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.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Informatior	1								
For calend	lar plan year 2015 or fi	iscal plan year beginning 01/01/	2015	and ending 12	2/31/2015	5					
A This re	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 foreign plan										
B This ret	urn/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	box if filing under:	Form 5558	automatic extension DFVC program								
D (II	Desir Dies Inte	<u> </u>	· /								
Part II	•	ormation—enter all requested in	formation		1 41 -						
1a Name PREMIER I	•	LC DAVIS-BACON PENSION PLA	N & TRUST		pla	nree-digit an number N) •	001				
			1c Eff	fective date of	⁻ plan 3/2014						
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.G ce, country, and ZIP or foreign pos		tructions)		2b Employer Identification Number (EIN) 13-4367707					
	OWER ELECTRIC LL		tai code (ii foreign, see ins	iructions)	2c Sp	oonsor's telep 360-49	hone number 91-9621				
7730 ARAB OLYMPIA, V					2d Business code (see instructions) 238210						
3a Plan a	administrator's name a	nd address Same as Plan Spon	sor.		3b Ad	lministrator's I	EIN				
4 If the	rana and/ar FIN af the		Alexander of the second file of	for this plan and a the			elephone number				
name		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	ior this plan, enter the	4b EII						
						<u> </u>	21				
_		s at the beginning of the plan year.			5a	-					
		s at the end of the plan year account balances as of the end of			5c		28				
	,	articipants at the beginning of the p			5d(1)		28				
		articipants at the beginning of the plan ye			5d(2)		27				
e Num	ber of participants that 100% vested	enefits that were less	5e								
Caution: /	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	l unless reasonable car	use is est	tablished.					
SB or Sch		ther penalties set forth in the instru and signed by an enrolled actuary, a plete.									
SIGN	Filed with authorized	/valid electronic signature.	06/24/2016	ROSS MONSON	V						
HERE	Signature of plan a	administrator	Date	Date Enter name of individual signing as							
SIGN											
HERE	Signature of emplo	oyer/plan sponsor name, if applicable) and address (i	Date	Enter name of individ		ng as employe er's telephone					
r reparer s	manie (including illii) i	name, ii applicable) and address (ii	noidae room or Suite Huffib	GI <i>)</i>	Fiepale	a s reiehiioije	HUHIDEI				

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b A	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 f you answered "No" to either line 6a or line 6b, the plan cannot be a considerable to the considerable to t	an indepe and condit	ndent qualified public a	ccount	ant (IQ	PA) 		ш. п.		
C If	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA se	ection 4	021)?	[Yes	No Not determined		
Part	III Financial Information									
7 F	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year		
a T	otal plan assets	7a		67	576			303794		
b_T	Total plan liabilities	7b								
C N	Net plan assets (subtract line 7b from line 7a)	7c		67	576			303794		
	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Total		
	Contributions received or receivable from: 1) Employers	8a(1)		277	355					
	2) Participants	8a(2)								
	3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-9	137					
C T	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						268218		
	Benefits paid (including direct rollovers and insurance premiums	0.4		30	828					
	o provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d		30	020					
	Administrative service providers (salaries, fees, commissions)	8e 8f								
	Other expenses	8g		1	172					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						32000		
	Net income (loss) (subtract line 8h from line 8c)	8i					236218			
	Fransfers to (from) the plan (see instructions)	8i								
Part	IV Plan Characteristics	<u> </u>								
B Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instructions:		
10	During the plan year:				Yes	No	N/A	Amount		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			3500		
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
	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.)	ne or all of	the benefits under	10e	X			762		
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	end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h		X				
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i						
j	Did the plan trust incur unrelated business taxable income?			10i						
Part '	VI Pension Funding Compliance			,			<u> </u>	<u> </u>		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							(Form Yes N		
	Enter the unpaid minimum required contribution for all years from									
12	ls this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·					RISA? X Yes N		

	F	orm 5500-SF 2015 Page 3 - 1								
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of t	he letter rul Year	ing			
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		10u1				
b	Enter tl	he minimum required contribution for this plan year		12b			277355			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			277355			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)		12d			0			
е		e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No X	N/A			
Part		Plan Terminations and Transfers of Assets			<u>_</u>	<u> </u>				
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	X No				
	If "Yes	s," 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 brou PBGC?		ontrol		Yes X	No			
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)	fy the plan(s) to	ı						
1	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part		Trust Information		T						
14a	Name o	of trust		14b ⊺	Γrust's EIN	1				
14c	Name	of trustee or custodian		14d Trustee's or custodian's						
							telephone number			
Par	t IX	IRS Compliance Questions		l .						
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No				
	10 110	prair a 40 (N) prair		Design-						
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)?		based safe ADP/ACP						
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes No						
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?				ш				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	ion 410(b):		atio ercentage st	Average benefit test				
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No				
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
17c	If the p	lan 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 r		t to a fa	vorable IF	RS opinion	or			
17d		olan 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	orable				
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	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?									

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

2015

This Form is Open to Public Inspection

	t Identification Information							
For calendar plan year 2015 or	fiscal plan year beginning 01/01/20 X a single-employer plan		and ending 12/					
A This return/report is for:	plan (not multiemployer) employer information in a							
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year retu	nonths)					
C Check box if filing under:	Form 5558	automatic extension DFVC program						
	special extension (enter des							
C. C	ormation—enter all requested in	nformation		145 = 1111				
1a Name of plan PREMIER POWER ELECTRIC I		1b Three-digit plan number (PN) ▶	001					
				1c Effective date 10/03/2014	e of plan			
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.			2b Employer Ide (EIN) 13-436				
City or town, state or provir PREMIER POWER ELECTRIC L	ice, country, and ZIP or foreign pos LC	stal code (if foreign, see ins	structions)	2c Sponsor's tel	ephone number			
				2d Business cod 238210	e (see instructions)			
7730 ARAB DR SE				250210				
OLYMPIA, WA 98501								
3a Plan administrator's name	and address X Same as Plan Spor	nsor.		3b Administrator	's EIN			
				3c Administrator	's telephone number			
	ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
name, EIN, and the plan not a Sponsor's name	umber from the last return/report.			4c PN				
5a Total number of participant	s at the beginning of the plan year.			5a	21			
	s at the end of the plan year			5b	28			
C Number of participants with complete this item)	account balances as of the end of	f the plan year (defined be	nefit plans do not	5c	28			
d(1) Total number of active p	articipants at the beginning of the p	olan year		5d(1)	29			
	articipants at the end of the plan ye			5d(2)	27			
than 100% vested	t terminated employment during th			5e				
Caution: A penalty for the late	or incomplete filing of this return ther penalties set forth in the instru	n/report will be assessed	d unless reasonable car	use is established.	dicable a Schedule			
SB or Schedule MB completed a belief, it is true, correct, and con	and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/repor	t, and to the best of	my knowledge and			
agn /		6/24/16	Ross Monson					
Signature of plan	administrator	Date	Enter name of individ	ual signing as plan a	dministrator			
SION								
Signature of empl	oyer/plan sponsor	Date	Enter name of individ					
Preparer's name (including firm	name, if applicable) and address (i	nclude room or suite numb	er)	Preparer's telepho	ne number			

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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 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 of the plan cannot be a second of the plan in the th	an indepe and condi not use Fo	ndent qualified public tions.) orm 5500-SF and mu	accoun	tant (IC	PA) Form	5500.		<u>N</u>	Yes No	
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA s	ection 4	4021)?		Yes	∐No [Not de	etermined	
Pa	rt III Financial Information		ı								
	Plan Assets and Liabilities	<u> </u>	(a) Beginnin	g of Y e 675		-		(b) End	d of Yea	794	
<u>a</u> b	Total plan fishilities			0/3	70				300	7 34	
<u>C</u>	Total plan liabilities	+		675	76				303	794	
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amo			+	(b) Total				
	Contributions received or receivable from: (1) Employers	. 8a(1)	(a) Amount 27735			277355					
	(2) Participants	. 8a(2)					8.0	を (共一)(基本 に) 「 東京) (1) 「 東京)	Anglika per Anglika per		
	(3) Others (including rollovers)	. 8a(3)					Ź			(A) G	
b	Other income (loss)	. 8b		-91	37	12.5			America Service America Service Services		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		<u> </u>					268	218	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		308	28						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e				-	19.84			14.60	
	Administrative service providers (salaries, fees, commissions)			11	72	-					
_ <u>g</u>	Other expenses			11/2			32000				
<u>'''</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)						236218				
i	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i			2.5	-	+				
, De-	t IV Plan Characteristics] 8)				Ц		<u>, 15</u> ,	<u></u>		
B	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Pla	n Char	acterist	tic Cod	les in th	ie instruc	tions:		
10	During the plan year:	***************************************			Yes	No	N/A		Amou	nt	
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х					
	Was the plan covered by a fidelity bond?				Х					35000	
ď	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10c 10d		х					
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 person: ne or all of	s by an insurance the benefits under	10e	х		- 4			7627	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X					
í	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required 1-3	l notice or one of the	10i						· '	
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 requirements 5500) and line 11a below)								Г	es No	
11a	Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a		<u></u>		
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the	se Cod	e or se	ction 3	302 of F	RISA?	XY	es No	

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	(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 in granting the waiver.		nter the Day	date of th	ne letter ru Year	ling		
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
!	Enter the minimum required contribution for this plan year		12b		2	77355		
	Enter the amount contributed by the employer to the plan for this plan year	12c		27	7355			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	1	12d	,		0		
6	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Ш	Yes	No X	N/A		
Par	Plan Terminations and Transfers of Assets							
13	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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?		ntrol		Yes 🛛	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	ify the plan(s) to						
	13c(1) Name of plan(s):	13c(2) E	IN(s)		13c(3) F	N(s)		
Dar	Trust Information							
	Name of trust		14b Trust's EIN					
	Traine of dust							
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
Pa)	IRS Compliance Questions							
15a	I is the plan a 401(k) plan?		Yes	;	No			
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer	ba:	sign- sed safe bor thod	ADF test			
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	401(m)-	Yes		No			
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	ion 410(b):	Ra per tes	centage	ш.	rage efit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?		Yes	i	No			
17a	Has the plan been timely amended for all required tax law changes?		Yes	1	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 ap				structions		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plant advisory letter, enter the date of that favorable letter and the letter's serial	number		· · ·		or		
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, et determination letter	nter the date of the	ne plan	's last favo	orable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin) has been Islands)?	Yes		No			
19	Were in-service distributions made during the plan year?		Yes		No			
	If "Yes," enter amount	.,	19					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of what retired), as required under section 401(a)(9)?	III III	Yes		No	∏ N/A		