Form 5500-SF		Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089									
Department of the Treasury Internal Revenue Service Department of Labor		This form is required to be file		nd 4065 of the Employee Re		2016							
Employee B	enefits Security Administration	Income Security Act of 1974	Internal	al This Form is Open to									
	enefit Guaranty Corporation	Complete all entries in		structions to the Form 55	Public Inspection n 5500-SF.								
Part I	Annual Report Ic Ar plan year 2016 or fisc	Ientification Information al plan year beginning 01/01/2	2016	and ending 02	2/26/2016								
		a single-employer plan		r plan (not multiemployer) (I		king this box must attach a							
A This ref	turn/report is for:	a one-participant plan		employer information in ac		•							
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	$\mathbf{X}$ the final return/repo	ort turn/report (less than 12 mo	onths)								
C Check	box if filing under:	 Form 5558	automatic extensio		DFVC p	rogram							
	[	special extension (enter desc	ription)										
Part II		mation—enter all requested in	formation		-	Γ							
<b>1a</b> Name NUMATIC F	of plan INISHING 401(K) PLAN				<b>1b</b> Threplan (PN)	number							
					1c Effect	tive date of plan 01/01/1995							
Mailing	g address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.C country, and ZIP or foreign post		estructions)	2b Empl (EIN)	oyer Identification Number 91-0850031							
	NISHING CORPORATIO			131 001013)	2c Spor	nsor's telephone number 253-939-2391							
3126 C STRI AUBURN, W	EET NE A 98002-1730				2d Busir	ness code (see instructions) 337000							
3a Plan a	dministrator's name and	address X Same as Plan Spor	nsor.		<b>3b</b> Admi	nistrator's EIN							
					3c Admi	nistrator's telephone number							
4 If the r	name and/or FIN of the r	blan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN								
name		per from the last return/report.			40 PN								
		t the beginning of the plan year			5a	28							
_		t the end of the plan year		•	5b	C							
C Numb	er of participants with ac	count balances as of the end of	the plan year (only defir	ned contribution plans	5c	C							
	,	cipants at the beginning of the pl			5d(1)	26							
• •		cipants at the end of the plan ye	-		5d(2)	C							
e Numb	per of participants that te	rminated employment during the	e plan year with accrued	benefits that were less	5e	C							
Caution: A	penalty for the late or	incomplete filing of this return	n/report will be assess	ed unless reasonable cau									
SB or Sche		r penalties set forth in the instruction signed by an enrolled actuary, a stee.											
SIGN	Filed with authorized/va	lid electronic signature.	02/13/2017	DAVID BAILEY									
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	ual signing	as plan administrator							
SIGN													
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signing ;	as employer or plan sponsor							
Preparer's		ne, if applicable) and address (ir	nclude room or suite nur			s telephone number							
		see the Instructions for Form 550				Form 5500-SE (2016)							

	Were all of the plan's assets during the plan year invested in eligib		· ,						X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC ir						-	No	Not deterr	nined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) Enc	l of Year	
а	Total plan assets	7a		271731					0	
b	Total plan liabilities	7b		661						
	Net plan assets (subtract line 7b from line 7a)	7c		271070	)				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b)	Total	
а	Contributions received or receivable from:	- (1)		775						
	(1) Employers	8a(1)		2700						
	(2) Participants	8a(2)		2700						
<u> </u>	(3) Others (including rollovers)	8a(3)		6020						
b	Other income (loss)	8b		-6938						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-3463	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6904						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		250						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7154	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-10617	
j	Transfers to (from) the plan (see instructions)	8j	-	260453	5					
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$	feature co	odes from the List of PI	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Pla	n Chara	acterist	ic Coo	les in t	he insti	ructions:	
Pa	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	<ul> <li>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)</li> </ul>	/oluntary I	-iduciary Correction	10a		X				
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				

C	Was the plan covered by a fidelity bond?	10c	Х		25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e	x		96
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 of year-end.)	10g	Х		0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	Х		

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and o m 5500) and line 11a below)					🗌 Y	′es 🗌 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				f 	🗌 Ү	′es 🗙 No
а	lfa	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		, and	d enter t Dav		of the lette Year	r ruling
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Ente	r the minimum required contribution for this plan year			12b			
с	Enter	r the amount contributed by the employer to the plan for this plan year			12c			
-	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)	left of a		12d			
e	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?				Yes	s X N	0
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug trol of the PBGC?					X Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	ify the pl	an(s)	) to			
1	3c(1)	) Name of plan(s):	1	3c(2)	EIN(s)		13c(3)	<b>)</b> PN(s)
NUMA	TIC F	INISHING CORPORATION	91-085	0031			334	
Part	VIII	Trust Information						
14a	Name	e of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Nam	e of trustee or custodian					s or custodi ne number	an's
Part	t IX	IRS Compliance Questions						
15a	Is the	e plan a 401(k) plan? If "No," skip b	🛛 '	Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	⊔ s  "	afe i	n-based narbor ent year test	L	<ul> <li>"Prior ye test</li> <li>N/A</li> </ul>	ar" ADP
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratic			verage enefit test	N/A
16b		the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) ne plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
17a		e plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		lette	r or advi	sory let	er, enter the	e date of
17b	If the lette	e plan is an individually-designed plan that received a favorable determination letter from the IRS, e r//	nter the	date	of the m	nost rec	ent determi	nation
18	Were	ned Benefit Plan or Money Purchase Pension Plan Only: e any distributions made during the plan year to an employee who attained age 62 and had not sep ce?		om	] Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

Form 5500-SF	Short Form Annu	yee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		Benefit Plan           This form is required to be filed under sections 104 and 4065 of the Employee Ref				
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	4 (ERISA), and sections 6057(b Revenue Code (the Code).	o) and 6058(a) of the li	This Form is Open to Public Inspection		
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instruct	tions to the Form 550	00-SF.	Public inspection	
	Identification Information					
For calendar plan year 2016 or fi		01/01/2016	and ending		26/2016	
A This return/report is for:	X a single-employer plan	a multiple-employer plan list of participating emplo a foreign plan			king this box must attach a vith the form instructions.)	
<b>B</b> This return/report is	the first return/report	X the final return/report	anort (loss than 12 ma	nthe)		
	an amended return/report	x a short plan year return/re	epon (less than 12 mo	nuns)		
C Check box if filing under:	Form 5558	automatic extension		DFVC p	orogram	
	special extension (enter desc	cription)				
Part II Basic Plan Info	prmation—enter all requested in	nformation				
1a Name of plan				1b Thre	e-digit	
NUMATIC FINISHING 40	1(K) PLAN			a second s	number 002	
			-	(PN)		
					ctive date of plan	
					)1/1995	
	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.			1.00	loyer Identification Number )91-0850031	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)						
NUMATIC FINISHING C	ORPORATION				nsor's telephone number - 939 - 2391	
					ness code (see instructions)	
3126 C STREET NE				3370		
AUBURN	WA 98002-173	30				
3a Plan administrator's name a	nd address 🕱 Same as Plan Spo	onsor.		3b Adm	inistrator's EIN	
				SC Adm	inistrator's telephone number	
4 If the name and/or EIN of the	ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed for	this plan, enter the	4b EIN		
a Sponsor's name	inder nom the last return report.			4c PN		
	s at the beginning of the plan year			5a	28	
				5b		
	s at the end of the plan year account balances as of the end o			5c		
•			ſ			
<b>d(1)</b> Total number of active pa	articipants at the beginning of the	plan year		5d(1)	20	
	articipants at the end of the plan y			5d(2)		
	t terminated employment during th			5e		
Caution: A penalty for the late	or incomplete filing of this retu	rn/report will be assessed u	nless reasonable cau	ise is esta		
Under penalties of periury and o	ther penalties set forth in the instr and signed by an enrolled actuary.	uctions, I declare that I have ex	kamined this return/rep	port, includ	ling, if applicable, a Schedule	
SIGN	MIMUX	UBM	DAVID BAILEY			
HERE Signature of plan	administrator	Date	Enter name of individu	ual signing	as plan administrator	
SIGN						
HERE	over/plan energer	Date	Enter name of individu	ual signing	as employer or plan sponsor	
	oyer/plan sponsor name, if applicable) and address				's telephone number	
for the second second	,	00048156-049482-40030				

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepen and conditio	dent qualified public a	ccounta	ant (IQ	PA)			X Yes	
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance pr	ogram (see ERISA se	ction 4	021)? .		Yes	No [	Not dete	ermined
	rt III Financial Information	r i								
_7	Plan Assets and Liabilities	_	(a) Beginning c				(1	o) End of	Year	
	Total plan assets	7a		271,						0
	Total plan liabilities	7b			661					
	Net plan assets (subtract line 7b from line 7a)	7c		271,	070					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t	_			(b) Tot	al	
a	Contributions received or receivable from: (1) Employers	8a(1)			775					
	(2) Participants	8a(2)		2,	700	-		1.1.1		
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-6,	938	121	1.2			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1							-3,463
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6,	904					1.1
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			250	1.2				
g	Other expenses	8g				100	1.1		300	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			<u>257</u>					7,154
I	Net Income (loss) (subtract line 8h from line 8c)	8i			14				-	10,617
J	Transfers to (from) the plan (see instructions)	8j	-	-260,453					200	18.
Pa	rt IV Plan Characteristics									
		feature coo	des from the List of Pla	an Cha	racteris	stic Co	des in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plai	n Chara	acterist	ic Coo	les in th	ne instruc	tions:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary Fi	iduciary Correction	10a		x				
k	Were there any nonexempt transactions with any party-in-interes reported on line 10a.).			10b		X				
	Was the plan covered by a fidelity bond?			10c	х					25,000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of	the benefits under	10e	x					96
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		x	1			
ç	J Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g	x					C
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h	x				150	
Ī	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i	x				2 a 2	

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Page **3-**

Part	/I Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)	nplete Sche	edule SI	3	Ye	es 🗌 No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?				Ye	es 🛛 No
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ictions and	enter t	he date	I of the letter	ruling
	granting the waiver	nth	Day		Year	
lf y	ou 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			
C	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 negative amount)		12d		,	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	/II 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 another plan, or brought control of the PBGC?			[	X Yes	No
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part						
14a	Name of trust		14b	Trust's E	IN	
14c	Name of trustee or custodian				s or custodia e number	an's
Part	IX IRS Compliance Questions					
15a	ls the plan a 401(k) plan? If "No," skip b	Yes		[	No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	safe h	ign-based "Prior harbor test			ar" ADP
		ADP 1	ent year est	[	] N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	. Ratio	entage		verage enefit test	🗌 N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			] No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, entre letter	er the date	of the n	nost rece	ent determir	ation
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separa service?		[] Ye	s [	] No	
19	Was any plan participant a 5% owner who had attained at least age 70 1/2 during the prior plan year?		[] Ye	s	No	