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

2015

This Form is Open to Public Inspection

Part	i Annuai Repor	t identification information									
For cal	endar plan year 2015 or f	iscal plan year beginning 01/01/20)15	and ending 12/3	31/2015						
A This	s return/report is for:	a single-employer plan		le-employer plan (not multiemployer) (Filers checking this box must attach a articipating employer information in accordance with the form instructions)							
		a one-participant plan	a foreign plan								
B This	return/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return	n/report (less than 12 mon	nths)						
C Che	eck box if filing under:	Form 5558	automatic extension		DFVC pr	rogram					
_		special extension (enter descrip									
Part	II Basic Plan Inf	ormation—enter all requested info	ormation			•					
	me of plan			<i>'</i>	1b Three-digit						
NUMAT	IC FINISHING 401(K) PL	AN			plan number						
				<u> </u>	(PN)	002					
						1/01/1995					
Ma	ailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.				entification Number 1-0850031					
	y or town, state or provin C FINISHING CORPORA	uctions)	2c Sponsor's te	lephone number 3-939-2391							
				2	2d Business coo	de (see instructions)					
	TREET NE I, WA 98002-1730				0	07000					
AUBURN	1, WA 90002-1730				3	37000					
2		🔽			01						
3a Pla	an administrator's name a	and address XSame as Plan Sponso	or.	•	3b Administrator	rs ein					
				;	3c Administrator	r's telephone number					
		ne plan sponsor has changed since the	ne last return/report filed fo	or this plan, enter the	4b EIN						
	onsor's name	umber from the last return/report.		4	4c PN						
5a To	otal number of participant	s at the beginning of the plan year			5a	31					
b To	otal number of participant	s at the end of the plan year			5b	28					
		account balances as of the end of the		•	5c	14					
d(1)	Total number of active pa	articipants at the beginning of the plan	n year		5d(1)	29					
d(2)	Total number of active p	articipants at the end of the plan year	٢		5d(2)	26					
th	nan 100% vested	t terminated employment during the p			5e	0					
Cautio	n: A penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable caus							
SB or S		other penalties set forth in the instruct and signed by an enrolled actuary, as applete.									
SIGN		d/valid electronic signature.	07/07/2016	DAVID BAILEY							
HERE	Signature of plan	administrator	Date	Enter name of individua	ll signing as plan	administrator					
SIGN					'						
HERE	Signature of ampl	over/plan enoneor	Date	Enter name of individual signing as employer or plan spo							

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

	Form 5500-SF 2015		Page 2								
b Are und	ere all of the plan's assets during the plan year invested in eligible you claiming a waiver of the annual examination and report of der 29 CFR 2520.104-46? (See instructions on waiver eligibility you answered "No" to either line 6a or line 6b, the plan cannot be a second to the	an indeper and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
C If th	ne plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	<u></u>	lot det	ermined
Part I	II Financial Information	1	1								
7 Pla	n Assets and Liabilities		(a) Beginning	•				(b) Eı	nd of		
	tal plan assets	. 7a		241	764	-				27	1731
	tal plan liabilities	7b		240	916	-				27	661
	t plan assets (subtract line 7b from line 7a)	7c	(2) A)848			4.			1070
	ome, Expenses, and Transfers for this Plan Year ntributions received or receivable from:		(a) Amou	ınt				a)) Tot	aı	
	Employers	8a(1)		5	782						
(2)	Participants	8a(2)		23	125						
(3)	Others (including rollovers)	8a(3)									
	ner income (loss)	. 8b		2	2126						
	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								3	1033
	nefits paid (including direct rollovers and insurance premiums provide benefits)	. 8d			661						
e Ce	rtain deemed and/or corrective distributions (see instructions)	8e									
f Ad	ministrative service providers (salaries, fees, commissions)	. 8f			150						
g Oth	ner expenses	. 8g									
h To	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h									811
i Ne	t income (loss) (subtract line 8h from line 8c)	8i								3	0222
j Tra	ansfers to (from) the plan (see instructions)	8j									
Part I											
	the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in t	he inst	ructio	ons:	
	the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	e instru	uction	ns:	
Part V	Compliance Questions				T	•					
	uring the plan year:			Ī	Yes	No	N/A			moun	t
(/as there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Vergram)	oluntary F	iduciary Correction	10a		X					
	/ere there any nonexempt transactions with any party-in-interest										
-	eported on line 10a.)			10b		X					
C \	Vas the plan covered by a fidelity bond?			10c	X						25000
	id the plan have a loss, whether or not reimbursed by the plan's y fraud or dishonesty?			10d		X					
e v	Vere any fees or commissions paid to any brokers, agents, or oth arrier, insurance service, or other organization that provides som	ner person ne or all of	s by an insurance the benefits under		X						282
	ne plan? (See instructions.)as the plan failed to provide any benefit when due under the pla			10e	^	V					202
				10f	.,	X					
	id the plan have any participant loans? (If "Yes," enter amount a			10g	X						11433
	this is an individual account plan, was there a blackout period? 520.101-3.)			10h		X					
i If	10h was answered "Yes," check the box if you either provided the xceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
j	oid the plan trust incur unrelated business taxable income?			10i				_			
Part V	Pension Funding Compliance			,							
11 Is	this a defined benefit plan subject to minimum funding requirem 500) and line 11a below)									∏ Ye	es No
	nter the unpaid minimum required contribution for all years from						11a				<u></u>
	s this a defined contribution plan subject to the minimum funding		, , ,					RISA?		Ye	es X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
Te ham of according						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design-based safe ADP/ACP harbor test method					
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount	······	19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefils 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

Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection**

Part I		t Identification Information						
For calenda	ar plan year 2015 or fi	fiscal plan year beginning	01/01/2015	and ending	12/31/	2015		
A This ret	A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participant plan.							
		a one-participant plan	a foreign plan					
B This retu	ırn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)			
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC	program		
Part II	Basic Plan Infe	special extension (enter description—enter all requested in						
1a Name	•	ormation—enter all requested in	Tormation		1b Three-digit			
	FINISHING 40	01(K) PLAN			plan numb			
					1c Effective d 01/01/			
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		- cational		dentification Number -0850031		
	IC FINISHING		.al code (ii loleigh, see ilisti	uctions)	2c Sponsor's 253-93	telephone number 9-2391		
3126 C	STREET NE				2d Business of 337000	code (see instructions)		
AUBURN		WA 98002-17						
3a Plan ad	dministrator's name a	and address XSame as Plan Spons	sor,		3b Administra	tor's EIN		
					3c Administra	tor's telephone number		
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN			
a Sponse		illiber from the last returnic port.			4c PN			
	200.20.2	s at the beginning of the plan year			5a	31		
		s at the end of the plan year			5b	28		
C Number	er of participants with	account balances as of the end of	the plan year (defined bene	efit plans do not	5c			
		articipants at the hadinaing of the al			5d(1)	14		
	•	articipants at the beginning of the plan vo	•		5d(1) 5d(2)	29		
		articipants at the end of the plan ye t terminated employment during the				26		
than '	100% vested				5e	0		
Linder pena	penalty for the late	or incomplete filing of this return ther penalties set forth in the instru	n/report will be assessed	unless reasonable cau	use is establishe	nd.		
SB or Sche	edule MB completed a true, correct, and com	and signed by an enrolled actuary, a	as well as the electronic ve	rsion of this return/report	t, and to the best	of my knowledge and		
SIGN	1WU	Olbins	7716	DAVID BAILEY				
HERE	Signature of plan	administrator (Date	Enter name of individ	ual signing as pla	n administrator		
SIGN								
HERE	Signature of emple	oyer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor		
Preparer's		name, if applicable) and address (in	nclude room or suite number		Preparer's telep			

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ĥа	Were all of the plan's assets during the plan year invested in eligible	lo accete?	(See instructions)					X	Yes No
	Are you claiming a waiver of the annual examination and report of a	an indepen	dent qualified public a	ccounta	nt (IQI	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot							X	Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC in							No ∏ Not o	determined
	rt III Financial Information	isararioc pi	ogram (see Errio/ se	000011 40	,21): .	Ц	103 [140	determined
7	Plan Assets and Liabilities		(a) Beginning	of Voc	· ·			(b) End of Ye	25
	Total plan assets	7a	(a) Degiming		L,764	4		(b) Elia of Te	271,731
	Total plan liabilities	7b			91	+			661
	Net plan assets (subtract line 7b from line 7a)	7c		240	0,84	В			271,070
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Total	
а	Contributions received or receivable from:				- 70			Auge	
	(1) Employers	8a(1)			5,78	_			
	(2) Participants	8a(2)		23	3,12	5			
h	(3) Others (including rollovers)	8a(3) 8b			2,12				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1,12	<u> </u>			31,033
	Benefits paid (including direct rollovers and insurance premiums	- 00							31,033
	to provide benefits)	8d			66:	1			
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f			15	0			
	Other expenses	8g				+			011
n i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-			811
÷	Net income (loss) (subtract line 8h from line 8c)	8i			-	-			30,222
Do	rt IV Plan Characteristics	8j							
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Char	acteris	tic Co	des in t	ne instructions:	
	2A 2E 2F 2G 2J 2K 2T 3D	Toutai o do		an Onai	dotorie		400 111 (1	TO WING GOTTON	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plar	n Chara	cterist	ic Cod	es in the	e instructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amo	ount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		х			
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not i	nclude transactions	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				25,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	Х				28
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g	Х				11,43
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			
ij	If 10h was answered "Yes," check the box if you either provided the	he required	notice or one of the						

Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instruction 2520.101-3.)..... If 10h was answered "Yes," check the box if you either provided the required notiexceptions to providing the notice applied under 29 CFR 2520.101-3..... Did the plan trust incur unrelated business taxable income? į. Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes No 5500) and line 11a below)...... 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40...... 12 Yes Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in thi granting the waiver.		·	nter the Day_		e letter rul ⁄ear	ing
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500						
b	Enter the minimum required contribution for this plan year			12b			
	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 negative amount)		12d		71		
е	Will the minimum funding amount reported on line 12d be met by the funding deadling	ne?			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?				Yes	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 an of the PBGC?			Yes X	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	other plan(s), ic	dentify the plan(s) to				
1	I3c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) F	N(s)
Part	VIII Trust Information						
14a	Name of trust			14b ⊺	rust's EIN		
14c	Name of trustee or custodian			14d Trustee's or custodian's telephone number			
Part	t IX IRS Compliance Questions			=			
15a	Is the plan a 401(k) plan?		••••••	Ye	s	No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			ba ha	Design- based safe harbor method		P/ACP
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the platesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(t 2(a)(2)(ii))?	k)-2(a)(2)(ii) an	d 1.401(m)-	Ye		No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requir	ements under	section 410(b):		atio ercentage st		erage nefit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) ar this plan with any other plans under the permissive aggregation rules?			Ye	s	No	
17a	Has the plan been timely amended for all required tax law changes?			Ye	S	No	□ N/A
17b	Date the last plan amendment/restatement for the required tax law changes was add for tax law changes and codes).	opted	Enter the	applical	ole code	(See i	nstruction
		the letter's se	erial number		- 24		ог
	If the plan is an individually-designed plan and received a favorable determination le determination letter			the pla	n's last favo	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERIS made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island			Ye	5	No	
19	Were in-service distributions made during the plan year?			Ye	s	No	
	If "Yes," enter amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	19			
20	Were required minimum distributions made to 5% owners who have attained age 70 retired), as required under section 401(a)(9)?	\ \ \		Ye	rs	No	□ N/A
	THE PARTY OF THE P						