## 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

2012

This Form is Open to Public Inspection

Pai		Annual Report Identification Information					
For c	alenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012	and ending 1	2/31/2	2012		
<b>A</b> T	his retu	urn/report is for: X a single-employer plan	oloyer plan (not multiemployer)		a one-particip	oant plan	
<b>B</b> T	his retu	urn/report is: the first return/report the final return.	/report				
		an amended return/report a short plan year	ar return/report (less than 12 me	onths)	)		
<b>C</b> c	heck b	oox if filing under: Form 5558 automatic exte	ension		DFVC progra	ım	
		special extension (enter description)			_		
Par	rt II	Basic Plan Information—enter all requested information					
	Name o	•		1b	Three-digit		
		ECHNICAL SERVICES, INC. 401(K) PLAN			plan number		
					(PN) <b>•</b>	001	
				1c	Effective date of 06/01/	•	
2a F	Plan sr	consor's name and address; include room or suite number (employer, if for a	single-employer plan)	2h	Employer Identif		
FINE L	INE T	ECHNICAL SERVICES, INC.	omgre empreyer plany	_~		56205	
				2c	Sponsor's telep		
614 4T		E E /A 98501		0.1	360-956		
OLTIVI	riz, v	7A 90501		2d	Business code (		
<b>3a</b> F	Plan ac	dministrator's name and address XSame as Plan Sponsor Name Same	as Plan Sponsor Address	3b	Administrator's I	EIN	
				30	Administrator's t	elephone number	
					, aministrator o	cophone number	
		ame and/or EIN of the plan sponsor has changed since the last return/repor	t filed for this plan, enter the	4b	EIN		
		EIN, and the plan number from the last return/report.  or's name		4c	PN		
		number of participants at the beginning of the plan year		5a		7	
		number of participants at the end of the plan year		5b		7	
		er of participants with account balances as of the end of the plan year (define				•	
		ete this item)		5c		7	
		all of the plan's assets during the plan year invested in eligible assets? (See	•			X Yes No	
		u claiming a waiver of the annual examination and report of an independent				X Yes ☐ No	
		29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) answered "No" to either line 6a or line 6b, the plan cannot use Form 5:				M 163   NO	
		penalty for the late or incomplete filing of this return/report will be ass lities of perjury and other penalties set forth in the instructions, I declare that				able a Schodule	
		dule MB completed and signed by an enrolled actuary, as well as the electro					
belief	f, it is t	rue, correct, and complete.	·		ĺ	· ·	
SIGN	ı	Filed with authorized/valid electronic signature. 05/31/2013	ROB LEDESMA				
HERI		Signature of plan administrator Date		ividual signing as plan administrator			
SIGN		- Signature of plant daminion and		U.S	,g ac p.a aa		
HERI		Circusture of annular relation and annular relations annular relations and annular relations annular relations and annular relations annular relations and annular relations ann	Fatana a sa a Carlo da				
Prena	arer's r	Signature of employer/plan sponsor Date  name (including firm name, if applicable) and address; include room or suite	number (optional)			number (optional)	
ор		(			a. Si o tolopilollo	(optional)	

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Par	t III Financial Information										_
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	d of Ye	ar		_
	Total plan assets	7a	82948				(b) End of Year 112252				_
	Total plan liabilities	7b									_
	Net plan assets (subtract line 7b from line 7a)	7c	8294	18				1	12252	)	_
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1		(b) Total			_	
	Contributions received or receivable from:		(a) Amount				(10)	Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	1928	38							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1233	86							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							31624	,	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	226	0							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	6	0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2320	)	
	Net income (loss) (subtract line 8h from line 8c)	8i							29304	4	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>									_
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ıctions	:		_
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:			_
											_
Part	•					T	1				_
10	During the plan year:			1	Yes	No		Amo	unt		_
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Cor	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See		X						
	instructions.)			10e						475	5
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 a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (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		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)								_			
11a						11a		- <u>                                    </u>			
12	Is this a defined contribution plan subject to the minimum funding				ction		ERISA?.		Yes	X No	)
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of	the let		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo										
b	Enter the minimum required contribution for this plan year					12b					

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	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 of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X N/A
Part	VII Plan Terminations and Transfers of Assets			
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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	l3c(2) ⊟	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury mal Revenue Servic

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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).

2012

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

 Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** 12/31/2012 01/01/2012 For calendar plan year 2012 or fiscal plan year beginning a one-participant plan a multiple-employer plan (not multiemployer) a single-employer plan A This return/report is for: the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report ☐ DFVC program Form 5558 C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number Fine Line Technical Services, Inc. 401(k) Plan 001 (PN) 1c Effective date of plan 06/01/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 52-7256205 Fine Line Technical Services, Inc. Sponsor's telephone number (360) 956-0885 614 4th Ave E 2d Business code (see instructions) 812990 98501 Olympia 3b Administrator's EIN 3a Plan administrator's name and address XSame as Plan Sponsor Name | Same as Plan Sponsor Address 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a b Total number of participants at the end of the plan year ..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item). 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes ∏No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Rob Ledesma SIGN Enter name of individual signing as plan administrator HERE Date Signature of plan administrator SIGN Enter name of individual signing as employer or plan sponsor HERE Date Signature of employer/plan sponsor Preparer's telephone number (optional) Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

. 44.	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a	Total plan assets	7a	82	,94	8		112,252
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	82	94	8		112,252
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)	19	,28	8		
-	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	d8	12	2,33	6		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					31,624
þ	Benefits paid (including direct rollovers and insurance premiums			2,26	۸		
	to provide benefits)	8d		., 20	<u> </u>		
	Certain deemed and/or corrective distributions (see instructions)	8e			0		
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0	<u> </u>		
	Other expenses	. 8g			_		2,320
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					29,304
	Net income (loss) (subtract line 8h from line 8c)	8i			┿		29,304
	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Chara	actens	stic Co	des in	the instructions:
b	2E 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Plan Charac	cterist	ic Cor	les in th	ne instructions:
D	III the plan provides wellate betterns, effect the applicable wellare	cature coc	to for the List of Fran Orional			,	
Par	V Compliance Questions				_		<del></del>
10	During the plan year:				Yes	No	Amount
а		itions with	n the time period described in rection Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		Х	
С	Was the plan covered by a fidelity bond?			10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	and, that was caused by fraud	10d		X	
é	Were any fees or commissions paid to any brokers, agents, or ot	her persor	ns by an insurance carrier,				
	insurance service or other organization that provides some or all instructions.)			10e	Х		475
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	
	The state of the s			10g		Х	
<u>`</u>	If this is an individual account plan, was there a blackout period?						
r				10h		х	
	2520.101-3.)			10h		Х	
i	2520.101-3.)	the require	d notice or one of the	10h 10i		Х	
	2520.101-3.)	the require	d notice or one of the	10i		Х	
i	2520.101-3.)	the require	d notice or one of the	10i nplete	Sche	X dule SE	3 (Form
Part 11	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10  IVI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)  Enter the amount from Schedule SB line 39	the require 01-3	d notice or one of the	10i		X dule SE	res Alvo
Part 11	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 to Important to providing the notice applied under 29 CFR 2520.10 to Important to Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)  Enter the amount from Schedule SB line 39	the required 11-3	d notice or one of the "Yes," see instructions and com-	10i		X dule SE	res Alvo
Part 11 11 12 12	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 to Important to providing the notice applied under 29 CFR 2520.10 to Important to providing Compliance  Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)  Enter the amount from Schedule SB line 39	the require	"Yes," see instructions and con-	10i nplete	ection	X dule SE 11a 302 of	ERISA? Yes X No
11 11 112	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.16 VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)  Enter the amount from Schedule SB line 39	the require 01-3 ments? (If g requirem v, as applieding amortic	"Yes," see instructions and coments of section 412 of the Code cable.)	10i	ection	X dule SE 11a 302 of	ERISA? Yes No
11 11a 12 a	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)  Enter the amount from Schedule SB line 39	the require 01-3 ments? (If g requirem v, as applicing amortion	"Yes," see instructions and comments of section 412 of the Code cable.) zed in this plan year, see instructions and comments of section 412 of the Code cable.)	10i	ection	X dule SE 11a 302 of enter the	ERISA? Yes No

148	Name of trust		400 E111			
	VIII Trust Information (optional)	14h Tr	14b Trust's EIN			
	3c(1) Name of plan(s):	13c(2) El	N(s)	13c(3) PN(s)		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)			T		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	************	<u></u>	Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
	Has a resolution to terminate the plan been adopted in any plan year?	Υ	es X N	0		
Part	VII Plan Terminations and Transfers of Assets					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X N/A		
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)	12d				
С	Enter the amount contributed by the employer to the plan for this plan year	12c				
	Form 5500-SF 2012 Page <b>3</b> -					