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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information	n						
For calend	lar plan year 2014 or t	fiscal plan year beginning 01/01/	<u>2014</u>	and ending 12	/31/2014				
A This return/report is for: □ a single-employer plan □ a multiple-employer plan (not multiemp of participating employer information in the participation employer information e					rer) (Filers checking this box must attach a list cordance with the form instructions)				
		a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	the final return/repo	rt					
		nonths)							
C Check	box if filing under:	X Form 5558	automatic extension	n	DFVC p	orogram			
• Oncor	box ii iiiiig dildor.	special extension (enter des	cription)						
Part II	Basic Plan Info	ormation—enter all requested in	nformation						
1a Name					1b Three-digi	t			
	•	SHINGTON INC DAVIS-BACON P	ENSION PLAN & TRUST		plan numb (PN) ▶				
					1c Effective of	late of plan 02/28/2012			
2a Plan s	ponsor's name and a	ddress; include room or suite num	ber (employer, if for a sing	ale-employer plan)		Identification Number			
	ELECTRIC OF WAS			,,,,	(EIN)	68-0581929			
9317 NE 72N	ND AVE					telephone number 60-260-4544			
	R, WA 98665				2d Business code (see instructions) 238210				
3a Plan a	administrator's name a	and address XSame as Plan Spor	nsor.		3b Administra				
					3c Administrator's telephone number				
		ne plan sponsor has changed since umber from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN				
name			e the last return/report file	d for this plan, enter the	4b EIN 4c PN				
name a Spons	e, EIN, and the plan nu sor's name			•		16			
a Spons 5a Total	e, EIN, and the plan no cor's name number of participant	umber from the last return/report.	· · · · · · · · · · · · · · · · · · ·		4c PN	16 27			
a Spons 5a Total b Total c Numb	e, EIN, and the plan no sor's name number of participant number of participant per of participants with	umber from the last return/report. s at the beginning of the plan year s at the end of the plan year	of the plan year (defined b	enefit plans do not	4c PN 5a				
a Spons 5a Total b Total c Numb	e, EIN, and the plan no sor's name number of participant number of participant per of participants with ete this item)	umber from the last return/report. s at the beginning of the plan year s at the end of the plan year	of the plan year (defined b	enefit plans do not	4c PN 5a 5b	27			
name a Spons 5a Total b Total c Numb compl d(1) Total	e, EIN, and the plan no cor's name number of participant number of participant per of participants with lete this item)	umber from the last return/report. s at the beginning of the plan year s at the end of the plan year	of the plan year (defined b	enefit plans do not	4c PN 5a 5b 5c	27 27			
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numbe	e, EIN, and the plan no sor's name number of participant number of participants per of participants with ete this item)	umber from the last return/report. Is at the beginning of the plan year at the end of the plan year In account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the	of the plan year (defined b plan yeareare	enefit plans do not	4c PN 5a 5b 5c 5d(1)	27 27 13			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the	e, EIN, and the plan no cor's name number of participant number of participants over of participants with ete this item) ital number of active participants that nan 100% vested	s at the beginning of the plan year at the end of the plan year	of the plan year (defined b plan yeareareareareareaplan year with accrued b	enefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	27 27 13 7			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pension SB or School	e, EIN, and the plan not cor's name number of participant number of participants with ete this item)	s at the beginning of the plan year at the end of the plan year. articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year terminated employment during the terminated employment during the plan year to rincomplete filing of this return the penalties set forth in the instruction and signed by an enrolled actuary,	plan year (defined be assessuctions, I declare that I ha	enefit plans do not enefits that were ed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	27 27 13 7 0 d. applicable, a Schedule			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pension SB or Schebelief, it is	e, EIN, and the plan not cor's name number of participant number of participants with the ete this item)	s at the beginning of the plan year at the end of the plan year. articipants at the beginning of the plan year articipants at the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the plan year terminated employment during the plan year terminated employment during the plan year to rincomplete filling of this return the penalties set forth in the instruction and signed by an enrolled actuary, inplete.	plan year (defined be assessuctions, I declare that I ha	enefit plans do not enefits that were ed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	27 27 13 7 0 d. applicable, a Schedule			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pension SB or School	e, EIN, and the plan not cor's name number of participant number of participants with ete this item)	s at the beginning of the plan year at the end of the plan year. articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year articipants at the end of the plan year terminated employment during the plan year terminated employment during the other penalties set forth in the instruction and signed by an enrolled actuary, inplete.	plan year (defined be plan yeareare plan year with accrued be plan year will be assess uctions, I declare that I had as well as the electronic	enefit plans do not enefits that were ed unless reasonable cau ve examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if at t, and to the best	27 27 13 7 0 d. applicable, a Schedule of my knowledge and			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen SB or Schubelief, it is SIGN HERE	e, EIN, and the plan not cor's name number of participant number of participants with the ete this item)	s at the beginning of the plan year at the end of the plan year. articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year articipants at the end of the plan year terminated employment during the plan year terminated employment during the other penalties set forth in the instruction and signed by an enrolled actuary, inplete.	plan year (defined be assessuctions, I declare that I ha	enefit plans do not enefits that were ed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if at t, and to the best	27 27 13 7 0 d. applicable, a Schedule of my knowledge and			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen SB or Schebelief, it is	e, EIN, and the plan not cor's name number of participant number of participant of participant of participants with the ete this item)	s at the beginning of the plan year is at the end of the plan year	plan year (defined because plan yeareare plan year with accrued because plan year will be assess uctions, I declare that I hat as well as the electronic	enefit plans do not enefits that were ed unless reasonable cau ve examined this return/report version of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if at t, and to the best ual signing as pla	27 27 13 7 0 d. applicable, a Schedule of my knowledge and			
name a Spons 5a Total b Total c Number completed (1) Total d(1) Total e Number less the Caution: A Under pens SB or Schobelief, it is SIGN HERE SIGN HERE	e, EIN, and the plan not cor's name number of participant number of participant of participants with the ete this item)	s at the beginning of the plan year at the end of the plan year. articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year articipants at the end of the plan year terminated employment during the plan year terminated employment during the other penalties set forth in the instruction and signed by an enrolled actuary, inplete.	plan year (defined because plan year with accrued because plan year with accrued because plan year will be assess uctions, I declare that I have as well as the electronic plate	enefit plans do not enefits that were ed unless reasonable cau ve examined this return/report version of this return/report Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if at, and to the best ual signing as planual signing as emulated as emu	27 27 13 7 0 d. applicable, a Schedule of my knowledge and			
name a Spons 5a Total b Total c Number completed (1) Total d(1) Total e Number less the Caution: A Under pens SB or Schobelief, it is SIGN HERE SIGN HERE	e, EIN, and the plan not cor's name number of participant number of participant of participants with the ete this item)	s at the beginning of the plan year is at the end of the plan year	plan year (defined because plan year with accrued because plan year with accrued because plan year will be assess uctions, I declare that I have as well as the electronic plate	enefit plans do not enefits that were ed unless reasonable cau ve examined this return/report version of this return/report Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if at, and to the best ual signing as planual signing as emulated as emu	27 27 13 7 0 d. applicable, a Schedule of my knowledge and administrator			
name a Spons 5a Total b Total c Number completed (1) Total d(1) Total e Number less the Caution: A Under pens SB or Schobelief, it is SIGN HERE SIGN HERE	e, EIN, and the plan not cor's name number of participant number of participant of participants with the ete this item)	s at the beginning of the plan year is at the end of the plan year	plan year (defined because plan year with accrued because plan year with accrued because plan year will be assess uctions, I declare that I have as well as the electronic plate	enefit plans do not enefits that were ed unless reasonable cau ve examined this return/report version of this return/report Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if at, and to the best ual signing as planual signing as emulated as emu	27 27 13 7 0 d. applicable, a Schedule of my knowledge and administrator			

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b	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a few you answered "No" to either line 6a or line 6b, the plan cannot be a continuous continuous answered to either line 6a or line 6b, the plan cannot be a continuous	an indeper and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined
Par	t III Financial Information	1	1		-		
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
<u>a</u>	Total plan assets	7a	953	806			299983
<u>b</u>	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	953	306			299983
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	2032	233			
	2) Participants	8a(2)					
		8a(3)	131	56			
	3) Others (including rollovers)	8b	79	973			
	Other income (loss)				+		224362
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					224302
	o provide benefits)	8d	190	089			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
q	Other expenses	8g	5	596			
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					19685
	Net income (loss) (subtract line 8h from line 8c)	8i					204677
	Fransfers to (from) the plan (see instructions)	8j					
Part	IV Plan Characteristics	0)	l				
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····	'	10b		X	
с	Was the plan covered by a fidelity bond?			10c	X		20000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X		5589
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X	
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			
Part	VI Pension Funding Compliance				_		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	lule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? X Yes 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 being ranting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn	n 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		203233
С	Enter the amount contributed by the employer to the plan for this plan year		12c		203233
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result 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?			Yes X No	5
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)				
1	13c(1) Name of plan(s):		13c(2) ⊟	IN(s)	13c(3) PN(s)
			·		
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

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

2014

This Form is Open to Public Inspection

Part I		identification Information								
For calenda	ar plan year 2014 or f		1/2014		12/31/2014					
A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a long of participating employer information in accordance with the form instructions)										
		a one-participant plan	a foreign plan							
B This retu	ım/report is	the first return/report	the final return/report							
	an amended return/report a short plan year return/report (less than 12 months)									
C Check I	oox if filing under:	X Form 5558	automatic extension		DFVC program					
- 0,,,,,,,,	JOX II IMING CHAUN.	special extension (enter desc	cription)							
Part II	Basic Plan Info	ormation—enter all requested in	nformation							
		ormacon—enter an requested in	nomaton		1b Three-digit					
1a Name	•	SHINGTON INC DAVIS-BACON P	FNSION DI AN & TDIIST		plan numb	er				
FRECISION	LLLCTRIC OF WAS	Times for the BAVIS-BACON!	LIEDION I DIN II INCO		(PN) ▶	001				
					1c Effective d 02/28/201					
2a Plan s	ponsor's name and a	ddress; include room or suite num	ber (employer, if for a single-	employer plan)	2b Employer i	dentification Number				
PRECISION	ELECTRIC OF WAS	HINGTON INC			(EIN) 68-0	581929				
						telephone number 360) 260-4544				
9317 NE 72	ND AVE				2d Business o	ode (see instructions)				
	R. WA 98665				238210					
3a Plan a	dministrator's name a	nd address XSame as Plan Spor	nsor.		3b Administrator's EIN					
					3C Administrator's telephone number					
					JU Autimista	ior a felchilotte liditine				
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN					
	•	imber from the last return/report.			4- 51					
a Sponse					4c PN					
		s at the beginning of the plan year				16				
	• •	s at the end of the plan year			5b	2 7				
comple	ete this item)	account balances as of the end o			5c	27				
d(1) Tota	al number of active pa	articipants at the beginning of the p	olan year	***************************************	5d(1)	13				
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ar	***************************************	5d(2)	7				
		erminated employment during the			5e	0				
		or incomplete filing of this retu			use is establishe	d.				
Under pena	alties of perjury and o	ther penalties set forth in the instru	ctions, I declare that I have	examined this return/re	port, including, if a	pplicable, a Schedule				
SB or Sche belief, it is	dula MB completed a rue, cornect, and com	ind signed by an enrolled actuary, iplete.	as well as the electronic ven		t, and to the best o	of my knowledge and				
SIGN	THE			Joe Downing						
HERE	Signature of plan a	administrator	Dag -220	Enter name of individ	lual signing as pla	n administrator				
SIGN	1									
HERE	Signature empk	yer/plan sponsor	Date	Enter name of individ		ployer or plan sponsor				
HERE	Signature of emplo name (including firm t	oyer/plan sponsor name, if applicable) and address (i		Enter name of individ r) (optional)		ployer or plan sponsor hone number (optional)				
HERE	Signature of emplo name (including firm t	oyer/plan sponsor name, if applicable) and address (i		Enter name of individent (propher name)						

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Ra	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)				X Yes No		
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility)	ident qualified public accounts	int (IQ	PA)		п., п.,			
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must instea	d use	Form	6500.			
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No Not determined		
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year		
a	Total plan assets	7a	9530	6			299983		
Ь	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	9530	6			299983		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a	Contributions received or receivable from:	8a(1)	20323	3					
	(1) Employers	88(2)			+	.,			
	(2) Participants	8a(3)	1315	6					
	(3) Others (including rollovers)	8b	797	_	\top				
***************************************	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		224362		
	Benefits paid (Including direct rollovers and insurance premiums	 ~			1				
	to provide benefits)								
8	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salarles, fees, commissions)	8f							
9	Other expenses	. 8g	59	6	4_				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					19685		
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	81					204677		
j	Transfers to (from) the plan (see instructions)	8)							
Pa	rt 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 Char	acteri	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteris	ic Cod	les in t	he instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
8	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			
Ŀ	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10ъ		х			
C	C Was the plan covered by a fidelity bond?				Х		20000		
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x			
6	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	х		5589		
f	Has the plan failed to provide any benefit when due under the pla	n?	1*************	10f		х			
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	100		Х			

X

10h

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

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H	you completed line 12a, complete lines 3, 9, and 10 of Schedule MS (F	orm 5500), and	d skip	o to line 13.				
b	Enter the minimum required contribution for this plan year	***********	*******		12b		20	3233
C	Enter the amount contributed by the employer to the plan for this plan year	ıt	******	*******************	12c		20	3233
d	Subtract the amount in line 12c from the amount in line 12b. Enter the res negative amount)				12d			0
	Will the minimum funding amount reported on line 12d be met by the fund	ing 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?			********************************		Yes X No)	
	If "Yes," enter the amount of any plan assets that reverted to the employe	r this year	•••••	************	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	erred to another	plan,	or brought under the	control		Yes	X No
<u> </u>	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another	plan(s), identify the plan(s)	to			
1	3c(1) Name of plan(s):			1	3c(2) E	N(s)	13c(3) PN(s)
		** ***						
							i	
Part	VIII Trust Information (optional)							
14a Name of trust			14b Trust's EIN					
				ľ				

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