2/31/2				
A This ret	urn/report is for:			an (not multiemployer)		a one-partici	pant plan		
B This ret	urn/report is:		e final return/report						
an amended return/report a short plan year return/report (less than 12 mon						_			
C Check box if filing under:						DFVC progra	im		
		special extension (enter description)							
Part II	Basic Plan Inform	nation—enter all requested information	on						
1a Name PRECISION	•	IGTON INC DAVIS-BACON PENSION	PLAN & TRUST		1b	Three-digit plan number (PN) ▶	001		
					1c	Effective date o	•		
	oonsor's name and addre ELECTRIC OF WASHIN	ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 68-05	fication Number 81929		
					2c	Sponsor's telep	s telephone number		
9317 NE 721 VANCOUVE	R, WA 98665				2d	Business code (see instructions) 238210			
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's			
name,	EIN, and the plan numb	lan sponsor has changed since the las per from the last return/report.	t return/report filed fc	or this plan, enter the		EIN			
a Sponse		the beginning of the plan year			4c	PN	45		
		the end of the plan year			5a		15		
		count balances as of the end of the pla			5b		16		
			•		5c		16		
 b Are you under If you 	u claiming a waiver of th 29 CFR 2520.104-46? (answered "No" to eith	luring the plan year invested in eligible the annual examination and report of an See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot blan, is it covered under the PBGC insu	independent qualifie d conditions.) use Form 5500-SF	and must instead use	PA) Form	5500.	X Yes No X Yes No Not determined		
Caution: A	penalty for the late or	incomplete filing of this return/report	rt will be assessed	unless reasonable cau	se is	established.			
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.							
SIGN	Filed with authorized/va	lid electronic signature.							
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator		
SIGN									
HERE	Signature of employe		Date	Enter name of individu	-				
Preparer's	name (including firm nan	ne, if applicable) and address; include r	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)		

Pa	t III Financial Information	-								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	d of Y	ear	
а	Total plan assets	7a	3578	2					95306	
b	Total plan liabilities	7b								
С	let plan assets (subtract line 7b from line 7a) 7c 35								95306	
8	8 Income, Expenses, and Transfers for this Plan Year (a) Amount						(b)	Total		
а	Contributions received or receivable from:	a (1)	5611	7						
b	b) Others (including rollovers)									
	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c		•					66083	
_	Benefits paid (including direct rollovers and insurance premiums	00							00000	
	to provide benefits)	8d	637	7						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	18	2						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6559)
	Net income (loss) (subtract line 8h from line 8c)	8i							59524	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2C$ $2F$ $2G$ $2T$ $3D$	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instru	ictions	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	ctorict		los in t	ha instruc	tione		
N				otonot						
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	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)					х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10a 10b		х				
С	Was the plan covered by a fidelity bond?			10c	Х					10000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			Х				
	or dishonesty?			10d						
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See		х					4540
	instructions.)			10e		Х				1543
f	Has the plan failed to provide any benefit when due under the pla	n?		10f						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
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 th			1011						
	exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							. [Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection 3	302 of	ERISA?	. [Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date of	the le Yea		ing
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul									
b	Enter the minimum required contribution for this plan year				T	12b				

C	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?	Ye	es 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 of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

-	Form 5500-SF Short Form Annual Return/Report of Small Empl Department of the Treesury Benefit Plan						OMB Nos. 1210-0110 1210-0089			
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Emple					2013				
dop/dimension/	Department of Labor Benefits Security Administration n Benefit Guaranty Corporation	_ the	Internal Revenue Code (the	Code).		This Form is Open to Put				
Part I	and the state of the		accordance with the instru-	uctions to the Form 55	5500-SF.					
	ndar plan year 2013 or fit	Identification Information	/01/2013	and ending	12/31/2	2013	a an			
A This	return/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer		a one-partici	pant plan			
B This	return/report is:	the first return/report	the final return/repor		•	L				
		an amended return/report	a short plan year retu	rn/report (less than 12 r	nonths)		•			
C Check box if filing under: Form 5558						DFVC progra	am			
		special extension (enter de	scription)							
Part II		rmation—enter all requested	information							
	ne of plan ON ELECTRIC OF WASH	HINGTON INC DAVIS-BACON	PENSION PLAN & TRUST		16	Three-digit plan number (PN) ▶	001			
					1c	Effective date o 02/28/2	f plan 2012			
2a Plan RECISIC	sponsor's name and add DN ELECTRIC OF WASH	iress; include room or suile nun IINGTON INC	nber (employer, if for a single	ə-employer plan)	2b Employer Identification Number (EIN) 68-0581929					
317 NE 7	72ND AVE				2c	Sponsor's telep (360) 26				
	VER, WA 98665				2d	Business code (238210	(see instructions)			
3a Plan	administrator's name and	d address XSame as Plan Spo	onsor Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN			
A If the	ana ana amin'ny fanina amin'ny fanina amin'ny fanina amin'ny fanina amin'ny fanina amin'ny fanina amin'ny fanin				1					
		plan sponsor has changed sinc	e the last return/report filed f	for this plan, enter the	4b	EIN	99999999999999999999999999999999999999			
nam		plan sponsor has changed sinc ber from the last return/report.	e the fast return/report filed f	or this plan, enter the	4b 4c	fini mainainainaini an	49.54 April 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1 1995 - 1995 - 1996 - 1997 - 1997 - 1997 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 -			
nam a Spon	e, EIN, and the plan num asor's name		•			fini mainainainaini an	15			
nam a Spon 5a Total	ie, EIN, and the plan num nsor's name I number of participants a	ber from the last return/report.			4c	fini mainainainaini an	15 16			
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Part III Financial Information	station and the state of the stat	n en fan de fan de fan en fan fan fan fan fan de		an a	974703890 0004	
7 Plan Assets and Liabilities	Plan Assets and Liabilities (a) Beginning of Ye			Т	angdi kangi kanggi a	(b) End of Year
a Total plan assets					Martin - Anano da In	95306
b Total plan liabilities	76	n na 1999 (na 1999) (na 1997) (na 19	in shi	\neg	2014/10/00/000	en 20 martin martin de la companya d
C Net plan assets (subtract line 7b from line 7a)	. 7c	357	82	T	ningeligensetere	95306
8 Income, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total
Contributions received or receivable from: (1) Employers						
(2) Participants	. 8a(2)			T		
(3) Others (including rollovers)		y new na	an tribune (provi			
b Other Income (loss)						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				naniwedniciwed	66083
d Benefits paid (including direct rollovers and insurance premiums		n de la Marine de Caracter	legininta Albahati	1	telleretitiskeligister	
to provide benefits)	<u>8d</u>	637	7			
Certain deemed and/or corrective distributions (see instructions)	80					and and the state of
f Administrative service providers (salaries, fees, commissions)	81		womin-theory			
g Other expenses	89	18	32			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	and the second					6559
1 Net Income (loss) (subtract line 8h from line 8c)	81					59524
J Transfers to (from) the plan (see instructions)	8)			Τ		
Part IV Plan Characteristics	an a		to Older Showing	senset disasing		
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fldu	ciary Correction	on Program)	10a		х	
b Were there any nonexempt transactions with any party-in-Interest on line 10a.)	? (Do not inclu	de transactions reported	10b		х	
C Was the plan covered by a fidelity bond?		*******	10c	х		10000
d Did the plan have a loss, whether or not reimbursed by the plan's i or distonesty?	fidelity bond, t	nat was caused by fraud	10d		х	
Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all o instructions.)	er persons by of the benefits	an insurance carrier, under the plan? (See	10e	x		1543
f Has the plan failed to provide any benefit when due under the plan			10f		х	
g Did the plan have any participant loans? (If "Yes," enter amount as			100		х	
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	See Instruction	is and 29 CFR	10g		^ X	978-1751-1747-1783 (1988) (1988) (1997) (1
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required noti	ce or one of the	101			
Part VI Pension Funding Compliance					ing section of the se	na ana ana amin'ny tanàna amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o Ny faritr'o amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o amin'ny faritr'
11 is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	onte? (If "Yes,"	see instructions and com	plete	Sched	ule SE	G (Form
11a Enter the unpaid minimum required contribution for current year fro	m Schedule S	B (Form 6600) line 39		T	11a	Line Killing
12 is this a defined contribution plan subject to the minimum funding r			Server and the	and the second	entransenantes)	ERISA? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	and the second	An a na su a na	01 50	euon 3	02 01	ERIOAT I I TES IXI NO
 a if a waiver of the minimum funding standard for a prior year is being granting the waiver. 	amortized in	this plan year, see instruc	tiona,	and e	nter th Day	e date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 65	00), and skip to line 13.			way.	1991
b Enter the minimum required contribution for this plan year			(nationing toping	T	12b	

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and the second s								
C	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						
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Π	Yes	1	10] N/A	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	\Box	Yes	; X	No		the negative	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	Т	nantalaharanan g	****		6 6 74920379797997979797979	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Yes	No No	
C	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): 1	3c(2) E	EIN(s)		13c(3)	PN(s)	
Part	VIII Trust Information (optional)		997 CALIFORNIA					
				14b Trust's EIN				