For	rm 5500-SF	Short Form Annual Re	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		Be This form is required to be filed a	~	2013				
Department of Labor Employee Benefits Security Administration		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( the Internal Revenue Code (the Code).				This Form is Open to Public		
Pension Be	enefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	ctions to the Form 550	0-SF.	Inspection		
Part I		entification Information						
For calenda	ar plan year 2013 or fisca			and ending 1	2/31/2	2013		
A This ret	urn/report is for:	🛛 a single-employer plan 🛛 🗌 a	multiple-employer pl	an (not multiemployer)		a one-participant plan		
B This ret	urn/report is:	the first return/report the first return/report	ne final return/report					
		an amended return/report	short plan year returr	n/report (less than 12 m	onths	)		
C Check	box if filing under:	] Form 5558 🛛 a	utomatic extension			DFVC program		
		special extension (enter description)	)					
Part II	Basic Plan Inform	nation—enter all requested informati	on					
1a Name	•				1b	Three-digit		
OMNIFAB R	ETIREMENT PLAN					plan number (PN) ▶ 001		
					1c	Effective date of plan		
						01/01/2012		
2a Plan s OMNIFAB, L		ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 43-1969065		
1316 W. MA	IN ST				2c	Sponsor's telephone number 253-931-5151		
AUBURN, W					2d	Business code (see instructions) 331200		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's EIN		
						Administrator's telephone number		
		lan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN		
	or's name	er from the last return/report.			4c	PN		
5a Total r	number of participants at	the beginning of the plan year			5a	5		
<b>b</b> Total r	number of participants at	the end of the plan year			5b	1		
<b>c</b> Numb	er of participants with ac	count balances as of the end of the pla	an year (defined bene	fit plans do not	0.0			
compl	ete this item)				5c			
	•	luring the plan year invested in eligible	•	,		X Yes No		
		ne annual examination and report of an See instructions on waiver eligibility an				X Yes 🗌 No		
		er line 6a or line 6b, the plan cannot						
C If the p	plan is a defined benefit p	blan, is it covered under the PBGC insu	urance program (see	ERISA section 4021)? .		Yes No Not determined		
Caution: A	popality for the late or	incomplete filing of this return/repo	rt will be assessed	unloss rossonable cau		ostablishod		
		r penalties set forth in the instructions,						
SB or Sche		signed by an enrolled actuary, as well						
SIGN	Filed with authorized/va	lid electronic signature.	06/19/2014	CONNIE FREEBORN	N			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual się	gning as plan administrator		
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sig	gning as employer or plan sponsor		
Preparer's		ne, if applicable) and address; include	room or suite numbe		_	parer's telephone number (optional)		

Pa	rt III Financial Information		-								
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year					
а	Total plan assets	. 7a	6477	2	127462						
b	Total plan liabilities	. 7b									
С	Net plan assets (subtract line 7b from line 7a)	7b from line 7a) 7c 6477						1	27462		
8	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)	5616	6							
	Others (including rollovers)										
b	Other income (loss)	er income (loss)									
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							70840	340	
d	Benefits paid (including direct rollovers and insurance premiums	8d	815	n							
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e	010	•	_						
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f									
<u> </u>	Other expenses	8g							0450		
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							8150		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)				_				62690		
	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acterist	ic Co	des in	the instru	ctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	otorietic		os in tl	ne instruc	tione			
D	in the plan provides wehare benefits, enter the applicable wehare h			JUEIISUC	, 000	C3 11 U		0013.			
Par	Part V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
a		tions withi	n the time period described in					7	June		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)										
b	, , , , , , , ,					х					
	on line 10a.)			10b		Х					
C	Was the plan covered by a fidelity bond?			10c		^					
d		•	-	4.4.1		х					
	or dishonesty?			10d							
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					X					
	instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
	If this is an individual account plan, was there a blackout period?	•	,	log							
	2520.101-3.)			10h		Х					
i	· · · · · · · · · · · · · · · · · · ·										
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part								-			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
<u>11a</u>	Enter the unpaid minimum required contribution for current year fi	rom Sched	lule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or sec	tion 3	302 of	ERISA?		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 bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th Day	e date of	the le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul										
b	Enter the minimum required contribution for this plan year					12b					

C	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?	Ye	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?	control		Yes 🗙 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): 1	3c(2) EIN	l(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tru	ust's EIN	

	m 5500-SF	Short Form Annual Ret Be		OMB Nos. 1210-0110 1210-0089				
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Empl					e	2	013	
Department of Labor Employee Benefits Security Administration Relirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6057 the Internal Revenue Code (the Code).						This Form i	s Open to Public	
Pension Be	nefit Guaranty Corporation			pection				
Part I	Annual Report Id	Complete all entries in accordan     Information	ce with the instruct	ions to the Form 550	U-SF.			
	ar plan year 2013 or fisca			and ending 1	2/31/2	2013		
A This ret	um/report is for:	a single-employer plan 🛛 a n	nultiple-employer pla	in (not multiemployer)		a one-particij		
	urn/report is:	the first return/report	e final return/report	/report (less lhan 12 m		1.1	סמות שמוז	
<b>^ - - - -</b>	L.			report (less than 12 m	onths			
Check t	box if filing under:		tomatic extension			DFVC progra	ım	
		special extension (enter description)	-			1979-518		
Part II		nation—enter all requested informatio	<u>n</u>					
1a Name	Charles Indexe configuration				1b	Three-digit	1.000	
UMINIFAD R	ETIREMENT PLAN					plan number (PN) ▶	001	
					1c	Effective date o	f nlan	
	anises mail				0.51.550	01/01/2		
2a Plan sp OMNIFAB, L	consor's name and addr LC	ess; include room or suite number (emp	loyer, if for a single-e	employer plan)	2b	Employer Identi (EIN) 43-196		
1316 W. MA							hone number 1-5151	
					2d	Business code (see instruction		
AUBURN, W	101.5 C					331200		
Ja Plan a	dministrator's name and	address XSame as Plan Sponsor Nam	ie USame as Plan	Sponsor Address	3b	Administrator's	EIN	
							lelephone number	
name	, EIN, and the plan numb	plan sponsor has changed since the last per from the last return/report.	return/report filed for	r this plan, enter the		EIN		
a Spons					4c	PN	z	
	5. S	t the beginning of the plan year			5a		55	
		t the end of the plan year			5b		15	
C Numb compl	er of participants with ac lete this item)	count balances as of the end of the plar	n year (defined benel	lit plans do not	5c		15	
6a Were	all of the plan's assets of	during the plan year invested in eligible a	assets? (See instruct	ions.)			X Yes No	
b Are yo under	ou claiming a waiver of the 29 CFR 2520.104-46? (	he annual examination and report of an (See instructions on waiver eligibility and ner line 6a or line 6b, the plan cannot	independent qualifier d conditions.)	d public accountant (IQ	PA)		X Yes No	
		plan, is it covered under the PBGC insu				(S) 280(143)	] Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	ise is	established.		
Under pena SB or Sche	alties of periury and othe	er penalties set forth in the instructions, I I signed by an enrolled actuary, as well a	declare that I have e	examined this return/ret	oort ir	cluding if applig	able, a Schedule knowledge and	
SIGN	V	200	16-5-14	× C.A.	<u>^`</u>	e Err	ehaca	
HERE	Signature of plan ad	ministrator	Date	- Sichin		~	JA KING	
01011	orginature of pian au	initio ( divi	Dale	Enter name of individ	ual sig	jning as plan adr	ninistrator	
SIGN HERE								
on calcine en deeu	Signature of employed name (including firm name)	er/plan sponsor me, if applicable) and address; include r	Date oom or suite number	Enter name of individ r (optional)	ual sig Prep	ning as employe parer's telephone	er or plan sponsor number (optional)	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Page 2

Par	t III Financial Information			A.c.										
7	Plan Assets and Liabilities		(a) Beginning of Year	3		(b) End of Ye	ar							
а	Total plan assets	7a	Made a second	64772			27462							
b	Total plan liabilities	7b	CC Made											
С	Net plan assets (subtract line 7b from line 7a)	7c	64772			7462								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total								
10.00	Contributions received or receivable from: (1) Employers	8a(1)												
	(2) Participants	8a(2)	56166				· · · · · · ·							
	(3) Others (including rollovers)	8a(3)			_									
b	Other income (loss)	8b	14674											
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				7	0840							
d	Benefits paid (including direct rollovers and insurance premiums		0450											
	to provide benefits)	8d	8150											
	Certain deemed and/or corrective distributions (see instructions)	8e												
	Administrative service providers (salaries, fees, commissions)	8f												
<u> </u>	Other expenses	8g												
	Total expenses (add lines 8d, 8e, 8f, and 8g)						8150							
+	Net income (loss) (subtract line 8h from line 8c)						62690							
	Transfers to (from) the plan (see instructions)	- 8j	TW											
and the second second	t IV Plan Characteristics				1.00.0									
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b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	teristic	Codes in t	he instructions:								
				conotic .	00003 11 (									
Par	t V Compliance Questions	10.000					Part V Compliance Questions							
10	During the plan year:			Y	es No	Amo	unt							
	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			Y 10a	es No X	Amo	unt							
a	Was there a failure to transmit to the plan any participant contribu	uciary Corr t? (Do not i	ection Program)			Amo	unt							
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Form 5500-SF 2013

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C	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?	· 🗆 ۲	res XI	٩o
	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
c	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		
	13c(1) Name of plan(s):	3c(2) E	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> ⊤	rust's EIN	