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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Р	ension Be	enefit Guaranty Corporation	► Complete all entries in acc	cordance	with the instruc	tions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Pá	art I	Annual Report	Identification Information								
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012		and ending 1	12/31/2	2012			
		urn/report is for:	a single-employer plan			an (not multiemployer)		a one-particip	oant plan		
В	This ret	urn/report is:	the first return/report		nal return/report						
			an amended return/report	a shor	t plan year return	/report (less than 12 m	onths)				
С	Check b	oox if filing under:	X Form 5558	autom	natic extension			DFVC progra	ım		
			special extension (enter descri	ption)							
Pa	art II	Basic Plan Info	rmation—enter all requested info	ormation							
1a	Name	of plan	·				1b	Three-digit			
TRUE	FABR	ICATIONS 401(K) PLA	AN AN					plan number			
								(PN) •	001		
							1C	Effective date of	•		
20	Diaman						26	01/01/			
		consors name and add	dress; include room or suite number	r (employe	er, ir for a single-e	employer plan)	2 D	Employer Identif	fication Number 45417		
							20	(=114)			
110	IDVFIC	CTDEET					20	Sponsor's telep			
		O STREET VA 98134					2d	see instructions)			
							423990				
3a	Plan a	dministrator's name an	nd address XSame as Plan Sponso	or Name	Same as Plan	Sponsor Address	3b	Administrator's I	EIN		
							3с	Administrator's t	telephone number		
4	If the n	name and/or EIN of the	e plan sponsor has changed since the	ho lact roti	urn/report filed fo	r this plan, optor the	1h	FINI			
-			nber from the last return/report.	ne iasi reii	um/report med to	i this plan, enter the	40	EIN			
а		or's name					4c PN				
5a	Total r	number of participants	at the beginning of the plan year				5a		25		
b	Total r	number of participants	at the end of the plan year				5b				
С			account balances as of the end of the						26		
					`	•	5c				
6a	Were	all of the plan's assets	s during the plan year invested in eli	igible asse	ets? (See instruct	ions.)			X Yes No		
b			the annual examination and report								
			? (See instructions on waiver eligibil	•	,				X Yes No		
			ther line 6a or line 6b, the plan ca								
			or incomplete filing of this return	•							
			her penalties set forth in the instruct nd signed by an enrolled actuary, as								
		rue, correct, and comp		o won do n	io dicottorno vere	norr or triis retain, report	i, and	to the best of my	knowicage and		
					10010010						
SIG		Filed with authorized/	valid electronic signature.	09	9/30/2013	DHRUV AGARWAL	AL .				
HEF	KE.	Signature of plan ac	dministrator	Da	ate	Enter name of individ	ual sig	ıning as plan adn	ninistrator		
SIG	N	Filed with authorized/v	valid electronic signature.	09	9/30/2013	DHRUV AGARWAL					
HEF	RE	Signature of employ	ver/plan sponsor	Da	ate	Enter name of individ	ual sic	ning as emplove	r or plan sponsor		
Pre	parer's		ame, if applicable) and address; inc						number (optional)		

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Par	t III Financial Information									
	Plan Assets and Liabilities	(a) Beginning of Yea	(a) Beginning of Year				(b) End of Year			
	Total plan assets								3124	2
	Total plan liabilities	7b							0.2	
	Net plan assets (subtract line 7b from line 7a)	7c	2420)3					31242	2
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total	01211	
	Contributions received or receivable from:		(a) Amount		(b) Total					
	(1) Employers	8a(1)								
	(2) Participants									
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	424	11						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13538	3
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e	649	9						
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6499	9
	Net income (loss) (subtract line 8h from line 8c)	8i							703	9
	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 2F 2G 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:		
.										
Part	•				.,		1			
10	During the plan year:	4:		1	Yes	No		Amo	ount	
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					225000
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	10e		X				
f	instructions.) Has the plan failed to provide any benefit when due under the plan					X				
				10f						
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		<u> </u>	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						
Part	VI Pension Funding Compliance									
11										
11a						11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se			ERISA?		Yes	X No
	(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 instructions, and enter the date of the letter ruling granting the waiver. Day Year									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				_			
b	b Enter the minimum required contribution for this plan year									

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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 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):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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2012

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

► Complete all entries in accordance with the instructions to the Form 5500-SF.

P	art I Annual Repor	t Identification Information								
For	calendar plan year 2012 or	fiscal plan year beginning	01/01/2012	and ending	12/31/	2012				
Α	This return/report is for:	x a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-participant plan					
В	This return/report is:	the first return/report	the final return/report							
		rn/report (less than 12 m	months)							
С	Check box if filing under:	x Form 5558	automatic extension		DFVC program					
	-	special extension (enter descrip	otion)							
P:	art II Basic Plan Inf	formation enter all requested in	formation							
	Name of plan	0111011011	13111133131		1b Three					
	True Fabrications	rications 401(K) Plan				oumber 001				
		1c Effective date of plan 01/01/2011								
2a	Plan sponsor's name and	address; include room or suite numbe	r (employer, if for a single	e-employer plan)		oyer Identification Number				
	True Fabrications	,		. ,		20-3045417				
	14 S. Idaho Street					sor's telephone number) 750-8783				
	14 5. Idano Screet					ess code (see instructions)				
_	Seattle	WA 98134			4239	90				
3a	Plan administrator's name	and address X Same as Plan Spor	isor Name Same as I	Plan Sponsor Address	3b Admir	nistrator's EIN				
					3c Administrator's telephone number					
4		the plan sponsor has changed since thumber from the last return/report.	ne last return/report filed f	for this plan, enter the	4b EIN					
а	Sponsor's name	umper nom the last return/report.			4c PN					
	2.1.010-011211	ts at the beginning of the plan year			5a	25				
b		ts at the end of the plan year			5b	26				
с —	THE THE PROPERTY OF THE PARTY O	h account balances as of the end of th	, ,	·	5c	13				
6a	Were all of the plan's asse	ets during the plan year invested in elig	gible assets? (See instruc	tions.)		X Yes No				
b	_	of the annual examination and report								
		6? (See instructions on waiver eligibilit	1000000			X Yes No				
		either line 6a or line 6b, the plan ca te or incomplete filing of this return				lished				
		other penalties set forth in the instruc								
SE	s or Schedule MB completed lief, it is true, correct, and co	i and signed by an enrolled actuary, a	s well as the electronic ve	ersion of this return/repor	t, and to the	best of my knowledge and				
Q	IGN 1	No.	0/19/12	Dhruv Agarwal						
THE YEAR	ERE Signature of plan ac	Iministrator	Date//	Enter name of individua	al signing as	plan administrator				
0	IGN X	XIN	9/9/13	Dhruv Agarwal						
175,70	ERE Signature of employ	Enter name of individua	al signing as	employer or plan sponsor						
Pre	eparer's name (including firn	n name, if applicable) and address; inc	clude room or suite numb	per (optional)	Preparer's t	telephone number (optional)				
					Ï					
					Estivate	DELANTON AT LESS AND THE				

Pa	rt III Financial Information							-	
7	Plan Assets and Liabilities	N-OF	(a) Beginning of Yea	r		(b) End of Year			
а	Total plan assets	7a	24,2	03	31,242				
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	24,2	03				31,242	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To		
	Contributions received or receivable from: (1) Employers	8a(1)				137			
-	(2) Participants	8a(2)	9,2	97					
_	(3) Others (including rollovers)	8a(3)	3/2						
· -	Other income (loss)	8b	4,2	41	55/0/	E ALL		Heli	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	4,2	31	2000	8-11-	F-22	12 520	
d	Benefits paid (including direct rollovers and insurance premiums		W-12-12-80 HIS S-2-5-10		1911		W. SSIE	13,538	
	to provide benefits)	8d	6,4	00	TOTAL STREET				
-	A desirable to approximate the second approximation of the	8e 8f	0,4	<i>33</i>					
	and control to control				273	20 WS 1	ncas) catobaray	AVAILABLE TO STATE	
		8g		9.08			THE PARTY NAMED IN	6,499	
7.	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1200					
-	Net income (loss) (subtract line 8h from line 8c)	8i		210	92500	521 (5)	USUA DAS	7,039	
C-	Transfers to (from) the plan (see instructions)	8 <u>j</u>					v. 60 1/00	PART OF THE PARTY	
	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe 2F 2G 2J 3D	eature cod	des from the List of Plan Charac	teristi	c Cod	es in th	e instructio	ons:	
h									
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture code	es from the List of Plan Characte	eristic	Code	s in the	instruction	s:	
Pa	rt V Compliance Questions								
10									
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fiduc			10a		х			
b	Were there any nonexempt transactions with any party-in-interest?	? (Do not	include transactions reported						
	on line 10a.)			10b		Х		005 000	
	Was the plan covered by a fidelity bond?			10c	X	-		225,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's to dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o								
	instructions,)			10e		х			
f	Has the plan failed to provide any benefit when due under the plan			10f		х			
q	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear	end.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (1.3			91511791	-Way	
	2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required -3	d notice or one of the	10i					
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes X No	
11a	Enter the amount from Schedule SB line 39				-	11a			
12	Is this a defined contribution plan subject to the minimum funding i	322020000000000000000000000000000000000		-11.57100.71			RISA?	Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling								
	granting the waiver Month Day Year								
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule				- 1				
b	Enter the minimum required contribution for this plan year					12b			

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С	Enter the amount contributed by the employer to the plan for	r this plan year			12c						
d	Subtract the amount in line 12c from the amount in line 12b negative amount)	12d									
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						□ No [□ N/A			
Part	VII Plan Terminations and Transfers of Ass	sets									
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							☐ Yes	X No			
С	If during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See instructions		lan(s), identi	fy the plan(s) to)						
1	3c(1) Name of plan(s):			130	(2) EII	۷(s)	13c(3)	PN(s)			
Part	VIII Trust Information (optional)										
Landard Control of the Control of th						14b Trust's EIN					