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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accord	ance with the instru	ctions to the Form 5500	0-SF.	
Part I	Annual Report I	dentification Information				
For calenda	ar plan year 2013 or fis	cal plan year beginning 01/01/2013		and ending 1	2/31/2013	
A This ret	urn/report is for:	_ =		lan (not multiemployer)	a one-pa	articipant plan
B This ret	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
C Check box if filing under: automatic extension						rogram
		special extension (enter description	1)			
Part II	Basic Plan Infor	mation—enter all requested informa	tion			
1a Name GENERAL M	'	RGAINING EMPLOYEES 401(K) PLAN	N		1b Three-digit plan numb	er
					(PN) •	004
					1c Effective d	ate of plan 01/01/1988
	ponsor's name and add	dress; include room or suite number (en	nployer, if for a single-	-employer plan)	2b Employer I	dentification Number
OLIVLIVALI	VILOTIANIOAL, INO.				(=::1)	telephone number
	H J STREET				25	3-627-8155
TACOMA, W	/A 98409					code (see instructions) 238900
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b Administrat	tor's EIN
		_	<u> </u>		3c Administrat	tor's telephone number
						•
A 16.41			-44 /	andhia alaa aadaadha	41	
		plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b EIN	
name		plan sponsor has changed since the lander from the last return/report.	st return/report filed fo	or this plan, enter the	4b EIN 4c PN	
name	, EIN, and the plan num or's name				4c PN	97
a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a	nber from the last return/report.				97 87
a Sponso 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year	an year (defined bene	efit plans do not	4c PN 5a	
name. a Spons 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the end of the plan year	an year (defined bene	efit plans do not	4c PN 5a 5b 5c	48
name, a Spons 5a Total r b Total r c Numb compl 6a Were b Are yo	EIN, and the plan numor's name number of participants and participants are referred participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie	efit plans do not ctions.)ed public accountant (IQI	4c PN 5a 5b 5c	87 48 X Yes No
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name, a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is i	p. EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	e assets? (See instruction independent qualifier and conditions.)	efit plans do not ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DANIEL A. KEMPF	4c PN 5a 5b 5c PA) Form 5500. Se is established out, including, if a a, and to the best contact of the post of the	48 X Yes No X Yes No No o Not determined d. applicable, a Schedule of my knowledge and
name, a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is i	p. EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified and conditions.)	efit plans do not ed public accountant (IQI and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report sion of this return/report DANIEL A. KEMPF Enter name of individu	4c PN 5a 5b 5c PA) Form 5500. See is established port, including, if a a, and to the best of the set of the se	48 X Yes No X Yes No O Not determined d. applicable, a Schedule of my knowledge and
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants are refeated by the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit plan is a defined benefit a penalty for the late of alties of perjury and other dule MB completed and true, correct, and comp Filed with authorized/v Signature of employ	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified and conditions.)	efit plans do not ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DANIEL A. KEMPF Enter name of individu	4c PN 5a 5b 5c Form 5500. PA) See is established port, including, if a a, and to the best of the best	48 X Yes No X Yes No D Not determined D Not determined
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Form 5500-SF 2013 Page **2**

Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Voor
		(7)					(b) End of Year 4819011
	Total plan liabilities	Ta Ta					0
	Total plan liabilities		389468	0 g	-		
	Net plan assets (subtract line 7b from line 7a)					4819011	
	come, Expenses, and Transfers for this Plan Year (a) An						(b) Total
а	Contributions received or receivable from: (1) Employers						
	Participants			6			
	(3) Others (including rollovers)						
	Other income (loss)	8b	69773	1			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					983717
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4497	1			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
	,		1442				
	Administrative service providers (salaries, fees, commissions)	8f		0			
<u>g</u>	Other expenses (add lines 2d, 2s, 2f, and 2s)	8g		0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					924323
	Net income (loss) (subtract line 8h from line 8c)	. 8i					924323
		8j					
	t IV Plan Characteristics	£t	de a francista a List of Disc. Ohen	4! -		d !	the least weather and
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 2T	teature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х	
С				10-	Χ		500000
d	, , ,			10c		X	300000
	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						
	instructions.)			10e	X		15262
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g	Χ		122453
<u> </u>	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			Х	122400
	2520.101-3.)			10h			
•	exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem						
110	5500) and line 11a below)						
	Enter the unpaid minimum required contribution for current year fr		· · · · · ·			11a	EDIOAO T V V v
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•	otions	ond :	onto- !!	no data of the latter militar
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and 6	Day	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	,	m 5500), and skip to line 13.		<u> </u>	461	1
h	Enter the minimum required contribution for this plan year				[12b	1

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	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	

Filing Authorization for the 2013 Form 5500-SF

Name of Plan: General Mechanical, Inc. Bargaining Employees 401(k) Plan

EIN / PN: 91-0730696/004

Plan Year Ending: December 31, 2013

PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors, Inc. (PPA) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator:	Daniel A. Kempf	Date:

PART II Acknowledgement of Receipt of Authorization

On behalf of PPA, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For PPA: August Date: U1714

Jennifer Virant, Retirement Plan Administrator

The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so.

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

2013

This Form Is Open to Public Inspection

Part I	Annual Report Identification Information			*		
For calenda		1/2013	and ending	12/31/20)13	
A This retu	This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan					
B This retu	urn/report is: the first return/report the	e final return/report				
	an amended return/report a s	hort plan year return	/report (less than 12 mo	onths)		
C Check b	ox if filing under: Form 5558 au	tomatic extension		☐ DFVC pro	gram	
	special extension (enter description)					
Part II	Basic Plan Information—enter all requested informatio	n				
1a Name				1b Three-digit		
	MECHANICAL, INC. BARGAINING EMPLOYEE	S 401(K) PLA	Ŋ	plan number	004	
				(PN)		
				1c Effective dat 01/01/19		
2a Plan sp	onsor's name and address; include room or suite number (emp	loyer, if for a single-	employer plan)	2b Employer Ide	entification Number	
GENERAI	MECHANICAL, INC.			(EIN) 91-0	730696	
0001 00	NAMES TO COMPANY			2c Sponsor's te	•	
2701 SC	DUTH J STREET			253-627		
TACOMA	WA 98409			238900	de (see instructions)	
	dministrator's name and address XSame as Plan Sponsor Nam	ne XSame as Plan	Sponsor Address	3b Administrato	r's EIN	
		1		20 11 111 1	1111	
				3C Administrato	or's telephone number	
	name and/or EIN of the plan sponsor has changed since the last	return/report filed for	r this plan, enter the	4b EIN		
name, a Sponsi	EIN, and the plan number from the last return/report.			4c PN		
	number of participants at the beginning of the plan year			5a	97	
	number of participants at the end of the plan year			5b	87	
	er of participants with account balances as of the end of the plan					
compl	ete this item)			5c	48	
	all of the plan's assets during the plan year invested in eligible a				X Yes ☐ No	
	ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and				X Yes ∏ No	
	answered "No" to either line 6a or line 6b, the plan cannot					
	plan is a defined benefit plan, is it covered under the PBGC insu				Not determined	
	penalty for the late or incomplete filing of this return/reporalties of perjury and other penalties set forth in the instructions, I					
SB or Sche	adule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	as the electronic ver	sion of this return/repor	t, and to the best of	f my knowledge and	
SIGN	March a. Boy	6/20/14	DANIEL A. KEM	PF		
HERE	Signature of plan administrator	Date	Enter name of individ	lual signing as plan	administrator	
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	dual signing as emp	oloyer or plan sponsor	
Preparer's	name (including firm name, if applicable) and address; include r				one number (optional)	
	The state of the s					

	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year		
а	Total plan assets	7a	389	468	8		4819011		
b	Total plan liabilities	7b			0		0		
С	Net plan assets (subtract line 7b from line 7a)	7c	389	468	8		4819011		
8	Income, Expenses, and Transfers for this Plan Year	Hanis	(a) Amount				(b) Total		
	Contributions received or receivable from: (1) Employers	8a(1)	713		0	ы			
	(2) Participants	8a(2)	28	3598	6				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b	69	773	1				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					983717		
	Benefits paid (including direct rollovers and insurance premiums			1407	-	× 10.			
_	to provide benefits)	8d		1497	_	-			
	Certain deemed and/or corrective distributions (see instructions)	8e		1 4 4 0	0	-			
<u>f</u> _	Administrative service providers (salaries, fees, commissions)	8f		L442	3				
	Other expenses	8g		_	0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					59394		
Ļ.	Net income (loss) (subtract line 8h from line 8c)	8i			-		924323		
	Transfers to (from) the plan (see instructions)	8j			100				
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature code	s from the List of Plan Chara	acteris	tic Co	des in	the instructions:		
	2E 2F 2G 2J 3D 2T If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Chara	rteriet	ic Cod	ee in th	he instructions:		
D	In the plan provides wehate benefits, enter the applicable wehate in	cature codes	Hom the List of Flam Charac	JUISU	c cou	CS III (I	ie instructions.		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		х			
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not inc	clude transactions reported	10b		х			
C				10c	Х		50000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud					500000		
				10d		x	500000		
	Were any fees or commissions paid to any brokers, agents, or of			10d		х	500000		
•	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	her persons of the benef	by an insurance carrier, its under the plan? (See	10d 10e	х	Х	15262		
f	insurance service, or other organization that provides some or all instructions.)	her persons l of the benef	by an insurance carrier, its under the plan? (See	10e	х	х			
	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	her persons l of the benef	by an insurance carrier, its under the plan? (See	10e	х				
f	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	of the benef	by an insurance carrier, lits under the plan? (See	10e			15262		
f	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	of the benefinn? as of year end (See instruction)	by an insurance carrier, lits under the plan? (See d.)d.)dt.)dt.)dt.)dt.	10e 10f 10g		Х	15262		
f g h	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.	of the benefinn? as of year end (See instruction)	by an insurance carrier, lits under the plan? (See d.)d.)dt.)dt.)dt.)dt.	10e 10f 10g 10h		Х	15262		
f	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.	ner persons I of the benefinn? as of year end (See instruct) the required in	by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the	10e 10f 10g 10h 10i	X	X X	15262 122453		
f g h	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.	her persons of the benefinn? as of year end (See instruct the required in the required in the	by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the	10e 10f 10g 10h 10i	X	X X	15262 122453		
f g h	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirent 5500) and line 11a below)	nents? (If "Ye	by an insurance carrier, lits under the plan? (See d.)tions and 29 CFR notice or one of the es," see instructions and come e SB (Form 5500) line 39	10e 10f 10g 10h 10i	X	X X dule SE	15262 122453 3 (Form Yes No		
f 9 h	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	her persons of the benefinn? as of year end (See instruct) the required in the requirements? (If "Year in the requirements in the requirement in the req	by an insurance carrier, lits under the plan? (See d.)	10e 10f 10g 10h 10i	X	X X dule SE	15262 122453 3 (Form Yes No		
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	Form 5500-SF 2013	Page 3 -					
- c	Enter the amount contributed by the employer to the plan for Subtract the amount in line 12c from the amount in line 12b. negative amount)	Enter the result (enter a minus sign to the left	of a	12c			
е	Will the minimum funding amount reported on line 12d be me				Yes	No	☐ N/A
Part	VII Plan Terminations and Transfers of Asset	ets					~=;·
13a	Has a resolution to terminate the plan been adopted in any plan y	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 benefic of the PBGC?					Ye	es 🛛 No
С	If during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See instructions	red from this plan to another plan(s), identify the					
(()	(3c(1) Name of plan(s):		13	3c(2) El	N(s)	13c	(3) PN(s)
10							*
-						_	
Part	VIII Trust Information (optional)						
14a	Name of trust			14b ⊺ı	rust's EIN	١	