	m 5500-SF	Short Form Annua	I Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089				
	tment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee R	etirement	2016				
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (I		7(b) and 6058(a) of the						
	enefit Guaranty Corporation	Complete all entries in ac	ccordance with the instr	uctions to the Form 5	500-SF.					
For calenda	Annual Report IC	Ientification Information al plan year beginning 01/01/20	16	and ending 12	2/31/2016					
	×	a single-employer plan		5	Filers chec	king this box must attach a				
A This ret	urn/report is for:	a one-participant plan	list of participating em	ployer information in ac	cordance v	with the form instructions.)				
B This retu	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 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	program				
		special extension (enter descrip	,							
Part II		mation—enter all requested info	rmation			1				
1a Name PREMIER P		DAVIS-BACON PENSION PLAN	& TRUST		1b Thre plan (PN)	number				
					1c Effe	ctive date of plan 10/03/2014				
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O.		uctions)	2b Emp (EIN	loyer Identification Number				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) REMIER POWER ELECTRIC LLC					2c Sponsor's telephone number 360-491-9621				
7730 ARAB I OLYMPIA, W					2d Busi	ness code (see instructions) 238210				
3a Plan a	dministrator's name and	address X Same as Plan Spons	sor.			inistrator's EIN inistrator's telephone number				
		blan sponsor has changed since the performed by the second seco	ne last return/report filed for	or this plan, enter the	4b EIN					
a Spons	or's name				4c PN	1				
5a Total r	number of participants at	t the beginning of the plan year			5a	2				
		the end of the plan year			5b					
		count balances as of the end of th			5c					
d(1) Tota	al number of active partic	cipants at the beginning of the pla	n year		5d(1)	:				
e Numb	per of participants that te	cipants at the end of the plan year rminated employment during the p	plan year with accrued bei	nefits that were less	5d(2) 5e					
		incomplete filing of this return/			use is esta	blished.				
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructi signed by an enrolled actuary, as	ions, I declare that I have	examined this return/re	port, includ	ing, if applicable, a Schedule				
SIGN	Filed with authorized/va	lid electronic signature.	03/27/2017	ROSS MONSON						
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan administrator				
SIGN HERE										
	Signature of employe	er/plan sponsor ne, if applicable) and address (inc	Date			as employer or plan sponsor s telephone number				
Fieparers		ne, il applicable) and address (inc		а <i>)</i>	Fieparer					

322928

6a 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	an indeper	ndent qualified public accountant (I	QPA)
	If you answered "No" to either line 6a or line 6b, the plan cann		,	
с	If the plan is a defined benefit plan, is it covered under the PBGC in			
–	rt III Financial Information	1		
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	303794	0
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	303794	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	305737	
		. ,		
	(2) Participants	8a(2)	3086	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	28188	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		337011
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	12030	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	2053	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		14083

Part IV Plan Characteristics

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

i

j

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2C 2F 2G 2T 3D

8i

8j

-626722

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	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)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			70000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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.)	10e	X			6115
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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				

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Part V	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and or m 5500) and line 11a below)						Yes	s 🗌 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA?				f 		X Yes	s 🗌 No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						1 - 11	
	grai	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insoluting the waiver.	Nonth _	ns, and	d enter i Day			letter ri ear	
lf y	/ou (completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			1			
b	Ente	r the minimum required contribution for this plan year			12b				305737
C	Ente	r the amount contributed by the employer to the plan for this plan year			12c				305737
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)			12d				0
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ν	o X	N/A
Part V	VII	Plan Terminations and Transfers of Assets							
13a	Has	s a resolution to terminate the plan been adopted in any plan year?				X Ye	s	No	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year			13a			_	0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou- trol of the PBGC?					X Ye	s	No
С	lf, c	luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s):		13c(2)	EIN(s)		1	3c(3) F	N(s)
PREMI	ER F	POWER ELECTRIC LLC 401K PROFIT SHARING PLAN	13-43	67707			C	02	
_									
Part	VIII	Trust Information							
14a r	Nam	e of trust			14b ⁻	Trusťs	EIN		
14c	Nam	e of trustee or custodian				Trustee telepho			i's
Part	IX	IRS Compliance Questions							
		· ·	Π	Yes			No		
15a	ls th	e plan a 401(k) plan? If "No," skip b							
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section k)(3) for the plan year? Check all that apply:		safe h			test	or year	" ADP
				"Curre ADP t	ent year test	,,,	N/A		
16a		at testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit t		N/A
	16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?						No		
	If the	e plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS letter/ and the serial number		n letter	r or advi	isory let	ter, ent	er the o	late of
17b	If the lette	e plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	e date	of the n	nost rec	ent det	ermina	tion
	Wer	hed Benefit Plan or Money Purchase Pension Plan Only: e any distributions made during the plan year to an employee who attained age 62 and had not sep ice?	arated	from	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	S	No		

This form is required to be file Income Security Act of 1974 Complete all entries in dentification Information al plan year beginning 01/01/20 a single-employer plan a one-participant plan a one-participant plan the first return/report an amended return/report Form 5558 special extension (enter desc mation—enter all requested in	(ERISA), and sections 605 Revenue Code (the Code accordance with the instr 16 a multiple-employer pl list of participating en a foreign plan X the final return/report a short plan year retur automatic extension ription)	67(b) and 6058(a) of the ey. Fuctions to the Form 5 and ending 12/	e Interna 500-SF <u>31/2016</u> (Filers c ccordan nonths)	This F Publ				
Income Security Act of 1974 Complete all entries in dentification Information al plan year beginning 01/01/20 a single-employer plan a one-participant plan the first return/report an amended return/report Form 5558 special extension (enter desc mation—enter all requested in	(ERISA), and sections 605 Revenue Code (the Code accordance with the instr 16 a multiple-employer pl list of participating en a foreign plan X the final return/report a short plan year retur automatic extension ription)	67(b) and 6058(a) of the ey. and ending 12/ an (not multiemployer) aployer information in a	e Interna 500-SF <u>31/2016</u> (Filers c ccordan nonths)	This F Publ	x must attach a			
dentification Information al plan year beginning 01/01/20 a single-employer plan a one-participant plan the first return/report an amended return/report Form 5558 special extension (enter desc mationenter all requested in	16 a multiple-employer pl list of participating en a foreign plan the final return/report a short plan year retur automatic extension ription)	and ending 12/ an (not multiemployer) pployer information in a	31/2016 (Filers c ccordan nonths)	hecking this bo	x must attach a			
a plan year beginning 01/01/20 a single-employer plan a one-participant plan the first return/report an amended return/report Form 5558 special extension (enter desc mation—enter all requested in	16 a multiple-employer pl list of participating en a foreign plan the final return/report a short plan year retur automatic extension ription)	an (not multiemployer) nployer information in a	(Filers c ccordan nonths)					
 a single-employer plan a one-participant plan the first return/report an amended return/report Form 5558 special extension (enter desc mation—enter all requested in 	a multiple-employer pl list of participating en a foreign plan X the final return/report a short plan year retur automatic extension ription)	an (not multiemployer) nployer information in a	(Filers c ccordan nonths)					
the first return/report an amended return/report Form 5558 special extension (enter desc mation —enter all requested in	a foreign plan X the final return/report a short plan year retur a utomatic extension ription)		nonths)	ce with the forn	n instructions.)			
an amended return/report Form 5558 special extension (enter desc mation—enter all requested in	a short plan year retur automatic extension ription)	n/report (less than 12 n	_					
special extension (enter desc mation—enter all requested in	ription)							
mation—enter all requested in				/C program				
	Iomation							
			1h -	Three-digit	T			
DAVIS-BACON PENSION PLA	N & TRUST		1	olan number PN) ▶	001			
			1	Effective date o 10/03/2014	f plan			
, apt., suite no. and street, or P.C		ruotiono)	1					
	lai code (il foreign, see inst	ucuons)	2c Sponsor's telephone number (360) 491-9621					
				Business code (
I address V Same as Plan She	nsor		3h /	dministrator's	FIN			
	the last return/report filed f	or this plan, option the			elephone number			
	the last returnineport lieu i	or this plan, enter the			- -			
at the beginning of the plan year.			-	·····	28			
					0			
ccount balances as of the end of	the plan year (only defined	contribution plans			0			
icipants at the beginning of the p	lan year				28			
			5d(2	2)	0			
er penalties set forth in the instru d signed by an enrolled actuary,	ctions, I declare that I have	examined this return/re	eport, in	cluding, if appli	cable, a Schedule y knowledge and			
	03-27-2017	Ross Monson						
ministrator	Date	Enter name of individ	dual sigr	ning as plan adı	ninistrator			
er/plan sponsor	Date	Enter name of individ	dual sigr	ning as employe	er or plan sponsor			
	nclude room or suite numb							
			a source					
	country, and ZIP or foreign posi- d address Same as Plan Spo plan sponsor has changed since aber from the last return/report. At the beginning of the plan year . At the beginning of the plan year . At the end of the plan year . Count balances as of the end of icipants at the beginning of the plan year count balances as of the plan year erminated employment during the rincomplete filing of this retur er penalties set forth in the instru d signed by an enrolled actuary, lete.	h, apt., suite no. and street, or P.O. Box) , country, and ZIP or foreign postal code (if foreign, see instr d address Same as Plan Sponsor.	a, apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code (if foreign, see instructions) d address Same as Plan Sponsor. plan sponsor has changed since the last return/report filed for this plan, enter the iber from the last return/report. at the beginning of the plan year count balances as of the end of the plan year (only defined contribution plans icipants at the beginning of the plan year ministrator Date Enter name of indivic Date Enter name of indivic	er, if for a single-employer plan) 2b E a, apt, suite no. and street, or P.O. Box) 2c S a ountry, and ZIP or foreign postal code (if foreign, see instructions) 2d E 2 d address X Same as Plan Sponsor. 3b / d address X Same as Plan Sponsor. 3b / g and sponsor has changed since the last return/report filed for this plan, enter the last return/report. 4b for the last return/report. at the beginning of the plan year 5a for the end of the plan year 5b for the contribution plans cicipants at the end of the plan year 5d(2) 5c for this return/report. r incomplete filing of this return/report will be assessed unless reasonable cause is control this return/report will be assessed unless reasonable cause is control to the plan year with accrued benefits that were less 5d(2) r incomplete filing of this return/report will be assessed unless reasonable cause is control to the plan year with accrued benefits that were less 5d(2) er penalties set forth in the instructions, I declare that I have examined this return/report, and tele. 03.27.20(7) Ross Monson Enter name of individual sign the plan sponsor Date er/plan sponsor Date Enter name of individual sign time, if applicable) and address (include room or suite number)	h, apt., suite no. and street, or P.O. Box) (EIN) 13-436770 country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telep (360). 2d Business code (238210 2d Business code (238210) 2d address () Same as Plan Sponsor. 3b Administrator's I 3c Administrator's I 3c Administrator's I at the beginning of the plan year 5a at the end of the plan year 5a cicipants at the end of the plan year 5d(1) cicipants at the beginning of the plan year 5d(2) erminated employment during the plan year 5d(2) rincomplete filing of this return/report will be assessed unless reasonable cause is established. er penalties set forth in the instructions, I declare that I have examined this return/report, including, if applic d signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my ele. 03-27-2017 Ross Monson Iministrator Date Enter name of individual signing as plan addition of the plan gas employs on suite number)			

	Were all of the plan's assets during the plan year invested in eligit 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 cann	an indeper and condit	ndent qualified public a	ccounta	ant (IQ	PA)		-	〈 Yes No 〈 Yes No
с	If the plan is a defined benefit plan, is it covered under the PBGC in							No N	lot determined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities	<u> </u>	(a) Beginning c	of Year			(b) End of Ye	ar
a	Total plan assets	7a		30379	4				0
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c		30379	4				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total	
а	Contributions received or receivable from:	90(1)		30573	7				
	 (1) Employers (2) Participanta 	8a(1) 8a(2)							
	(2) Participants	8a(3)		308	6				
h	Other income (loss)	8b		2818					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	1							337011
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	. 8d		1203	0)		
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f							
<u> </u>	Other expenses	. 8g		205	3				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							14083
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				aularan patétip			322928
j	Transfers to (from) the plan (see instructions)	. 8j		-62672	22				
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pensior 2C 2F 2G 2T 3D	i feature co	odes from the List of Pla	an Chai	racteris	stic Cc	des in	the instruction	ons:
b	If the plan provides welfare benefits, enter the applicable welfare	feature coo	les from the List of Pla	n Chara	cteris	ic Coc	les in t	he instructior	18:
Pa	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Ar	nount
ä	Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary I	-iduciary Correction	10a		х			
I	 Were there any nonexempt transactions with any party-in-interes reported on line 10a.) 	st? (Do not	include transactions	10b		х			
(10c	x				70000
(by fraud or dishonesty?	·····		10d		x			
	carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of	f the benefits under	10e	x				6115
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		Х			
			in the second	10g		X			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х			
	If 10h was answered "Yes " check the box if you either provided	the require	d notice or one of the			1	1		

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

Form 5500-SF 2016

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Part V	VI I	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c 5500) and line 11a below)					Ye:	3 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		1	
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the C			s 🗍 No			
		A? es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					1	
а	lfaw	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ng the waiver.	struction	is, and	l enter t Day		of the letter r Year	uling
If y		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line						
b	Enter I	he minimum required contribution for this plan year			12b		30	5737
0	Enter t	he amount contributed by the employer to the plan for this plan year			12c		30	5737
	Subtr	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ive amount)	left of a		12d			0
e		e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No X	N/A
Part V		Plan Terminations and Transfers of Assets						
		resolution to terminate the plan been adopted in any plan year?				X Yes	No	
		s," enter the amount of any plan assets that reverted to the employer this year			13a			0
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou- ol of the PBGC?	ght und	er the		[X Yes	No
с	lf, du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden assets or liabilities were transferred. (See instructions.)						
1		Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
		OWER ELECTRIC LLC 401K PROFIT SHARING PLAN						
			13-43	67707			002	
Part	VIII	Trust Information						
14a	Name	of trust			14b	Trust's E	IN	
14c	Name	of trustee or custodian					s or custodia le number	n's
Part	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
15b	How (401(k)	id the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		safe I			<pre>"Prior yea test</pre>	ar" ADP
				ADP	ent year test		N/A	
16a	What year?	testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perc test	o entage		verage enefit test	☐ N/A
	for the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	If the the le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRs tter	S opinio					
17b	If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS,	enter th	e date	of the r	nost rece	ent determin	ation
18	Defin Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not se e?	parated	from	∐ Y€	es [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	,		. 🗌 Ye	es [No	