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

2013

This Form is Open to Public Inspection

	• •	Complete all entries in	accordance with the inst	ructions to the Form 5	000-5F.					
Part I	Annual Report I	dentification Informatio	n							
For calend	dar plan year 2013 or fis	cal plan year beginning 01/0	01/2013	and ending	12/31/2	2013				
A This re	eturn/report is for:	X a single-employer plan	a multiple-employe	plan (not multiemploye	er) a one-participant plan					
B This re	eturn/report is:	the first return/report	the final return/repo	rt						
		an amended return/report	a short plan year ret	urn/report (less than 12	months)					
C Check	box if filing under:	Form 5558	automatic extension	ı		DFVC progra	am			
• Onlook	box ii iiiiiig ariaor.	special extension (enter des								
Part II	Pasia Dian Info	<u> </u>	· ,							
		mation—enter all requested	information		1h	Three-digit				
1a Name	: OI PIAII FOM MANUFACTURING	3 INC 401K PLAN			10	plan number				
2 4 0 000						(PN) •	001			
					1c	Effective date o	f plan			
						09/01	/2010			
	sponsor's name and add TOM MANUFACTURIN	dress; include room or suite num	nber (employer, if for a sing	le-employer plan)	2b	Employer Identi (EIN) 80-01	fication Number 08997			
					2c	Sponsor's telep	hone number			
1514 E RIV	ERSIDE AVE					509-53				
SPOKANE,					2d	Business code ((see instructions)			
						33270				
3a Plan a	administrator's name an	d address XSame as Plan Spo	nsor Name Same as P	lan Sponsor Address	3b	Administrator's	EIN			
					3с	Administrator's	telephone number			
4										
		plan sponsor has changed sinc ber from the last return/report.	e the last return/report filed	I for this plan, enter the	4b	EIN				
	sor's name	iber from the last return/report.			4c	PN				
		at the beginning of the plan year	r		_	T	5			
_		at the end of the plan year					5			
		account balances as of the end								
	- '						4			
		during the plan year invested in	-				X Yes No			
		the annual examination and rep (See instructions on waiver elig					X Yes No			
		ther line 6a or line 6b, the plar								
		t plan, is it covered under the Pl					Not determined			
	•			•						
		r incomplete filing of this retu								
		er penalties set forth in the instr d signed by an enrolled actuary								
	true, correct, and comp		, as well as the electronic v	reision of this return/repo	Jit, aliu	to the best of my	Knowledge and			
·	<u> </u>									
SIGN HERE	Filed with authorized/\	valid electronic signature.	05/21/2014	KAYLA PAULIN	KAYLA PAULIN					
TILIKE	Signature of plan ac	dministrator	Date	Enter name of indiv	idual sig	ıning as plan adr	ninistrator			
SIGN										
HERE		nature of employer/plan sponsor Date Enter name of individu				dual signing as employer or plan sponsor				
IILIKE	Signature of employ	/er/plan sponsor	Date	Enter name of indiv	idual sid	ning as emplove	er or plan sponsor			
		yer/plan sponsor ame, if applicable) and address;					er or plan sponsor number (optional)			

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information							
7					(h) End of Voor			
_ <u>'</u> _a	Plan Assets and Liabilities (a) Beginning of Year (a) Liabilities (a) Beginning of Year (a) Liabilities (b) Beginning of Year (a) Be				(b) End of Year 159989			
<u>a</u>	Total plan accept						100000	
	1007						159989	
8	, ,	7c		•				
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
и	(1) Employers	8a(1)	829	2				
	(2) Participants	8a(2)	1225	4				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	1702	2				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					37568	
d	Benefits paid (including direct rollovers and insurance premiums			_				
	to provide benefits)	8d		0				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f	29	6				
g	Other expenses	. 8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					296	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					37272	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D 2K							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in t	he instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X		
b	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		10000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,					
	insurance service, or other organization that provides some or all			40-	Χ		044	
	instructions.)			10e		X	241	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		X		
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X		
i	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				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year fr					11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
a	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 instruc		, and e	enter th Day	ne date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	e MB (For	m 5500), and skip to line 13.					
h	Enter the minimum required contribution for this plan year			_		12b	<u> </u>	

Page	3 -	1
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С	C Enter the amount contributed by the employer to the plan for this plan year			
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)				
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?			es 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?				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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 406S 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

2013

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	Complete all entries in acc	ardanca with the instru	tions to the Form 550	0.60	411,	pection
Part Annual Report Id	entification Information	organice with the mande	HOUR TO THE LOW 220	10-SF.		
For calendar plan year 2013 or fisca		C1/C1/2013	and ending		12/31/201	13
	a single-employer plan		an (not multiemployer)		a one-particip	
B This return/report is:	the first return/report	the final return/report	, , ,	_		•
	an amended return/report	<u> </u>	n/report (less then 12 m	onthe)		
C Check box if filing under:	Form 5558	automatic extension	aroport (1000 tribit) (E fit	(Critina)	DFVC progra	
	special extension (enter descrip	_		L	_ DEVC plogis	1113
Part II Basic Plan Inform	nation enter all requested infor	<u> </u>	•			
18 Name of plan	mation—enter all requested linor	imalion		16	Three-digit	
,	ACTURING INC. ACC. DIT	7.7.1			plan number	
B & C COSTOM MANORA	ACTURING INC 401K PLA	-11/			(PN) ▶	001
					Effective date of	
- A- D		 		_	09/01/2010	
Ža Plan sponsor's name and addre B & C CUSTOM MANUFA		(employer, if for a single-	employer plan)	1	Employer Identif	
D % 0 0001011 121110111					<u>EIN) 80-010</u>	
					Sponsor's telepi (509) - 535~	
1514 E RIVERSIDE AV	Æ.					see instructions)
SPOKANE		WA	99202	1	332700	
3a Plan administrator's name and a	address XSame as Plan Sponsor	r Name Same as Plan	Sponsor Address		Administrator's E	EIN
	_	_				
				3C /	Administrator's t	elephone number
4 If the name and/or EIN of the pl	lan sponsor has changed since the	e last return/report filed fo	r this plan, enter the	4b i	ElN	
name, EIN, and the plan numb		e last return/report filed fo	r this plan, enter the			
name, EIN, and the plan numb a Sponsor's name	er from the last return/report.	·	•	4c		
name, EIN, and the plan number a Sponsor's name 5a Total number of participants at	er from the last return/report. the beginning of the plan year		, , , , , , , , , , , , , , , , , , ,	4c 5a		5
name, EIN, and the plan number a Sponsor's name 5a Total number of participants at b Total number of participants at	the beginning of the plan year the end of the plan year			4c		5
name, EIN, and the plan number a Sponsor's name 5a Total number of participants at b Total number of participants at c Number of participants with acc	the beginning of the plan year the end of the plan year count balances as of the end of the	e plan year (defined bene	fit plans do not	4c 5a 5b		5
name, EIN, and the plan number a Sponsor's name 5a Total number of participants at b Total number of participants at complete this item)	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the	e plan year (defined bene	fit plans do not	4c 5a 5b 5c	PN	4
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name, EIN, and the plan number a Sponsor's name 5a Total number of participants at b Total number of participants at c Number of participants with acc complete this item). 6a Were all of the plan's assets do b Are you claiming a waiver of the under 29 CFR 2520.104-46? (Siff you answered "No" to either	the beginning of the plan year the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in eligible annual examination and report of See instructions on waiver eligibilitier line 6a or line 6b, the plan care	e plan year (defined bene gible assets? (See instruct of an independent qualifie ty and conditions.)	fit plans do not tions.)d public accountant (IQ	4c 5a 5b 5c PA)	PN	4 ☑ Yes ☐ No ☑ Yes ☐ No
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name, EIN, and the plan number 3 Sponsor's name 5a Total number of participants at b Total number of participants at c Number of participants with accomplete this item)	the beginning of the plan year the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in elig be annual examination and report of See instructions on waiver eligibilit er line 6a or line 6b, the plan can plan, is it covered under the PBGC incomplete filing of this return/r r penalties set forth in the instruction	e plan year (defined bene gible assets? (See instruct of an independent qualifie ty and conditions.)	fit plans do not itions.)	4c 5a 5b 5c Form 5	PN 5500. Yes No stabilished.	Yes No Yes No Not determined
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name, EIN, and the plan number 3 Sponsor's name 5a Total number of participants at b Total number of participants at c Number of participants with accomplete this item). 6a Were all of the plan's assets de b Are you claiming a waiver of the under 29 CFR 2520.104-46? (See If you answered "No" to either the plan is a defined benefit punder penelties of perjury and other SB or Schedule MB/ completed and belief, it is true, correct and complete SIGN HERE Signature of employer	the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in eligible annual examination and report of See instructions on waiver eligibilitier line 6a or line 6b, the plan carbolan, is it covered under the PBGC incomplete filing of this returning penalties set forth in the instructions aigned by an enrolled actuary, as the incomplete filing of this returning penalties set forth in the instructions aigned by an enrolled actuary, as the instructions are the plan sponsor	e plan year (defined bene gible assets? (See instruct of an independent qualifie ty and conditions.)	fit plans do not itions.)	4c 5a 5b 5c PA) Form 5 see is export, income, and to	PN 5500. Yes No stabilished. Juding, if applicate the best of my sing as plan adming as employed the state of the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and

	(b) End of Year		
a Total plan assets	159,989		
b Total plan liabilities			
C Net plan assets (subtract line 7b from line 7a)	159,989		
8 Income, Expenses, and Transfers for this Plan Year (a) Amount	(b) Total		
8. Contributions received or receivable from			
	time and the second of the second of		
(3) Others (including rollovers). 8a(3) Other income (loss). 8b 17,022	And the second s		
	<u>- 37,568</u> 37,568		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums	37,366		
to provide benefits)			
Certain deemed and/or corrective distributions (see instructions) 8e			
g Other expenses 8g 0	dh.S. An ad a salah isa ah a salah ay		
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h	296		
i Net income (loss) (subtract line 8h from line 8c) 8l	37,272		
j Trænsfers to (from) the plan (see instructions)			
Part IV Plan Characteristics			
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in th 2E 2F 2G 2J 2T 3D 2K	ne instructions:		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the	e instructions:		
Part V Compliance Questions			
10 During the plan year: Yes No	Amount		
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)			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			
C Was the plan covered by a fidelity bond?	10,000		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
e 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.)	241		
f Has the plan falled 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.)			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	ne de la companya de La companya de la co		
2520.101-3.) 10h X	Electric Committee Committ		
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	en e		
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 (5500) and line 11a below)			
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of El	RISA? 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 granting the waiver. Month Day	a date of the letter ruling Year		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b Enter the minimum required contribution for this plan year			

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c	Enter the amount contributed by the employer to the plan for this plan year	L-146001000000	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the let negative amount)	tofa	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [N/A
Part	VIII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	res 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 brough of the PBGC?				Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)					
	13c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(3)	PN(s)
Part	Will Trust Information (optional)					
	Name of trust		14b Ti	rust's EIN		