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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Р	art I Annual Repo	rt Identification Information							
For	calendar plan year 2016 or	r fiscal plan year beginning 01/01/2	016 and ending 1	12/31/2016	6				
Α	This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a	•	-				
		a one-participant plan	a foreign plan						
В.	This return/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return/report (less than 12 r	nonths)					
С	Check box if filing under:	Form 5558	automatic extension	DFV	C program				
		special extension (enter descr							
Pa	art II Basic Plan In	formation—enter all requested inf	formation	_					
	Name of plan ELECTRIC LLC DAVIS-BAC	CON PENSION PLAN AND TRUST		pla	nree-digit an number	001			
					PN) frective date of				
				IC E		2/2010			
2a	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)					ication Number 348637			
CM E	City or town, state or provi	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 administrator's name	and address X Same as Plan Spor	nsor.	3b Ac	dministrator's E	EIN			
				3c Administrator's telephone number					
4		the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EI	IN				
а	Sponsor's name			4c Pt	N				
5a	Total number of participar	nts at the beginning of the plan year		5a					
b	Total number of participar	nts at the end of the plan year		5b					
С	complete this item)	th account balances as of the end of	the plan year (only defined contribution plans	5c		1			
d	(1) Total number of active	participants at the beginning of the plant	an year	5d(1)	· +				
d	(2) Total number of active	participants at the end of the plan yea	ar	5d(2))				
	than 100% vested		plan year with accrued benefits that were less	5e					
			n/report will be assessed unless reasonable ca						
			ctions, I declare that I have examined this return/repo						

belief, it is true, correct, and complete 04/10/2017 Filed with authorized/valid electronic signature. MISTY NOEL **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Dat<u>e</u> Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

Form 5500-SF 2016 Page **2**

6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	? (See instructions.)						X Yes	s No	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility		X Yes	s 📗 No							
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in					_	-		Not det	arminad	
		isurarice p	orogram (see LINIOA se	SCHOIT 4	021):	····· L	163			emined	
_ <u>Pa</u>	rt III Financial Information Plan Assets and Liabilities		(a) Be atomic a	- ()/				(I.) F I	C. V = = =		
a	Total plan assets	7a	(a) Beginning	62308			((b) End c)	
_	Total plan liabilities	7a 7b									
	Net plan assets (subtract line 7b from line 7a)	7c		62308	3				()	
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amour	nt .			otal				
	Contributions received or receivable from:		(a) Amour	, ,				(5) 10	, tui		
	(1) Employers	8a(1)		4966							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		2409							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				7375					
d	Benefits paid (including direct rollovers and insurance premiums	0.4		69401							
	,	provide benefits)									
_ t	Certain deemed and/or corrective distributions (see instructions).	8e									
	Administrative service providers (salaries, fees, commissions)	8f		282							
<u>g</u>	Other expenses (add lines add 0s 06 and 0s)	8g		696						3	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-62308					
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i									
	Transfers to (from) the plan (see instructions)	8j									
	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instrud	ctions:		
Par	t 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary 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					60000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
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.)	ne or all of	the benefits under	10e	X					136	
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			_		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X					
h	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							

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rage 3	1	

Part	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and on 5500) and line 11a below)						Yes	No	
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the C A?							No	
	(If "\	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insing the waiver.		s, and	and enter the date of the letter ruling Day Year					
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		ī				
b	Enter	the minimum required contribution for this plan year			12b				4966	
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				4966	
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								0	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?							No	X N	/A	
Part	VII	Plan Terminations and Transfers of Assets		1						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	6	No		
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a				0	
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No	ı	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident n assets or liabilities were transferred. (See instructions.)	tify the p	lan(s)) to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)	EIN(s) 13c(3) P				
Part	VIII	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		<u> </u>						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:			n-based "Prior year" ADP test					
				"Curre	rent year" N/A P test					
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage	Average N/A benefit test N/A				
	for the	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No			
	the le									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rec	ent deter	minatio	n	
18	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 sep e?		rom	Ye	s [No			
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	s	No			

Form 5500-SF

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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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Raft Annual Repo	A laentitication informa-	es in accordance with the in tion	nstructions to the Form	5500-SF.	· ANIA Mobertion			
For calendar plan year 2018 or	r fiscal plan year beginning 01/0	1/2016	and ending 12	/31/2016	·			
	X a single-employer plan	a multiple-employe	r plan (not multiemplover)) (Ellers checki	ng this box must attach a			
A This return/report is for:	a one-participant plan	list of participating a foreign plan	employer information in a	accordance wit	th the form instructions.)			
B This return/report is	the first return/report	the final return/repo	ort					
	an amended return/repor		iturn/report (less than 12 r	months)				
C Check box if filing under:	Form 5558	automatic extensio						
Co. C.	special extension (enter o	description)		∐ DFV¢ pro	ogram			
Part II Basic Plan Int	formation—enter all requeste	ed information						
1a Name of plan CM ELECTRIC LLC DAVIS-BAC				1b Three-				
				plan ni (PN)	001			
2a Plan sponsor's name /com	Invas 15.5			1c Effecti 04/22/	ve date of plan 2010			
2a Plan sponsor's name (emp Mailing address (include ro		2b Employ	yer Identification Number					
City or town, state or proving CM ELECTRIC LLC	structions)		20-4848637 or's telephone number					
		<u></u>	(253) 874-1199					
PO BOX 127	PO F	3QX 127		2d Busines 238210	as code (see instructions)			
MILTON, WA 98354	'							
3a Plan administrator's name a	and address X Same as Plan :	Sponsor.	V	3b Adminis	- L - A - 2 - 170 -			
	_	,		JD Adminis	strators EIN			
				3c Administrator's telephone number				
					•			
4 If the name and/or EIN of th	ne plan sponsor has changed sir	and the last section of						
name, EIN, and the plan nu a Sponsor's name	imber from the last return/report	nce the last return/report filled 	for this plan, enter the	4b EIN				
	at the hadinal	<u> </u>		4c PN				
5a Total number of participantsb Total number of participants	sat the beginning of the plan yes	âr.,,,,,,,,		- 5a	6			
	at the end of the plan year account balances as of the end			5b	0			
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	441	i	5c	0			
of it is a rounder of active pa	ifficipants at the beginning of the	a nian weer	ł	5d(1)	. 5			
d(2) Total number of active pa Number of participants that than 100% vested				5d(2)	O O			
Caution: A penalty for the late.	Ar incomplete file 4.1			5e				
Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed at holist 3 in the late.	her penalties set forth in the inst	urn/report will be assessed	uniess responable cau	se is establis	hed.			
SB or Schedule MB completed as belief, it is true, correct, and com	nd signed by an enrolled actuary plete.	y, as well as the electronic ve	e examined this return/report. ersion of this return/report.	.ort, including, . and to the be	if applicable, a Schedule ast of my knowledge and			
	wel	4-10-17	Misty Noel	V 4000000000000000000000000000000000000				
Signature of plan-a	aministrator	Date	Enter name of Individu	ISI singing an I	Name and the state of the state			
SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN				ar signing as p	nan administrator			
空転送機構 Jignature of emplo	yer/plan sponsor	Date	Enter name of Individu	el signing se c	employer or plan sponsor			
Preparer's name (including firm n	ame, if applicable) and address	(include room or suite numb	er)	Preparer's tel	ephone number			
or Paperwork Reduction Act Notice	e. see the instructions for East	no er						

	Form 5500-SF 2016		Page 2								
	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and conditi	ndent qualified public a	ccount	ant (IQ	PA)			X Yes	_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?	[] Yes	No	Not dete	ermined	
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning (of Year			(1	b) End	of Year		
a	Total plan assets	7a		6230)8					0	
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c		6230	08					0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)		496	66						
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)		10							
b	Other income (loss)	8b		2409							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					7375				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		69401							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g		28	32						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				69683				83	
i	Net income (loss) (subtract line 8h from line 8c)	8i				-62308				08	
j	Transfers to (from) the plan (see instructions)	8i									
Pa	rt IV Plan Characteristics			A CONTRACTOR OF THE PARTY OF TH							
9a		feature co	des from the List of PI	an Cha	racteris	stic Co	odes in	the inst	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in th	ne instru	uctions:		
Pa	rt V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
á	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	√oluntary F	iduciary Correction	10a		х					
ŀ	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		Х					
(Was the plan covered by a fidelity bond?			10c	Х					60000	
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
(Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person	s by an insurance	100	х					136	

Χ

Х

Χ

10f

10g

10h

10i

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

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

	Newsys			***************************************			
Part	. Which						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple (Form 5500) and line 11a below)					Yes	No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or ERISA?			:	🛛	Yes	No
	((f "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 instruction	ne ene	d optor t	ho data	of the le	ttor rulir	
	granting the waiver	ins, and	Day		Yea		ıg ——
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
<u> </u>	Enter the minimum required contribution for this plan year		12b			490	36
c	Enter the amount contributed by the employer to the plan for this plan year		12c			490	36
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	12d				0	
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	☐ No	ΧN	/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	s 📗	No	
	If "Yes," 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 brought uncontrol of the PBGC?				X Yes	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s)) to				
	13c(1) Name of plan(s):	13c(2)) EIN(s) 13c(3) P			(3) PN	(s)
Part	: VIII Trust Information				***************************************		
14a	Name of trust		14b ⁻	Trust's I	ΞIN		
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	t IX IRS Compliance Questions		<u> </u>				
15a	I Is the plan a 401(k) plan? If "No," skip b	Yes			No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	safe h	gn-based "Prior year" ADP harbor test				
-10		ADP 1	ent year test	[N/A		
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ration percentest	entage		verage enefit tes	t 🗌	N/A
	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?	Yes			☐ No		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the letter and the serial number			-			
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the letter	e date	of the m	nost rec	ent deter	minatio	n
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated service?	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		