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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accor	dance with the instru	ctions to the Form 550	0-SF.		•			
Part I	Annual Report I	dentification Information								
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/201	3	and ending 1	2/31/2	2013				
A This ret	turn/report is for:	a single-employer plan		lan (not multiemployer)		a one-partici	pant plan			
B This return/report is:										
_		an amended return/report	, , , , , , , , , , , , , , , , , , ,	n/report (less than 12 mo	onths)					
C Check b	box if filing under:	Form 5558 special extension (enter description)	automatic extension		DFVC program					
Part II	Racic Plan Infor	mation—enter all requested inform								
		mation—enter all requested inform	iauori		1h	Throo digit	1			
1a Name	CI PIAN ECHNICAL SERVICES	S INC. 401(K) PLAN			וו	Three-digit plan number				
I IINE EIINE I	LOTINICAL SERVICES), INC. 401(II) I LAIV				(PN) ▶	001			
					1c	Effective date o	f plan			
						06/01				
2a Plan sp FINE LINE T	ponsor's name and add FECHNICAL SERVICES	dress; include room or suite number (ϵ S, INC.	employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 52-72	fication Number 256205			
614 4 T U A\/	/C C				2c	Sponsor's telep				
614 4TH AV OLYMPIA, V					2d	Business code	(see instructions)			
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor N	Name Same as Plar	n Sponsor Address	3b	81299 Administrator's				
					3с	Administrator's	telephone number			
A 16.41		alan an an an an hara alan an da sina a dha	l t t		41.					
		plan sponsor has changed since the ober from the last return/report.	last return/report filed to	or this plan, enter the	4b	EIN				
	or's name	iber from the last return report.			4c	PN				
		at the beginning of the plan year			5a		7			
b Total r	number of participants a	at the end of the plan year			5b		7			
		account balances as of the end of the		•	5c		7			
	•	during the plan year invested in eligib					X Yes No			
		the annual examination and report of		ed public accountant (IQI	PA)					
		(See instructions on waiver eligibility	and conditions \							
-							X Yes No			
		ther line 6a or line 6b, the plan cann	not use Form 5500-SF	and must instead use	Form	5500.				
C If the p			not use Form 5500-SF	and must instead use	Form	5500.	X Yes No Not determined			
	plan is a defined benefit	ther line 6a or line 6b, the plan canr t plan, is it covered under the PBGC in	not use Form 5500-SF nsurance program (see	and must instead use ERISA section 4021)? .	Form	5500. Yes No				
Caution: A	plan is a defined benefit	ther line 6a or line 6b, the plan cann	not use Form 5500-SF nsurance program (see port will be assessed	and must instead use ERISA section 4021)? . unless reasonable cau	Form	5500. Yes No cestablished.	Not determined			
Caution: A Under pena	plan is a defined benefit A penalty for the late o alties of perjury and other	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC in the incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as we	not use Form 5500-SF nsurance program (see port will be assessed as, I declare that I have	and must instead use ERISA section 4021)?. unless reasonable cau examined this return/rep	Form	Yes No established.	Not determined			
Caution: A Under pena SB or Sche belief, it is t	plan is a defined benefit A penalty for the late o alties of perjury and other adule MB completed and true, correct, and complete	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC in the incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as we	not use Form 5500-SF nsurance program (see port will be assessed as, I declare that I have	and must instead use ERISA section 4021)?. unless reasonable cau examined this return/rep	Form	Yes No established.	Not determined			
Caution: A Under pena SB or Sche belief, it is t	plan is a defined benefit A penalty for the late o alties of perjury and other adule MB completed and true, correct, and complete	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC in or incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as wellete.	not use Form 5500-SF nsurance program (see port will be assessed as, I declare that I have rell as the electronic ver	and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report	Form	Yes No established. Including, if applicate the best of my	Not determined sable, a Schedule with knowledge and			
Caution: A Under pena SB or Sche belief, it is t	plan is a defined benefit A penalty for the late of alties of perjury and other dedule MB completed and true, correct, and completed with authorized/v	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC in or incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as wellete.	not use Form 5500-SF nsurance program (see port will be assessed as, I declare that I have lell as the electronic ver 09/17/2014	and must instead use ERISA section 4021)? . unless reasonable cau examined this return/rep sion of this return/report ROB LEDESMA	Form	Yes No established. Including, if applicate the best of my	Not determined sable, a Schedule v knowledge and			
Caution: A Under pena SB or Sche belief, it is t SIGN HERE	A penalty for the late of alties of perjury and other true, correct, and completed with authorized/v	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC in or incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as wellete. Talid electronic signature.	not use Form 5500-SF Insurance program (see I	and must instead use ERISA section 4021)? . unless reasonable cau examined this return/rep sion of this return/report ROB LEDESMA Enter name of individu	Form se is port, in , and the signal s	Yes No established. Including, if applicate the best of my	Not determined sable, a Schedule v knowledge and			
Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	A penalty for the late of alties of perjury and other dule MB completed and true, correct, and completed with authorized/v Signature of plan ad Signature of employ	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC in or incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as wellete. Talid electronic signature.	not use Form 5500-SF Insurance program (see I	and must instead use ERISA section 4021)? . unless reasonable cau examined this return/repsion of this return/report ROB LEDESMA Enter name of individu	Form se is port, in , and the ual signal sign	Yes No established. Including, if applicate the best of my	Not determined sable, a Schedule v knowledge and			
Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	A penalty for the late of alties of perjury and other dule MB completed and true, correct, and completed with authorized/v Signature of plan ad Signature of employ	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC in or incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as wellete. Incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as wellete. Incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as wellete. Incomplete filing of this return/reper penalties set forth in the instruction distribution.	not use Form 5500-SF Insurance program (see I	and must instead use ERISA section 4021)? . unless reasonable cau examined this return/repsion of this return/report ROB LEDESMA Enter name of individu	Form se is port, in , and the ual signal sign	Yes No established. Including, if applicate the best of my	Not determined sable, a Schedule v knowledge and ministrator er or plan sponsor			
Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	A penalty for the late of alties of perjury and other dule MB completed and true, correct, and completed with authorized/v Signature of plan ad Signature of employ	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC in or incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as wellete. Incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as wellete. Incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as wellete. Incomplete filing of this return/reper penalties set forth in the instruction distribution.	not use Form 5500-SF Insurance program (see I	and must instead use ERISA section 4021)? . unless reasonable cau examined this return/repsion of this return/report ROB LEDESMA Enter name of individu	Form se is port, in , and the ual signal sign	Yes No established. Including, if applicate the best of my	Not determined sable, a Schedule v knowledge and ministrator er or plan sponsor			
Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	A penalty for the late of alties of perjury and other dule MB completed and true, correct, and completed with authorized/v Signature of plan ad Signature of employ	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC in or incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as wellete. Incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as wellete. Incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as wellete. Incomplete filing of this return/reper penalties set forth in the instruction distribution.	not use Form 5500-SF Insurance program (see I	and must instead use ERISA section 4021)? . unless reasonable cau examined this return/repsion of this return/report ROB LEDESMA Enter name of individu	Form se is port, in , and the ual signal sign	Yes No established. Including, if applicate the best of my	Not determined sable, a Schedule v knowledge and ministrator er or plan sponsor			
Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	A penalty for the late of alties of perjury and other dule MB completed and true, correct, and completed with authorized/v Signature of plan ad Signature of employ	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC in or incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as wellete. Incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as wellete. Incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as wellete. Incomplete filing of this return/reper penalties set forth in the instruction distribution.	not use Form 5500-SF Insurance program (see I	and must instead use ERISA section 4021)? . unless reasonable cau examined this return/repsion of this return/report ROB LEDESMA Enter name of individu	Form se is port, in , and the ual signal sign	Yes No established. Including, if applicate the best of my	Not determined sable, a Schedule v knowledge and ministrator er or plan sponsor			

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Pa	rt III Financial Information										_
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	(b) End of Year				_		
a	Total plan assets	7a	11225					14294	5	_	
b	Total plan liabilities	7b									_
	Net plan assets (subtract line 7b from line 7a)	7c	11225	112252			142945			5	_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				_
a	Contributions received or receivable from:		(u) Amount				(5) 1	J.Cu.			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	465	1							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2604	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							30693	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							3069	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt 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 Char	acteris	stic Co	des in	the instruct	ions	3:		
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 instruction	ons:			
Par	t V Compliance Questions										-
10	During the plan year:				Yes	No		Λm	ount		-
	Was there a failure to transmit to the plan any participant contribution	tione withi	n the time period described in		163	NO		Ame	ount		_
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations) Were there any nonexempt transactions with any party-in-interest	ciary Corr	rection Program)	10a		X					_
~	on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?			10c		Χ					
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X					_
	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 				V						
	instructions.)			10e	Χ					388	3
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.)	10q		X					
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		X					
Part		1 0		101							-
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	plete	Sched	dule SE	3 (Form	_	1		_
	5500) and line 11a below)							上	Yes	X No)
	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a			1		_
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 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 beir granting the waiver.		Mon		, and e	enter th Day		ne le Yea		ıling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		ı		ı				_
b	Enter the minimum required contribution for this plan year					12b	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

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

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** 01/01/2013 12/31/2013 and ending For calendar plan year 2013 or fiscal plan year beginning a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the final return/report B This return/report is: the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number Fine Line Technical Services, Inc. 401(k) Plan 001 (PN) ▶ Effective date of plan 06/01/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Fine Line Technical Services, Inc. (EIN) 52-7256205 2c Sponsor's telephone number (360) 956-0885 614 4th Ave E 2d Business code (see instructions) 812990 Olympia WA 98501 3a Plan administrator's name and address Same as Plan Sponsor Name Administrator's EIN Same as Plan Sponsor Address 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c a Sponsor's name 5a Total number of participants at the beginning of the plan year 5a b Total number of participants at the end of the plan year 5b C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... Yes If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of periory and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Rob Ledesma SIGN HERE Enter name of individual signing as plan administrator Signature of plan administrator Date SIGN HERE Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

Pa	rt III Financial Information										iodiomico.
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	T		(b) End	of Y	ear		
а	Total plan assets	7a		2,25	52				14	12,9	34 5
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	11:	2,25	2				14	12,9	945
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	nt			(b) Total				
а	Contributions received or receivable from:	0-41									
	(1) Employers	8a(1)		4,65	1			1 + 5 + .			
	(2) Participants	8a(2)		1,00			, 				
	(3) Others (including rollovers)	8a(3) 8b	2.0	6,04	2	***				_	
	Other income (loss)	8c	***************************************		-			~~~~		30,6	593
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	**************************************			ejis s					
е	Certain deemed and/or corrective distributions (see instructions)	8e				N. 4 **					
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									0
i	Net income (loss) (subtract line 8h from line 8c)	81							3	30,6	393
j	Transfers to (from) the plan (see instructions)	8j									
Par	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 Char	acteris	stic Co	des in	the instru	ctions	i;		
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	the instruc	ions:	·		
	<u> </u>										
Part							,				
10	During the plan year:		- H - P		Yes	No		Am	ount		
а	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.)	? (Do not i	nclude transactions reported	10b		Х					
С	Was the plan covered by a fidelity bond?		1+47+49+4+49+4+49+4+4+4+4+4+4+4+4+4+4+4+4	10c		Х					
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 cinstructions.)	of the bene	fits under the plan? (See	10e	Х				·		388
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as					Х					
h		See instru	ctions and 29 CFR	10g 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	e required	notice or one of the	10i		Х					
Part							L		****		
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)							Г	Yes	X	No
11a	Enter the unpaid minimum required contribution for current year for				-	11a		<u> </u>			
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·				ERISA?	Г	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	_		5, 50	5 5 11 (VI					
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortize	ed in this plan year, see instruc		and e	nter th Day	ne date of	he le Yea		ling	
if :	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
b	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			
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?		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 beneficiaries, transferred to another plan, or brought under the of the PBGC?			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):	3c(2) E	N(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a Name of trust		14b Trust's EIN			