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		Identification Information)								
For calend	lar plan year 2013 or fi		/2013		and ending 1	12/31/2013					
A This ref	turn/report is for:	X a single-employer plan	a multiple	e-employer pla	an (not multiemployer)	r) a one-participant plan					
B This ref	turn/report is:	the first return/report	the final r	eturn/report							
		an amended return/report	a short pla	an year return	/report (less than 12 mo	onths)				
C Check box if filling under: X Form 5558 automatic extension							DFVC progra	am			
	J	special extension (enter desc	cription)								
Part II	Basic Plan Info	rmation—enter all requested in	<u> </u>								
1a Name		Tillation onto an requested in	iioiiiiatioii			1b	Three-digit				
	METALLURGICAL, INC	C. 401K PLAN					plan number				
							(PN) ▶	001			
						1C	Effective date o	•			
2a Plan s	nonsor's name and ac	dress; include room or suite numb	ner (employer i	f for a single-	employer plan)	2h	Employer Identi				
	METALLURGICAL, IN		or (employer, r	i ioi a omigio v	simple year plain,	20		51084			
						2c	Sponsor's telep	hone number			
21213 76TH	HAVE. S.						253-790				
KENT, WA	98032-2443					2d	Business code ((see instructions)			
							81131				
		nd address Same as Plan Spon		Same as Plan	Sponsor Address	3b	Administrator's	EIN 951084			
ASCADE MI	ETALLURGICAL, INC	21213 76 KENT. W.	TH AVE. S. A 98032-2443			3c		telephone number			
							206-622				
A 16.45-		l	Alan Innak waterway		-41-1	41.					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					r this plan, enter the	4b EIN					
	sor's name	noon nom the last retaining open.				4c PN					
5a Total number of participants at the beginning of the plan year					5a		26				
b Total	number of participants	at the end of the plan year				5b		17			
C Numb	per of participants with	account balances as of the end of	the plan year (defined bene	fit plans do not						
comp	lete this item)				···········	5c		6			
		s during the plan year invested in	-					X Yes No			
		f the annual examination and repo ? (See instructions on waiver eligil						X Yes □ No			
		ither line 6a or line 6b, the plan						M 100 [] 110			
		it plan, is it covered under the PB						Not determined			
	•	·	<u> </u>				<u> </u>	<u> </u>			
	· · · · · · · · · · · · · · · · · · ·	or incomplete filing of this retur her penalties set forth in the instru	•					able a Cabadula			
		ner penalties set forth in the instru nd signed by an enrolled actuary,									
	true, correct, and com				·		•	, and the second			
			09/16	5/2014	WILLIAM D BLACKBU	IRN					
SIGN	Filed with authorized	valid electronic signature.	HERE								
SIGN HERE		valid electronic signature.	Dota		Enter name of individu	ual ali	anina oo alaa cala	niniatrator			
HERE	Filed with authorized. Signature of plan a		Date		Enter name of individu	ual siç	gning as plan adr	ministrator			
HERE	Signature of plan a	dministrator									
SIGN HERE	Signature of plan a	dministrator yer/plan sponsor	Date	cuita numbor	Enter name of individu	ual siç	gning as employe	er or plan sponsor			
SIGN HERE	Signature of plan a	dministrator	Date	suite number	Enter name of individu	ual siç	gning as employe				
SIGN HERE	Signature of plan a	dministrator yer/plan sponsor	Date	suite number	Enter name of individu	ual siç	gning as employe	er or plan sponsor			
SIGN HERE	Signature of plan a	dministrator yer/plan sponsor	Date	suite number	Enter name of individu	ual siç	gning as employe	er or plan sponsor			
SIGN HERE	Signature of plan a	dministrator yer/plan sponsor	Date	suite number	Enter name of individu	ual siç	gning as employe	er or plan sponsor			

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Pai	t III Financial Information								
7)r			(b) End of Year		
_ ′ a	Total plan assets	(a) Beginning of Yea					120262		
<u>u</u>	Total plan liabilities	74			-		0		
	Net plan assets (subtract line 7b from line 7a)						120262		
8	ncome, Expenses, and Transfers for this Plan Year (a) Amount								
		ontributions received or receivable from:					(b) Total		
	(1) Employers	8a(1)							
	(2) Participants	Participants							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	2816	0					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					31725		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9456	0					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	1997	2					
f	Administrative service providers (salaries, fees, commissions)	8f	38	7					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					114919		
i	Net income (loss) (subtract line 8h from line 8c)	8i					-83194		
j	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 2G 2J 2K 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:		
Par	Part V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	a 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.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	X		100000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	100000		
е	Were any fees or commissions paid to any brokers, agents, or oth			100					
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X			
	instructions.)			10e					
	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X		9605		
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					
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		· · · · · ·				ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 01 30	.5.1011	JUL 01			
а	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	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day	ı oui		
	Enter the minimum required contribution for this plan year		,			12b			

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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				

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 B	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instru	ctions to the Form 550	0-SF.	opodion			
Part I Annual Report Identification Information									
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013									
A This re	turn/report is for:	_ = =		lan (not multiemployer)	oyer) a one-participant plan				
B This re	turn/report is:	the first return/report	he final return/report						
an amended return/report a short plan year return/report (less than 12 months)									
C Check	DFVC program								
		special extension (enter description)							
Part II	Basic Plan Info	rmation—enter all requested informati	ion						
1a Name of plan CASCADE METALLURGICAL, INC. 401K PLAN						Three-digit plan number (PN) • 001			
						Effective date of plan			
	ponsor's name and add E METALLURGICA	ress; include room or suite number (em.L., INC.	ployer, if for a single-	employer plan)	-	Employer Identification Number (EIN) 91-0951084			
21213	76TH AVE. S.					Sponsor's telephone number 253 - 796 - 3051			
KENT		WA 98032-2443			2d	Business code (see instructions) 811310			
3a Plan a	dministrator's name an	d address Same as Plan Sponsor Nai	me Same as Plar	Sponsor Address	3b /	Administrator's EIN			
CASCAD	E METALLURGICA	L, INC.			91-0951084				
21213 76TH AVE. S.				3c Administrator's telephone number 206-622-8960					
KENT		WA 98032-2443							
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.				4b EIN					
	or's name				4c	PN			
5a Total	number of participants a	at the beginning of the plan year			5a	26			
		at the end of the plan year			5b	17			
		ccount balances as of the end of the pla			5c	6			
6a Were	all of the plan's assets	during the plan year invested in eligible	assets? (See instruc	tions.)		X Yes No			
b Are yo	ou claiming a waiver of	the annual examination and report of an	independent qualifie	d public accountant (IQ	PA)	X Yes No			
		(See instructions on waiver eligibility and her line 6a or line 6b, the plan cannot							
. (IAD # 1005-24)		plan, is it covered under the PBGC insu							
Caution: A	popalty for the late o	r incomplete filing of this return/repor	rt will be accessed	unloog rooganable agu		established			
Under pena	alties of perjury and oth	er penalties set forth in the instructions, d signed by an enrolled actuary, as well	declare that I have	examined this return/rep	oort, inc	cluding, if applicable, a Schedule			
belief, it is t	rue, correct, and compl	ete.		·		, y			
SIGN HERE	vecuam	2 Blackson	9/11/2014	William D Blac		The second secon			
	Signature of plan ad	Iministrator	Date /			ning as plan administrator			
SIGN HERE	Signature of omploy	vor/plan enoneor	Data	William D Blad					
Preparer's	Signature of employ name (including firm na	ime, if applicable) and address; include i	Date Toom or suite numbe	r (optional)		ning as employer or plan sponsor arer's telephone number (optional)			
•		success and successful and successfu				(opnorial)			
ľ									

Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	T		(b) End of Year
а	Total plan assets	7a		0345	56		120262
b	Total plan liabilities	7b			0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	2	0345	56		120262
8	Income, Expenses, and Transfers for this Plan Year				(b) Total		
а	Contributions received or receivable from:						
	(1) Employers	8a(1)		250			
	(2) Participants	8a(2)		356	0.5		
	(3) Others (including rollovers)	8a(3)		2016	- 0		
	Other income (loss)	8b		2816			21705
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					31725
	to provide benefits)	8d		9456	50		
е	Certain deemed and/or corrective distributions (see instructions)	8e		1997	72		
f	Administrative service providers (salaries, fees, commissions)	8f		3 8	37		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					114919
i	Net income (loss) (subtract line 8h from line 8c)	8i					-83194
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe						
~	The plan provided Welfare beliefle, enter the applicable Welfare to	atare codes	TOTAL CITE COLOR FILLE CHARAC	otoriot	.10 000	03 117 111	ic mandenons.
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Х		100000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benefit	ts under the plan? (See	10e		х	
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	.)	10g	Х		9605
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)		A SOURCE CONTRACTOR OF THE SOURCE OF THE SOU	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 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
_11a	Enter the unpaid minimum required contribution for current year from	om Schedule	SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	or se	ection 3	302 of E	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 bein granting the waiver.		Mon		, and e	nter the Day_	e date of the letter ruling Year
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
b	Enter the minimum required contribution for this plan year					12b	

	Form 5500-SF 2013 Page 3 -				
С	Enter the amount contributed by the employer to the plan for this plan year	12c	Τ		
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
?art	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	I		
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
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):	13c(2) E	IN(s)	13c(3) F	PN(s)
-					
-					
Part	VIII Trust Information (optional)				

14a Name of trust

14b Trust's EIN