	m 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan			/ee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			e	2	2013		
Employee Be	partment of Labor enefits Security Administration	artment of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605					s Open to Public		
Pension Be	nefit Guaranty Corporation	Complete all entries in accord	dance with the instruc	ctions to the Form 5500)-SF.	1113	spection		
Part I Annual Report Identification Information									
For calenda	ar plan year 2013 or fisca				2/31/2	2013			
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan		
B This ret	urn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)			
C Check b	box if filing under:	Form 5558 automatic extension DFVC program							
		special extension (enter description	on)						
Part II	Basic Plan Inform	nation—enter all requested inform	ation						
1a Name	•				1b	Three-digit			
ELECTROC	OM 401(K) RETIREMEN	T PLAN				plan number (PN) ▶	002		
					10	Effective date o			
					10	06/01	•		
2a Plan sp ELECTROC		ess; include room or suite number (e	employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-05	fication Number 70228		
6815 216TH	ST SW				2c	Sponsor's telep 425-774			
	D, WA 98036-7363				2d	Business code (23821	(see instructions)		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	lame Same as Plan	Sponsor Address	3b	Administrator's EIN			
 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN 									
name,	EIN, and the plan numb	er from the last return/report.							
a Sponse		the beginning of the plan year			4C PN				
5a Total number of participants at the beginning of the plan year					<u>5a</u>				
b Total number of participants at the end of the plan year				5b		15			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c		14		
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No		
under	29 CFR 2520.104-46? (e annual examination and report of See instructions on waiver eligibility	and conditions.)	· · · · · · · · · · · · · · · · · · ·	····		X Yes No		
-		er line 6a or line 6b, the plan cann					٦		
C If the p	olan is a defined benefit p	blan, is it covered under the PBGC ir	nsurance program (see	ERISA section 4021)?		Yes No	Not determined		
Caution: A	penalty for the late or	incomplete filing of this return/rep	port will be assessed u	unless reasonable cau	se is	established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN	Filed with authorized/va	lid electronic signature.	07/14/2014	CRAIG HESS					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/va	lid electronic signature.	07/14/2014	CRAIG HESS					
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual signing as employer or plan sponsor				
Preparer's	name (including firm nan	ne, if applicable) and address; includ	le room or suite number	r (optional)	Prep	parer's telephone	number (optional)		

a Total plan labellities 7a 2177640 1647895 b Total plan labellities 7b 0 0 c Not plan assets (subtract line 7b from line 7a) 7c 2177640 1647895 c Not plan assets (subtract line 7b from line 7a) 7c 2177640 1647895 c Antibulions received or receivable from: (a) Amount (b) Total (b) Total c Contributions received or receivable from: 8a(1) 24486 (c) Total income (dots) (b) Total (c) Participants 8a(2) 73624 (c) Total income (dots) (c) Total (c) Total income (dots)	7 Plan Assets and Liabilities		(a) Beginning of Yea	nning of Year			(b) End of Year			
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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 Schedule SB (Form 5500) and line 11a below) Yes 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes I (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) I I I 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. Day Year	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 at the plan have any plan, was there a blackout period? 	iciary Correct ? (Do not ind fidelity bond ner persons to of the benefit n? s of year end (See instruct	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10e 10f 10g	×	No X X X X			255	
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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correct ? (Do not ind fidelity bond her persons to of the benefit n? s of year end (See instruct he required r 1-3 	he time period described in ction Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	X X X Schee	No X X X X Jule SE	3 (Form		255	
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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 c of the PBGC?	ontrol		Yes X No				
C 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.)								
13c(1) Name of plan(s): 13			l(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)		1					
14a	lame of trust	14b Tru	ust's EIN					