Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

SIGN HERE

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

2015

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Informatior	1							
For calend	ar plan year 2015 or	fiscal plan year beginning 01/01/	2015		and ending 1	2/31/2	015			
A This ref	turn/report is for:	a single-employer plan			an (not multiemployer) ployer information in a		_			
		a one-participant plan		ign plan						
B This retu	urn/report is	the first return/report	the fin	al return/report						
		an amended return/report	a shor	t plan year return	/report (less than 12 m	nonths)	_			
C Check	box if filing under:	Form 5558	ш	natic extension			DFVC progr	ram		
		special extension (enter desc	' '							
Part II		ormation—enter all requested in	formation				,			
1a Name CM ELECTI	•	ON PENSION PLAN AND TRUST				1b	Three-digit plan number (PN) ▶	001		
						1c	Effective date of 04/2	f plan 2/2010		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CM ELECTRIC LLC					2b Employer Identification Number (EIN) 20-4848637					
					ictions)	2c Sponsor's telephone number 253-874-1199				
						2d	Business code (see instructions)		
PO BOX 127 MILTON, WA 98354 PO BOX 127 MILTON, WA 98354						238210				
3a Plan a	dministrator's name a	and address XSame as Plan Spon	sor.			3b	Administrator's I	ΞIN		
						3с	Administrator's t	elephone number		
		ne plan sponsor has changed since umber from the last return/report.	the last ret	urn/report filed fo	r this plan, enter the	4b	EIN			
a Spons	or's name					4c	PN			
5a Total	number of participant	s at the beginning of the plan year.				. 5	а	5		
_	•	s at the end of the plan year				5	b	5		
C Numb	er of participants with	account balances as of the end of	the plan ye	ar (defined benef	fit plans do not	5	С	5		
		articipants at the beginning of the p				5d	(1)	5		
		articipants at the end of the plan ye				5d		3		
e Numb	per of participants that	t terminated employment during the	e plan year	with accrued ben	efits that were less	5		0		
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report w	II be assessed ι	ınless reasonable ca					
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, aplete.								
SIGN		d/valid electronic signature.	0	6/16/2016	MISTY NOEL					

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of 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 indepe and condi	ndent qualified public a	ccount	ant (IQ	PA)			X	Yes [No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not o	determi	ned
Pai	t III Financial Information	1	1								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	of Yea	ar	
<u>a</u>	Total plan assets	7a		53	592					62308	}
<u>b</u>	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c		53	592					62308	}
а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)	(a) Amou		297		(b) Total				
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b		-1	187						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								9110)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses	8g			394						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								394	
	Net income (loss) (subtract line 8h from line 8c)	8i								8716	<u>;</u>
	Transfers to (from) the plan (see instructions)	8j									
Part	If the plan provides welfare benefits, enter the applicable welfare for the specific compliance Questions	eature cod	des from the List of Pia	n Chara	acterist	ic Coc	ies in tr	ne instruc	tions:		
10	During the plan year:				Yes	No	N/A		Ama	unt	
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction		103		IVA		Amo	unt	
b	Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10a 10b		X					
С	Was the plan covered by a fidelity bond?				Х						10000
d	<u> </u>	fidelity bo	nd, that was caused	10c	^	X					10000
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persor ne or all of	s by an insurance the benefits under	10e	X						283
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Χ					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)										
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										
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							(Form		Yes	No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction (302 of E	ERISA?	X	Yes	No

	F	orm 5500-SF 2015 Page 3 - 1							
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
<u>а</u>		iver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ng the waiver		enter the Day _	adate of t	he letter ru Year	ing		
<u> </u>	you cor	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	Ī					
b	Enter th	ne minimum required contribution for this plan year		12b			10297		
С	C Enter the amount contributed by the employer to the plan for this plan year						10297		
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)		12d	i				
е	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No X	N/A		
Part	VII F	Plan Terminations and Transfers of Assets							
13a	1 Hasaı	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 employer this year		13a					
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broup PBGC?	-			Yes X	No		
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	ı					
•	13c(1) N	ame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	t VIII	Trust Information							
14a	Name o	f trust		14b ⊺	Trust's EIN	N			
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions							
15a	l Is the p	olan a 401(k) plan?		Ye		No			
15b		" how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method					
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?		Ye		No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		ne plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comen with any other plans under the permissive aggregation rules?	0	Ye	s	No			
17a	Has the	plan been timely amended for all required tax law changes?		Ye	s	No	N/A		
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).								
17c		an sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial n		t to a fa	vorable IF	RS opinion	or		
17d		lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/	nter the date of	the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	3	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes,	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w , as required under section 401(a)(9)?		Ye	s	No	N/A		

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.

2015

1210-0089

OMB Nos. 1210-0110

This Form is Open to **Public Inspection**

Part I	Annual Report	t Identification Information	1	1 - 4- 400	1/0045				
For calenda	r plan year 2015 or f	iscal plan year beginning 01/01/20)15	and ending 12/3		- t			
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)									
		a one-participant plan	a foreign plan						
B This retu	rn/report is	the first return/report							
is improted	in oper to	an amended return/report	a short plan year return	onths)					
C Charles	and if filling under		automatic extension DFVC program						
C Check b	ox if filing under:	Form 5558	automatic extension			ogiani			
		special extension (enter des							
Part II		ormation—enter all requested in	nformation	, , , , , , , , , , , , , , , , , , , ,	1b Three-digit	T			
1a Name of plan CM ELECTRIC LLC DAVIS-BACON PENSION PLAN AND TRUST						001			
					(PN) ▶ 1c Effective dat 04/22/2010	e of plan			
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer Ide (EIN) 20-484	entification Number 8637			
City or CM ELECTR	town, state or provin	ice, country, and ZIP or foreign pos	stal code (if foreign, see instr	uctions)	2c Sponsor's te	elephone number 53) 874-1199			
					2d Business co	de (see instructions)			
PO BOX 127		РО ВО	X 127		238210				
MILTON, WA	98354	MII TO	N. WA 98354						
		and address X Same as Plan Spo			3b Administrator's EIN				
4 If the n	name and/or FIN of t	he plan sponsor has changed sinc	e the last return/report filed fo	or this plan, enter the	4b EIN				
name,	EIN, and the plan n	umber from the last return/report.	0 (10 100 10 10 10 10 10 10 10 10 10 10 10 10 10		4c PN				
		ts at the beginning of the plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***********	5a	5			
		ts at the end of the plan year			5b	5			
C Numbe	er of participants with	h account balances as of the end c	of the plan year (defined bene	efit plans do not	5c	5			
		participants at the beginning of the			5d(1)	5			
• •		participants at the end of the plan y			5d(2)	3			
e Numb	er of participants tha	at terminated employment during the	ne plan year with accrued be	nefits that were less	5e	0			
Caution: A	penalty for the late	or incomplete filing of this retu	rn/report will be assessed	unless reasonable car	ise is established	, <u> </u>			
Under pena SB or Sche	lition of parium, and	other penalties set forth in the instr and signed by an enrolled actuary	uctions. I declare that I have	examined this return/re	port, including, it a	oplicable, a Schedule			
SIGN	'Mistu	Jane O oran	lo-16-16	Misty Noel					
HERE	Signature of plan	administrator	Date	Enter name of individ	dividual signing as plan administrator				
sign									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	ual signing as emp	loyer or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address			Preparer's teleph	one number			

**************************************	Form 5500-SF 2015		Page 2								
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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a se	an indeper and conditi not use Fo	ndent qualified public a ions.) rm 5500-SF and must	ccounta instea	ant (IQ	PA) Form	5500.			No	
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ction 4	021)? .		Yes	No	Not deter	mined	
Pa	t III Financial Information	·									
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End			
a	Total plan assets	. 7a		5359	2				6230	8	
b	Total plan liabilities	. 7b								_	
С	Net plan assets (subtract line 7b from line 7a)	. 7c		5359	12		62308				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal	······	
а	Contributions received or receivable from:	. 8a(1)		1029	7	114					
	(1) Employers	8a(2)							7.733		
	(2) Participants	. 8a(3)				+					
	(3) Others (including rollovers)	. oa(3)		-118	37	+			See See		
	Other income (loss)	1		E Sign					9110)	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8C									
u	to provide benefits)	. 8d						\$04.0°	AT GET		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e				100					
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g		39	4	15.5					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					394			4	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	871	6	
j	Transfers to (from) the plan (see instructions)	. 8j		2003 1000							
В	If the plan provides welfare benefits, enter the applicable welfare	feature cod	des from the List of Pla	n Chara	acteris	tic Cod	les in th	e instruct	ions:		
Par		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		Yes	No	N/A	l .	Amount		
10	During the plan year: Was there a failure to transmit to the plan any participant contribution.	itione withi	n the time period		162	NO	IVA		Amount		
a	described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		×					
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	•		10b		X					
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 by fraud or dishonesty?			10d		×					
е	carrier, insurance service, or other organization that provides sor	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)								283	
f	Has the plan failed to provide any benefit when due under the plan?					×					
g	, , , , , , , , , , , , , , , , , , , ,			10g	<u> </u>	X			· · · · · · · · · · · · · · · · · · ·		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h							
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	d notice or one of the	10ì							
j	Did the plan trust incur unrelated business taxable income?	***********	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10j							
Par	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								Ye	s No	
11a	Enter the unpaid minimum required contribution for all years from	n Schedule	SB (Form 5500) line 4	0			11a				

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

X Yes

No

	Form 5500-SF 2015 Page 3 - 1						
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.		enter the	date of the	ne letter ru Year	ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li						
b	Enter the minimum required contribution for this plan year	***************************************	12b		10297		
C	Enter the amount contributed by the employer to the plan for this plan year		12c	10297			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to to negative amount)		12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?	***************************************		Yes	No X	N/A	
Part	VIII Plan Terminations and Transfers of Assets		T				
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 employer this year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13a				
b	of the PBGC?	***************************************			Yes X	No	
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)						
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	YIII Trust Information						
14a	Name of trust		14b Trust's EIN				
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	t IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		Yes	5	No		
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	***************************************	ba ha	sign- sed safe rbor ethod	ADP/ACP test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 2(a)(2)(ii))?	1.401(m)-	Yes	\$	∏ No		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under se	· ,	Ratio percentage test		Average benefit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by c this plan with any other plans under the permissive aggregation rules?		Yes	5	No		
17a	Has the plan been timely amended for all required tax law changes?		Yes	3	No	N/A	
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a				structions	
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter advisory letter, enter the date of that favorable letter and the letter's serious and the letter'		t to a fa	vorable IR	S opinion	or	
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS determination letter		the plan	's last fav	orable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virginia (i.e., Puerto Rico (if no election under ERISA section 1022(i) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virginia (i.e., Puerto Rico (if no election under ERISA section 1022(i) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virginia (i.e., Puerto Rico (if no election under ERISA section 1022(ii) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virginia (i.e., Puerto Rico (if no election under ERISA section 1022(ii) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virginia (i.e., Puerto Rico (i.e., Puerto		Yes	res No			
19	Were in-service distributions made during the plan year?		Yes	3	No		
	If "Yes," enter amount	·····	19	 			
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of retired), as required under section 401(a)(9)?		Yes	6	No	N/A	