## 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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	rt I		rt Identification Information	n				
For	calenda	ar plan year 2013 or	fiscal plan year beginning 01/0	1/2013	and ending 12	2/31/2	2013	
A	Γhis ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-participant	plan
В -	Γhis ret	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year return	n/report (less than 12 mo	nths)		
C	Check b	oox if filing under:	Form 5558	automatic extension			DFVC program	
			special extension (enter des	cription)		•	<del>_</del>	
Pa	rt II	Basic Plan Inf	formation—enter all requested in	nformation				
1a	Name	of plan					Three-digit	
TERR	YS MA	CHINE & MFG INC	401K AND PROFIT SHARING PLA	AN			plan number (PN)	001
					-		Effective date of pla	
							12/01/201	
			address; include room or suite num	ber (employer, if for a single-	employer plan)	2b	Employer Identificati	ion Number
		RECISION PRODUC ACHINE & MFG	CTS LLC		_		(EIN) 80-094794	
						2c	Sponsor's telephone	
		JS WAY WA 98275			_	24	425-315-88 Business code (see	
	,					Zu	336410	iristructions)
3a	Plan ad	dministrator's name	and address XSame as Plan Spor	nsor Name Same as Plan	Sponsor Address	3b	Administrator's EIN	
			<b>-</b>	Ц	·			
						3c	Administrator's telep	hone number
4			the plan sponsor has changed since	e the last return/report filed for	or this plan, enter the	4b	EIN 91-15144	12
а			number from the last return/report.  12 TERRYS MACHINE & MFG INC			4c	PN 001	
			ts at the beginning of the plan year			5a		17
_			ts at the end of the plan year		H	5b		20
			h account balances as of the end o			30		20
					-	5c	_	12
6a		·	ets during the plan year invested in	,	*			Yes No
b			of the annual examination and reposition (See instructions on waiver eligi				5	Yes $\square$ No
			either line 6a or line 6b, the plan	-				J []
С			efit plan, is it covered under the PB					ot determined
Cau	tion: A	nonalty for the late	e or incomplete filing of this retu	rn/roport will be assessed	unloss rossonable caus	eo ie d	ostablished	
			other penalties set forth in the instru					a Schedule
SB	or Sche	dule MB completed	and signed by an enrolled actuary,					
belie	et, it is t	rue, correct, and cor	mplete.					
SIG	N	Filed with authorize	ed/valid electronic signature.	06/30/2014	FIACRE BRISSI			
HEF	RE	Signature of plan	administrator	Date	Enter name of individu	ıal sigi	ning as plan adminis	trator
SIG	N						-	
HER		Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ıal sigi	ning as employer or	plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)  Preparer's telephone number (optional)							<u> </u>	

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Reginning of Voc	· ·			(b) End	of V	nar.		
	Total plan assets	7a	(a) Beginning of Yea				(b) Ellu		36226	3	
	Total plan liabilities	7a 7b		0						)	
	Net plan assets (subtract line 7b from line 7a)	76 7c	7772		-			1	36226	3	
8	Income, Expenses, and Transfers for this Plan Year	70					/b) T		0022		
	Contributions received or receivable from:		(a) Amount				(b) T	otai			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)	4761	3							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	1121	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							58827	,	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	33	0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							330	)	
i	Net income (loss) (subtract line 8h from line 8c)	8i							5849	7	
j	Transfers to (from) the plan (see instructions)	8j		0							
Pa	rt IV Plan Characteristics										
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	ions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructi	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		۸me	n4		
a		tions withi	n the time period described in		103	140		Amo	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		Х					
r.	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
	Was the plan covered by a fidelity bond?			10c	Χ					25	000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		Х					
e	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all				Χ						
	instructions.)			10e							180
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
Q	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							
Par											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X	No
114	Enter the unpaid minimum required contribution for current year fr					11a		Ш	. 00	^	
12	· · · · · · · · · · · · · · · · · · ·		,				EDICAO	П	Yes	Y	No
12	Is this a defined contribution plan subject to the minimum funding			UI SE	ะเเบท	JU∠ OT	LRISA!		169	^	140
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being greating the weiver.	ng amortiz	ed in this plan year, see instru		, and e	_	ne date of t			ling	
	granting the waiver		ivion	111		Day		Yea	·		_
If	you completed line 12a complete lines 3, 9, and 10 of Schedule					/					
	you completed line 12a, complete lines 3, 9, and 10 of Schedule Enter the minimum required contribution for this plan year	e MB (For	m 5500), and skip to line 13.		T	12b					

Page	3 -		1
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С	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?	Y	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 coof the PBGC?	ontrol		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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

## 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).

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Benefit Guaranty Corporation	Complete all entries in acco	rdance with the instru	uctions to the Form 550	)0-SF.		
Part I	Annual Report Ic	dentification Information					
_For calen	idar plan year 2013 or fisc	<u> </u>	01/01/2013	and ending		12/31/201	13
A This re	eturn/report is for:	a single-employer plan	a multiple-employer:	plan (not multiemployer)		a one-particip	pant plan
<b>B</b> This re	eturn/report is.	the first return/report	the final return/report	t		_	
		an amended return/report	a short plan year retu	ım/report (less than 12 m	ionths)	)	
C Check	k box if filing under.	Form 5558	automatic extension			DFVC progra	am
	Г	special extension (enter descripti	ion)				
Part II	Basic Plan Inforr	mation enter all requested inform		<del></del>			
1a Name			nation.		1 <sub>b</sub>	Three-digit	<u> </u>
TERF	RYS MACHINE & MI	FG INC 401K AND PROFIS	T SHARING		'-	plan number	
PLAN		· · · · · · · · · · · · · · · · · · ·	1 DIMINITIO		<u></u>	(PN) •	001
					1c	Effective date of	
2a Plans	sponsor's name and addr	ress, include room or suite number (	employer if for a single		1	12/01/2010	
TERF	RYS PRECISION PR	RODUCTS LLC	employer, ir for a single	-employer plan)	2D	Employer Identif	
TERF	RYS MACHINE & ME	FG			20	(EIN) 80-094 Sponsor's telepi	
	28 CYRUS WAY					(425) 315-	
				j	2d	Business code (	
	ILTEO	<del></del>		98275		336410	
Ja Plana	administrator's name and	address XSame as Plan Sponsor I	Name Same as Pla	ın Sponsor Address	3b	Administrator's E	<u> </u>
					-	*	
					JC	Administrator's t	elephone number
4 1611						_	
4 If the name	name and/or EIN of the pl	plan sponsor has changed since the per from the last return/report 91-151	last return/report filed f	or this plan, enter the	4b	EIN91-1514	412
a Spons	sor's name TERRYS MACH	HINE & MEG INC	14412				
		the beginning of the plan year				PN 001	
		the end of the plan year			5a	<del> </del>	17
C Numb	per of participants with acc	count balances as of the end of the	plan year (defined beni	ofit plane do not	5b	<del> </del>	20
comp	lete this item)	or the	pian year (denned bene	pians do not	5c		12
<b>ba</b> Were	e all of the plan's assets du	uring the plan year invested in eligib	ole assets? (See instruc	ctions.)			X Yes No
u Are yo	ou daiming a waiver of the	e annual examination and report of	an independent qualifie	ed public accountant (IOE	DA\		
unuer	29 CFR 2020.104-467 (S	See instructions on waiver eligibility.	and conditions.)				X Yes No
C If the t	nlan is a defined benefit n	er line 6a or line 6b, the plan cann	10t use Form 5500-5F	and must instead use I	Form :	5500.	
		alan, is it covered under the PBGC ir					Not determined
Caution: A	penalty for the late or i	incomplete filing of this return/rep	port will be assessed	unless reasonable cau	80 is 6	stablished.	
Under pena	alties of perjury and other	Denalties set forth in the instruction	is I dodaro that I have	araminad this set in the		1 4: 15	ble, a Schedule
	true, correct, and complete		ell as the electronic ver	sion of this return/report,	and to	the best of my l	knowledge and
3454	1/ 11 1 100	011	<del></del>	<del>1 1/ -,</del>	<del></del>		
SIGN HERE	LUM VI	Sala	6-24-14	Kelly M.	<u>Sa</u>	enford	
	Signature of plan admi	inistrator	Date	Enter name of individu	ıal sigr	ning as plan adm	ınıstrator
SIGN							
HERE	Signature of employer	/plan sponsor	Date	Foter name of individu	al sion		
Preparer's	name (including firm name	e, if applicable) and address; includ	e room or suite numbe	Enter name of individual (optional)	Prepa	ing as employer irer's telephone r	or plan sponsor number (optional)
						. or o toropriorie	idiliber (optional)
				Ĺ			

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar		(b) End of Yea				
a	Total plan assets	7a	7	7,7	29					
b	Total plan liabilities	7b			0	0				
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7	7,7:	29			1	36,226		
8	Income, Expenses, and Transfers for this Plan Year	come, Expenses, and Transfers for this Plan Year (a) Amount					(b) '	Γotal	-	
а	Contributions received or receivable from:		-							
	(1) Employers	8a(1)		7,6	1.2					
	(2) Participants		4	7,6	13		···	· · · · · ·		
<u>_</u>	(3) Others (including rollovers)	8a(3)	1	1,2	1 4		<del></del> -			
	Other income (loss)	8b	T	1,2	-				FO 007	
<del>d</del>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				58,827	
	to provide benefits)	8d			0					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0		· · · · · · · · · · · · · · · · · · ·	<del>***                                  </del>		
f	Administrative service providers (salaries, fees, commissions)	8f		33	30				7"	
g	Other expenses	8g			0		<del>''</del>			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					<del></del>		330	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81			1				58,497	
j	Transfers to (from) the plan (see instructions)	8i		-	0				<del></del> -	
Pa	rt IV Plan Characteristics			-						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	des from the List of Plan Char	acteri	stic Co	odes ir	n the instruc	ctions.	<del></del>	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	ctens	tic Cod	les in	the instruct	ions:		
Par	t V Compliance Questions									
10		_		_		<u> </u>	T	· · · · · ·		
	During the plan year:  Was there a failure to transmit to the plan any participant contribut	liana vidabili	Ab - Ab		Yes	No	<del>                                     </del>	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		Х				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х				
	Was the plan covered by a fidelity bond?			10c	Х				25,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х	1		<u></u> :	
е	Were any fees or commissions paid to any brokers, agents, or other	er person:	s by an insurance carrier					_		
	insurance service or other organization that provides some or all o instructions.)	of the bene	fits under the plan? (See	10e	х				180	
f						Х	<del>                                     </del>	-		
g				10f 10g		X	<del> </del>			
h	If this is an individual account plan, was there a blackout period? (	See instru	ctions and 29 CFR	iog						
	2520.101-3.)	e required	notice or one of the	10h		Х				
	exceptions to providing the notice applied under 29 CFR 2520.101	<u>-3</u>		101						
Part										
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)				<u></u>	lule St	3 (Form	Yes	⊠ No	
	Enter the unpaid minimum required contribution for current year fro	om Sched	ule SB (Form 5500) line 39	<u></u>		11a				
_12_	Is this a defined contribution plan subject to the minimum funding			or se	ction (	302 of	ERISA?	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	granting the waiver.	<u></u>	Mont	ctions, th	and e	nter th Day		he letter ru Year	ling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	n 5500), and skip to line 13.							
<u>b</u>	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	_	<u>.                                    </u>
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			<del></del>	<u> </u>
_13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	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?	ontrol		☐ Yes 🏻 No
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twich assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s):	ic(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	I4b Tr	ust's EIN	
	İ			

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