_	rm 5500-SF	Short Form Annual Return/Report of Small Emple Benefit Plan					OMB Nos. 1210-0110 1210-0089		
Inter	rtment of the Treasury mal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R				t	2014		
Department of Labor Employee Benefits Security Administration Department of Labor Employee Benefits Security Administration Revenue Code (the Code).					Internal		orm is Open to lic Inspection		
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 55	00-SF.				
Part I	Annual Report lo	dentification Information							
For calend	ar plan year 2014 or fisc	al plan year beginning 01/01/20)14	and ending 12/3	31/2014				
A This ret	turn/report is for:	 ▲ a single-employer plan ▲ one-participant plan 		blan (not multiemployer) (l byer information in accord		-			
B This ret	urn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 mo	onthe)				
	l								
C Check box if filing under:						DFVC progra	am		
Dant II	Decis Dien Inform								
Part II		mation—enter all requested info	ormation						
1a Name ASHFORD I		JCTION CO. 401(K) PROFIT SHA	ARING PLAN		р	hree-digit lan number	002		
				-		PN) ffective date c	f plan		
		ress; include room or suite numbe	er (employer, if for a single	-employer plan)		mployer Identi	/1998 fication Number		
ASHFORD ELECTRIC & CONSTRUCTION CO.					(EIN) 91-1349855 2c Sponsor's telephone number				
909 KIRKLAND AVENUE KIRKLAND, WA 98033				-	2 d B	9-1486 (see instructions)			
						238210			
3a Plan a	dministrator's name and	I address XSame as Plan Spons	or.		3D A	dministrator's	EIN		
4 If the I	name and/or EIN of the p	plan sponsor has changed since t	he last return/report filed f	or this plan, enter the	4b ∈	IN			
	, EIN, and the plan numl or's name	ber from the last return/report.			4c P	N			
		t the beginning of the plan year			5a		4		
		t the end of the plan year		-	5b		4		
		ccount balances as of the end of t			5c		4		
	,	cipants at the beginning of the pla			5d(1))	4		
.,	•	icipants at the end of the plan yea		-	5d(2)	4		
e Numbe less th	er of participants that terr an 100% vested	minated employment during the p	lan year with accrued ben	efits that were	5e		0		
Caution: A Under pen SB or Sche	A penalty for the late or alties of perjury and othe	r incomplete filing of this return er penalties set forth in the instruc d signed by an enrolled actuary, a	/report will be assessed tions, I declare that I have	unless reasonable causes examined this return/rep	ort, incl	uding, if applic			
SIGN		alid electronic signature.	09/08/2015	GLORIA ASHFORD					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signi	ng as plan adı	ministrator		
SIGN									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signi	ng as employe	er or plan sponsor		
Preparer's	name (including firm na	me, if applicable) and address (in	clude room or suite numbe	er) (optional)			number (optional)		

C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	-	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public accounta ions.)	nt (IQ	PA)		 Yes No
7 Plan Assets and Labilities (a) Beginning of Year (b) End of Year a Total plan basets 7a 306071 431619 b Total plan basets 7b 306071 431619 c Net plan assets (subtract line 7b from line 7a) 7c 306071 431619 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 306071 8 Contributions received or receivable from: 64(1) 2016 30500 (a) Antergeness. 68(2) 23385 30500 B Other income (loss) 6b 12115 30500 C Total income (loss) 6b 12115 30500 B Other income (loss) 8b 0 30500 C Total income (loss) 8d 0 30500 G Other sepness. 6g 0 3622 G Other sepness. 6g 0 3622 G Other sepness. 6g 302048 3452 J Transfers to (from line 8c). 81 320048 3452 J Transfers to (from big in sec instructions) 9j 362 362 362 <t< th=""><th>С</th><th>-</th><th></th><th></th><th></th><th></th><th>-</th><th></th></t<>	С	-					-	
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C Net plan assets (aubtract line 7b from line 7a)	а	Total plan assets	7a	3998	71			
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(2) Participants	а	Contributions received or receivable from:						
(a) Others (including rollovers) (b) Other income (loss) (c) Other income		(1) Employers	8a(1)					
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0 Output House (add lines Ba(1), Ba(2), Ba(2), and Bb)		(3) Others (including rollovers)	8a(3)			_		
d Benefits paid (including direct rollovers and insurance premiums bit Bed 0 to provide benefits)	b	Other income (loss)	8b	121	15			
to provide benefits)*			8c					35500
e Certain deemed and/or corrective distributions (see instructions)			84		0			
f Administrative service providers (salaries, fees, commissions) 8r 3452 g Other expenses. 8g 3452 h Total expenses (add lines 8d, 8e, 8l, and 8g) 8h 3452 i Net income (loss) (subtract line 8h from line 8c) 8i 32048 j Transfers to (from) the plan (see instructions) 8j 32048 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 22E 21 2K 2H 3D 2F 2G 2R 9a If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in on ine 10a) X X 100 X c Was there a failure to transactions with any party-in-interest? (Do not include transactions reported on nine 10a) X 100 X 1000000 X 100 X 1000000 10d X 1000000 10d X 1000000					0			
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h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X Part VI Pension Funding Compliance 10i 10i 10i 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 No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 11a	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10a		Х	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i Part VI Pension Funding Compliance 10i 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 No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a	h		•				х	
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) Image: Complete Schedule SB (Form 5500) 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a	i	If 10h was answered "Yes," check the box if you either provided th	ne require	d notice or one of the				
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 No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a	Part					1	1	
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a		Is this a defined benefit plan subject to minimum funding requirem						
	11-							
IN THIS A DEBUGG CODUDDUBOD DIAD SUDJECTIO THE TRUDUID UDDUBOT POLITEMENTS OF SECTION 417 OF THE LONG OF SECTION 807 OF FRISA 7 THE LES INFINUE	12							ERISA? Yes X No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

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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.				
b Enter the minimum required contribution for this plan year		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 onegative amount)	of a	12d		
e 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?		· 🗆 ۲	Yes 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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

Form 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee								
Department of Lebor Employee Benefits Security Administration	Income Security Act of 1974 (ERIS Revo	Internal	This Form is Open to Public Inspection						
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
	lentification Information								
For calendar plan year 2014 or fisca		/01/2014	and ending	12/	31/2014				
A This return/report is for:	a one-participant plan a the first return/report	f participating employ foreign plan e final return/report	an (not multiemployer) ver information in accord n/report (less than 12 m	dance with t	king this box must attach a list he form instructions)				
C Check box if filing under:	K Form 5558	utomatic extension			FVC program				
	special extension (enter description)								
Part II Basic Plan Inform	mation—enter all requested informat	ion							
1a Name of plan Ashford Electric & Co	nstruction Co. 401(k)	Profit Sharin	g Plan	(PN) 1c Effect	number 002 tive date of plan				
				01/	01/1998				
2a Plan sponsor's name and addr Ashford Electric & Co	ess; include room or suite number (em onstruction Co.	ployer, if for a single-	employer plan)	· ·	oyer Identification Number 91-1349855				
909 Kirkland Avenue				2c Sponsor's telephone number					
<i>yoy</i> 1121120100 11101000				425-889-1486 2d Business code (see instructions)					
Kirkland WA 98033					238210				
3a Plan administrator's name and address XSame as Plan Sponsor.				3b Administrator's EIN					
4 If the name and/or EIN of the p	olan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b EIN					
name, EIN, and the plan numb				4c PN					
a Sponsor's name				1					
	t the beginning of the plan year				4				
	t the end of the plan year			5b	4				
	count balances as of the end of the pla			5c	4				
	cipants at the beginning of the plan ye			5d(1)	4				
d(2) Total number of active parti	cipants at the end of the plan year		****	5d(2)	4				
	ninated employment during the plan ye			5e	C				
/	incomplete filing of this return/repo			ien ie netak	lishod				
Under penalties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as wel	I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule				
SIGN Stul	iskful	8-31-15	Gloria Ashfor	d					
HERE Signature of plan add	ministrator	Date	Enter name of individ	lual signing	as plan administrator				
SIGN									
HERE Signature of employe	er/plan sponsor	Date	Enter name of individ	lual signing	as employer or plan sponsor				
Preparer's name (including firm nar	ne, if applicable) and address (include	room or suite numbe	er) (optional)	Preparer's	s telephone number (optional)				
	and OMB Control Numbers ago the inst				Earn EE00 SE (2014)				

Form 5500-SF 2014

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 b Are you clauder 29 (under 29 (If you ans 	f the plan's assets during the plan year invested in eligi aiming a waiver of the annual examination and report of CFR 2520.104-46? (See instructions on waiver eligibility wered "No" to either line 6a or line 6b, the plan can is a defined benefit plan, is it covered under the PBGC i	f an independe / and condition not use Form	nt qualified public accounta s.) 5500-SF and must instea	int (IQ d use	PA) Form	5500.		X Yes X Yes	No
	nancial Information			,.					
	s and Liabilities		/ 1 m / 1 / 1 / 1 / 1		Т		41.		
			(a) Beginning of Yea				(b) End of		
	assets			9987	<u>'</u>			4	31919
3	liabilities				_				
-	ssets (subtract line 7b from line 7a)	7c	3.	9987	1	_		4	31919
	penses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al	
	ns received or receivable from: yers								
CLOSE REALSTRAFTS	pants			2338	15	· · · · ·			
100 million (100 m	(including rollovers)							-	
	me (loss)			1211	5			-	
	ne (add lines 8a(1), 8a(2), 8a(3), and 8b)								35500
	aid (including direct rollovers and insurance premiums				-				35500
	benefits)				0				
e Certain de	emed and/or corrective distributions (see instructions)				0	1.11			
f Administra	tive service providers (salaries, fees, commissions)			345	52				100
g Other expe	nses						-		
h Total expe	nses (add lines 8d, 8e, 8f, and 8g)		The second second						3452
	e (loss) (subtract line 8h from line 8c)		S						32048
	o (from) the plan (see instructions)			_		1.1.1	2.10.1	1000	
Part IV F	lan Characteristics	1 0/ 1							_
	provides welfare benefits, enter the applicable welfare provides welfare Questions								
10 During th	e plan year:				Yes	No	A	mount	
	e a failure to transmit to the plan any participant contrib 2510.3-102? (See instructions and DOL's Voluntary Fic			10a		х			
	re any nonexempt transactions with any party-in-interes			10b		х			
c Was the	plan covered by a fidelity bond?			10c	х			1	00000
	lan have a loss, whether or not reimbursed by the plan' esty?			10d		х			
insurance	/ fees or commissions paid to any brokers, agents, or or e service, or other organization that provides some or a ns.)	II of the benefit	s under the plan? (See	10e		x			
f Has the p	plan failed to provide any benefit when due under the pl	an?		10f		х			
q Did the p	an have any participant loans? (If "Yes," enter amount	as of year end				x			
	in individual account plan, was there a blackout period?		A COMPARENT MANAGEMENT	10g					_
2520.101	-3.)			10h	_	X	-		
exception	is to providing the notice applied under 29 CFR 2520.1			10i			1-57	1.54	
	nsion Funding Compliance							_	
5500) and	lefined benefit plan subject to minimum funding required I line 11a below)							Yes	No
	unpaid minimum required contribution for current year	from Schedule	e SB (Form 5500) line 39			11a			1773
12 Is this a	defined contribution plan subject to the minimum fundin	ig requirement	s of section 412 of the Code	e or se	ection	302 of EF	₹ISA?	Yes	X No
	complete line 12a or lines 12b, 12c, 12d, and 12e below r of the minimum funding standard for a prior year is be			ctions	, and e	enter the	date of the	letter ruli	ing

Day_

Year

Form 5500-SF 2014

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 c Enter the amount contributed by the employer to the plan for this plan year	the left of a	13a	Yes X	No No Yes
negative amount) e Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b of the PBGC? c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	rought under the c	13a control		No
Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b of the PBGC? c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	rought under the c	13a		No
 Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.) 	rought under the c	13a control	Yes X	
 If "Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b of the PBGC? c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.) 	rought under the c	13a control	Yes X	
 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b of the PBGC? c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.) 	rought under the c	control		
 of the PBGC? C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.) 	•			
which assets or liabilities were transferred. (See instructions.)				165
13c(1) Name of plan(s):	entify the plan(s) t	0		
	1:	3c(2) El	IN(s)	13c(3) F

14a Name of trust	14b Trust's EIN