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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accomplete	ordance with the instru	ctions to the Form 5500-	·SF.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	dentification Information				
For calend	ar plan year 2013 or fis	cal plan year beginning 01/01/20	013	and ending 12/	/31/2013	
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-particip	oant plan
B This ret	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mon	nths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	ım
	T	special extension (enter descrip	,			
Part II	Basic Plan Infor	mation—enter all requested infor	mation			
1a Name	•				1b Three-digit	
NUMATIC F	INISHING 401(K) PLAN	1			plan number (PN) ▶	002
				-	1c Effective date of	
					01/01/	
	ponsor's name and add	dress; include room or suite number	(employer, if for a single-	-employer plan)	2b Employer Identif	fication Number
0400 O OTD				:	2c Sponsor's telep	
3126 C STR AUBURN, W	ZEET NE VA 98002-1730			:	2d Business code (see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Sponso	r Name Same as Pla	n Sponsor Address	33700 3b Administrator's B	
			Ц		3c Administrator's t	telenhone number
				,	JC Auministrators t	leieprione number
		plan sponsor has changed since th	e last return/report filed for	or this plan, enter the	4b EIN	
	, EIN, and the plan num or's name	nber from the last return/report.			4c PN	
5a Total	number of participants	at the beginning of the plan year			5a	26
b Total i	number of participants	at the end of the plan year			5b	26
		account balances as of the end of the			5c	9
6a Were	all of the plan's assets	during the plan year invested in elig	gible assets? (See instruc	ctions.)		X Yes No
		the annual examination and report				X Yes □ No
		(See instructions on waiver eligibilit	-			X Yes No
-		•] Nat data
C if the p	Dian is a defined benefit	t plan, is it covered under the PBGC	, insurance program (see	ERISA section 4021)?	Yes INO L	Not determined
Caution: A	A penalty for the late o	or incomplete filing of this return/r	report will be assessed	unless reasonable cause	e is established.	
SB or Sche		er penalties set forth in the instruction d signed by an enrolled actuary, as lete.				
SIGN	Filed with authorized/v	valid electronic signature.	08/25/2014	DAVID BAILEY		
HERE	Signature of plan ac	lministrator	Date	Enter name of individua	al signing as plan adn	ninistrator
SIGN						
HERE						
	Signature of employ	er/plan sponsor	Date	Enter name of individua	al signing as employe	r or nlan snonsor
Preparer's	Signature of employ name (including firm na	yer/plan sponsor ame, if applicable) and address; incl	Date ude room or suite numbe	Enter name of individua er (optional)	al signing as employe Preparer's telephone	
Preparer's						

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of Vo	ar .		
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella (99851		
	Total plan liabilities	7b		0					155		
	Net plan assets (subtract line 7b from line 7a)	76 7c	16952					19	9696		
8	Income, Expenses, and Transfers for this Plan Year	70		•			(b) T				
	Contributions received or receivable from:		(a) Amount				(b) To	itai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	3103	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	1034		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	40	7							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	45	5							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							862		
i	Net income (loss) (subtract line 8h from line 8c)	8i						3	30172		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics	-,									
9a		feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Co	des in t	he instruction	ns:			
D	(V 0										
Par	•			1	.,	Γ	ı	_			
10	During the plan year:			I	Yes	No		Amou	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X					
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
				10c	Χ					250	000
d		•		10d		X					-
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100							
-	insurance service, or other organization that provides some or all				_						
	instructions.)			10e	X					1	188
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					228	807
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х					
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	ne required	d notice or one of the	10i							
Part						1					
11	Is this a defined benefit plan subject to minimum funding requirem							П	Yes	П	No
44-	5500) and line 11a below)								1 55	Ц	140
	Enter the unpaid minimum required contribution for current year fr		,			11a	EDIG : -	_	V-	V	<u></u>
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	⊵RISA?	Ш	Yes	X	No
	(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 beir			otic := :	0 F =	onto- 1	o dota af "	0 1-44	or!!	n.c.	
	u a walver of the minimum funding standard for a brior year is bein	" 1 " IM Offiz	en in mis nian vear see instrik	SUCITY		writer th	ie date of fr	e iett	er ruli	ng	
	granting the waiver.		Mon		, and	Day		Year			
If		e MB (For	Mon m 5500), and skip to line 13.	ith		_				-	

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	

Form 5500-SF

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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

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OMB Nos. 1210-0110 1210-0089

2013

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	nefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instruct	ions to the Form 5500-	-SF.	
Part I		Identification Information	n			
For calenda	ır plan year 2013 or fi	scal plan year beginning	01/01/2013	and ending	12/31	L/2013
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer pla	n (not multiemployer)	a on	e-participant plan
B This retu	urn/report is:	the first return/report	the final return/report			
_		an amended return/report	a short plan year return/	report (less than 12 mor		
C Check b	ox if filing under:	X Form 5558 special extension (enter des	automatic extension		∐ DFV	C program
Part II	Pools Blan Info					
		ermation—enter all requested i	ntormation		1b Three-c	dia:M
1a Name o	orpian C FINISHING 4	O1 (K) PT.AN			plan nu	· 1
		01(10, 11220		L	(PN)	0.00
						ve date of plan _/1995
2a Plan sn	onsor's name and ad	Idress; include room or suite num	her (employer if for a single-e	mplover plan)		ver Identification Number
	C FINISHING C		ber (employer, in for a single-e	Imployer plany	C 4041 D475407 L 1	21-0850031
3126 C	STREET NE			-	•	or's telephone number 939-2391
VV V				-		ss code (see instructions)
AUBURN		WA 98002-17			33700	
3a Plan ad	dministrator's name a	nd address XSame as Plan Spo	nsor Name XSame as Plan	Sponsor Address	3b Adminis	strator's EIN
					3c Adminis	strator's telephone number
4 If the n	ame and/or EIN of the	e plan sponsor has changed sinc	e the last return/report filed for	this plan, enter the	4b FIN	
		e plan sponsor has changed sinc mber from the last return/report.	e the last return/report filed for	this plan, enter the	4b EIN	
	EIN, and the plan nu		e the last return/report filed for	this plan, enter the	4b EIN 4c PN	
name, a Sponso	EIN, and the plan nu or's name					26
name, a Sponso 5a Total n b Total n	EIN, and the plan nu or's name number of participants number of participants	mber from the last return/report. s at the beginning of the plan year s at the end of the plan year	т		4c PN	26 26
name, a Sponso 5a Total n b Total n c Numbe	EIN, and the plan nu or's name number of participants number of participants er of participants with	anther from the last return/report. at the beginning of the plan year at the end of the plan year	rof the plan year (defined benef	īt plans do not	4c PN 5a	
name, a Sponso 5a Total n b Total n c Number	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of	r of the plan year (defined benef	ît plans do not	4c PN 5a 5b 5c	26
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name, a Sponso 5a Total n b Total n C Number comple 6a Were b Are you under If you	EIN, and the plan number's name number of participants number of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver elignither line 6a or line 6b, the plan	of the plan year (defined benef n eligible assets? (See instruction ort of an independent qualified gibility and conditions.)	it plans do not ions.)d public accountant (IQP	4c PN 5a 5b 5c 2A)	26 9
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name, a Sponso 5a Total n b Total n C Number comple 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number's name number of participants number of participants are of participants with the et this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver elignistic plan, is it covered under the Plan of Incomplete filing of this returned signed by an enfolled actuary applete.	of the plan year (defined benefined benefined benefined assets? (See instruction of an independent qualified gibility and conditions.) In cannot use Form 5500-SF a BGC insurance program (see Eurn/report will be assessed under unctions, I declare that I have ear, as well as the electronic versection.	it plans do not ions.)	4c PN 5a 5b 5c PA) Form 5500. Yes [se is established to the below and to the below and signing as a signing a signing as	9
name, a Sponso 5a Total n b Total n C Number comple 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number's name number of participants number of participants are of participants with the et this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver elignistic plan, is it covered under the Plan of Incomplete filing of this returned signed by an enfolled actuary applete.	of the plan year (defined benefined benefined benefined assets? (See instruction of an independent qualified gibility and conditions.) In cannot use Form 5500-SF a BGC insurance program (see Eurn/report will be assessed under unctions, I declare that I have ear, as well as the electronic versection.	it plans do not ions.)	4c PN 5a 5b 5c PA) Form 5500. Yes [se is established to the below and to the below and signing as a signing a signing as	9

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	Т		(b) End of Year
а	Total plan assets	7a	16	952	4		199851
b	Total plan liabilities	7b			0		155
С	Net plan assets (subtract line 7b from line 7a)	7c	16	952	4		199696
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)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	3	3103	4		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					31034
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		40	7		
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		45	5		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					862
ī	Net income (loss) (subtract line 8h from line 8c)	81					30172
J	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a b Pai	2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for						
10	During the plan year:				Yes	No	Amount
	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		х	Amount
_	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		х	
_				10c	Х		25000
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		Х	
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or other			100			
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	Х		188
1	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х	
	Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х		22807
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х	
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Pai	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)						
11	a Enter the unpaid minimum required contribution for current year f					11a	
_12	Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No
	(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 bei granting the waiver.	**************	Mor	nth	, and	enter tl Day	ne date of the letter ruling Year
	f you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	rm 5500), and skip to line 13.			-12.92	I
	Enter the minimum required contribution for this plan year					12b	

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С 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. negative amount)	Enter the result (enter a minus sign to the left	of a	12d		
е	Will the minimum funding amount reported on line 12d be me				Yes	No N/A
Part	VII Plan Terminations and Transfers of Asso	ets				
13a	Has a resolution to terminate the plan been adopted in any plan y	year?			res X N	0
	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?					Yes X No
С	If during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See instructions	rred from this plan to another plan(s), identify to i.)	ne plan(s)) to		
0.	3c(1) Name of plan(s):			13c(2) E	IN(s)	13c(3) PN(s)
						1
						-
						1
Part	VIII Trust Information (optional)		•			
	Name of trust			14b T	rust's EIN	