Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Part I Annual Report Identification Information

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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

For calen	dar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12/3	31/2014	
A This re	eturn/report is for:	a single-employer plan		plan (not multiemployer) (Foyer information in accordate	-	
		a one-participant plan	a foreign plan			
B This re	eturn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	nths)	
C Check	k box if filing under:	Form 5558	automatic extension		DFVC pro	gram
	-	special extension (enter des	cription)			
Part II	Basic Plan In	formation—enter all requested i	nformation			
1a Name					1b Three-digit	
ULTRA PC	DLY, INC. 401(K) SAV	INGS AND RETIREMENT PLAN			plan number (PN) ▶	001
				-	1c Effective date	
					01	/01/1989
2a Plan ULTRAPOL		address; include room or suite num	ber (employer, if for a single	e-employer plan)		entification Number -1092947
2404 CENT	ER ST				2c Sponsor's te	lephone number -272-1217
TACOMA, V						de (see instructions)
20 Diam		and address VCarra as Blan Cras			3b Administrator	6100
Ja Plan	administrator's name	and address XSame as Plan Spor	ISOI.		3D Administrator	SEIN
4 1/1	V 500 (Al. Tour	
		the plan sponsor has changed since turn/report.	e the last return/report filed	for this plan, enter the	4b EIN	
	sor's name				4c PN	
5a Tota	I number of participan	ts at the beginning of the plan year			5a	66
		ts at the end of the plan year			5b	63
comp	olete this item)	h account balances as of the end o			5c	20
d(1) To	otal number of active p	participants at the beginning of the	olan year		5d(1)	79
d(2) To	otal number of active p	participants at the end of the plan y	ear		5d(2)	63
		terminated employment during the		nefits that were	5e	(
Caution:	A penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed	l unless reasonable caus	se is established.	
SB or Sch		other penalties set forth in the instruand signed by an enrolled actuary, mplete.				
SIGN		d/valid electronic signature.	05/20/2015	RAUN J. SEDLOCK		
HERE	Signature of plan	administrator	Date	Enter name of individu	al signing as plan	administrator
SIGN						
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	al signing as empl	over or plan sponsor

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

Preparer's telephone number (optional)

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.						X Yes No			
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40)21)?		Yes	No	Not de	termined	
Par	t III Financial Information	1	•							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			_
	Total plan assets	7a	11753	395	_			111	6998	_
	Total plan liabilities	7b	11753	205	+			111	6998	_
	Net plan assets (subtract line 7b from line 7a)	7c	11753	990	+				0990	_
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	` '					(b) T	otal		
	(1) Employers	8a(1)	172	206						
	(2) Participants	8a(2)	370)13						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	471	102						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						10	1321	_
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1589	919						
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f.	Administrative service providers (salaries, fees, commissions)	8f	7	799						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						15	9718	
<u>i</u>	let income (loss) (subtract line 8h from line 8c)							-5	8397	_
j	Transfers to (from) the plan (see instructions)	8j								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe									_
			est of Flair Chara							
Part					1	ı	_			
10	During the plan year:	4:	a the time a menical described in	1	Yes	No		Amour	ıt	_
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)		·	10b		X				
С	Was the plan covered by a fidelity bond?			10c	Χ				20000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		X				
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 ber	efits under the plan? (See	10e	X				515	9
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g	X				3700	7
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	X					
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Υ	es N	0
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection :	302 of	ERISA?	Y	es X N	0
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·							_
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter tl Day		he letter Year _	ruling	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

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

Annual Report Identification Information

X a single-employer plan

For calendar plan year 2014 or fiscal plan year beginning

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.

01/01/2014

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

12/31/2014

a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list

A This return/report is for			yer information in accord	dance with the for	m instructions)		
_		foreign plan					
B This return/report is the first return/report the final return/report							
	an amended return/report	short plan year retu	n/report (less than 12 mo	onths)			
C Check box if filing und	er: Form 5558	utomatic extension		DFVC p	program		
	special extension (enter description)						
Part II Basic Pla	n Information—enter all requested informati	on .					
1a Name of plan	100000			1b Three-digi	t		
ULTRA POLY, INC	. 401(K) SAVINGS AND RETIREME	ENT PLAN		plan numb	er 001		
				(PN)			
				1c Effective d 01/01/3			
2a Plan sponsor's name Ultrapoly, Inc.	and address; include room or suite number (em	ployer, if for a single	-employer plan)		dentification Number - 1092947		
				THE PERSON.	telephone number		
2404 Center St				253-272	·		
				2d Business of	ode (see instructions)		
Tacoma	WA 98409			326100			
3a Plan administrator's n	ame and address XSame as Plan Sponsor.			3b Administrator's EIN			
				3c Administra	tor's telephone number		
4 If the name and/or El	N of the plan sponsor has changed since the las	t return/report filed	or this plan, enter the	4b EIN			
	plan number from the last return/report.			THE LINE			
a Sponsor's name				4c PN			
5a Total number of parti	cipants at the beginning of the plan year			5a	66		
·	cipants at the end of the plan year			5b	63		
	ts with account balances as of the end of the pla			5c	20		
d(1) Total number of ac	tive participants at the beginning of the plan yea	r	***************************************	5d(1)	79		
d(2) Total number of ac	d(2) Total number of active participants at the end of the plan year						
	ctive participants at the end of the plan year			5d(2)	63		
	s that terminated employment during the plan ye	ar with accrued ben	efits that were	5d(2) 5e	63 0		
less than 100% veste	s that terminated employment during the plan yed	ar with accrued ben	efits that were	5e	0		
less than 100% veste Caution: A penalty for the Under penalties of perjury	s that terminated employment during the plan yed d	ar with accrued ben rt will be assessed I declare that I have	efits that were unless reasonable cau examined this return/rep	5e use is establishe port, including, if a	0. d. applicable, a Schedule		
less than 100% veste Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp	s that terminated employment during the plan yed le late or incomplete filing of this return/repo and other penalties set forth in the instructions, leted and signed by an enrolled actuary, as well	ar with accrued ben rt will be assessed I declare that I have	efits that were unless reasonable cau examined this return/rep	5e use is establishe port, including, if a	0. d. applicable, a Schedule		
less than 100% veste Caution: A penalty for th Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, ar	s that terminated employment during the plan yed le late or incomplete filing of this return/repo and other penalties set forth in the instructions, leted and signed by an enrolled actuary, as well	ar with accrued ben rt will be assessed I declare that I have as the electronic ve	efits that were unless reasonable cau examined this return/report	se is established port, including, if a continuous to the best of	0. d. applicable, a Schedule		
less than 100% veste Caution: A penalty for th Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, ar SIGN HERE	s that terminated employment during the plan yed d	rt will be assessed I declare that I have as the electronic ve	unless reasonable cau examined this return/report RAUN J. SEDLOG	5e use Is establishe port, including, if a , and to the best	d. applicable, a Schedule of my knowledge and		
less than 100% veste Caution: A penalty for th Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, ar SIGN HERE Signature of	s that terminated employment during the plan yed le late or incomplete filing of this return/repo and other penalties set forth in the instructions, leted and signed by an enrolled actuary, as well	ar with accrued ben rt will be assessed I declare that I have as the electronic ve	efits that were unless reasonable cau examined this return/report	5e use Is establishe port, including, if a , and to the best	d. applicable, a Schedule of my knowledge and		
less than 100% veste Caution: A penalty for th Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, ar SIGN HERE Signature of	s that terminated employment during the plan yed d	rt will be assessed I declare that I have as the electronic ve	efits that were unless reasonable cau examined this return/report rsion of this return/report RAUN J. SEDLOG Enter name of individ	se is established port, including, if a control to the best of the control of the	d. applicable, a Schedule of my knowledge and n administrator		
less than 100% veste Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, and SIGN HERE Signature of SIGN HERE Signature of SIGN HERE	s that terminated employment during the plan yed d	rt will be assessed I declare that I have as the electronic ve	efits that were unless reasonable cau examined this return/report RAUN J. SEDLOG Enter name of individ	se Is established port, including, if a control and to the best of the control and the control	d. applicable, a Schedule of my knowledge and n administrator		
less than 100% veste Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, and SIGN HERE Signature of SIGN HERE Signature of SIGN HERE	s that terminated employment during the plan yed d	rt will be assessed I declare that I have as the electronic ve	efits that were unless reasonable cau examined this return/report RAUN J. SEDLOG Enter name of individ	se Is established port, including, if a control and to the best of the control and the control	d. applicable, a Schedule of my knowledge and n administrator		
less than 100% veste Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, and SIGN HERE Signature of SIGN HERE Signature of SIGN HERE	s that terminated employment during the plan yed d	rt will be assessed I declare that I have as the electronic ve	efits that were unless reasonable cau examined this return/report RAUN J. SEDLOG Enter name of individ	se Is established port, including, if a control and to the best of the control and the control	d. applicable, a Schedule of my knowledge and n administrator		
less than 100% veste Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, and SIGN HERE Signature of SIGN HERE Signature of SIGN HERE	s that terminated employment during the plan yed d	rt will be assessed I declare that I have as the electronic ve	efits that were unless reasonable cau examined this return/report RAUN J. SEDLOG Enter name of individ	se Is established port, including, if a control and to the best of the control and the control	d. applicable, a Schedule of my knowledge and n administrator		
less than 100% veste Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, and SIGN HERE Signature of SIGN HERE Signature of SIGN HERE	s that terminated employment during the plan yed d	rt will be assessed I declare that I have as the electronic ve	efits that were unless reasonable cau examined this return/report RAUN J. SEDLOG Enter name of individ	se Is established port, including, if a control and to the best of the control and the control	d. applicable, a Schedule of my knowledge and n administrator		
less than 100% veste Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, and SIGN HERE Signature of SIGN HERE Signature of SIGN HERE	s that terminated employment during the plan yed d	rt will be assessed I declare that I have as the electronic ve	efits that were unless reasonable cau examined this return/report RAUN J. SEDLOG Enter name of individ	se Is established port, including, if a control and to the best of the control and the control	d. applicable, a Schedule of my knowledge and n administrator		

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC income.	an indepen and conditi ot use Foi	dent qualified public accountar ons.) m 5500-SF and must insteac	nt (IQ i I use	PA) Form	5500.		X X Not		No No nined
								_		
Par			() B 1 1 1 1 1 1 1 1 1	_	1		0.5	v .		
	Plan Assets and Liabilities	_	(a) Beginning of Yea	r ′539	_		(b) End	or Ye		16998
-	Total plan assets	7a	11/	559	1				14.	10000
_	Total plan liabilities	7b	115	539	_				111	16998
	Net plan assets (subtract line 7b from line 7a)	7c		333	1		74.3	10%		10000
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	_	100	1. 35.00	(b)	Total	JU 2	4.70
	(1) Employers	8a(1)	1	.720	6					
	(2) Participants	8a(2)	3	701	.3			T.		
	(3) Others (including rollovers)	8a(3)			0		Signale !	-11		
	Other income (loss)	8b	4	710	2			18		Pro-II
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		40	Ш				1	01321
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	15	891	.9	84			Ă	4 ja
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	1819	100			
f.	Administrative service providers (salaries, fees, commissions)	8f		79	9					
g	Other expenses	8g			0	The w	III KANSA		IV.	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					15971			
	Net income (loss) (subtract line 8h from line 8c)	8i							58397	
j	Transfers to (from) the plan (see instructions)	8j								
Par	IV Plan Characteristics				77-					
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe								:	
					Yes	No			4	
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period described in	_	res	NO	-	Amo	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		Х				
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
	Was the plan covered by a fidelity bond?			10c	х				2	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's			100					_	
	or dishonesty?			10d		X				
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 ben	efits under the plan? (See	10e	Х					5159
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10a	Х					37007
_	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h	Х		Xe.	53		
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i	Х					i in
Part				,						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	∏ No
_11a	Enter the unpaid minimum required contribution for current year for	rom Sched	dule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	orse	ection	302 of	ERISA?.		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)							

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling

Day

Year

	Form 5500-SF 2014 Page 3 -					
lf :	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			
_			12c	Ī		
<u>c</u>	Enter the amount contributed by the employer to the plan for this plan year		120			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left or 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 XN	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 up 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 which assets or liabilities were transferred. (See instructions.)	plan(s) t	0			
1	3c(1) Name of plan(s):	13	3c(2) E	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
14a	Name of trust		14b ⊤	rust's EIN		