## 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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection** 

Pe	nsion Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 55	00-SF	:.	•				
Pa	rt I Annual Report	<b>Identification Information</b>								
For c	For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015									
<b>A</b> T	A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)  a foreign plan									
<b>B</b> Th	nis return/report is	the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)								
	heck box if filing under:	Form 5558 special extension (enter descr	. ,		DFVC prog	ram				
Pa	rt II   Basic Plan Info	ormation—enter all requested inf	formation							
	Name of plan STIC GLOVE 401(K) PLAN				Three-digit plan number (PN)	001				
				10	Effective date of 01/0	1/2003				
1	Mailing address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O		2b Employer Identification Number (EIN) 91-1190648						
	OVE CO., INC.	e, country, and ZIP or foreign posta	ai code (ii foreigh, see mstructions)	<b>2c</b> Sponsor's telephone number 425-740-5850						
2510 WEST CASINO ROAD EVERETT, WA 98204  2510 Business code (see instructions) 315280										
3a	Plan administrator's name a	nd address XSame as Plan Spons	sor.	3b	Administrator's	EIN				
	3c Administrator's telephone number									
	name, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b						
	Sponsor's name			4c	1	05				
		. ,		5a 5k		65				
С	Number of participants with	account balances as of the end of	the plan year (defined benefit plans do not	50		40				
d(ʻ	1) Total number of active pa	articipants at the beginning of the pla	an year	5d(	-	58				
d(2	2) Total number of active pa	articipants at the end of the plan yea	ar	5d(	2)	62				
е	Number of participants that than 100% vested	terminated employment during the	plan year with accrued benefits that were less	56		0				
Caut	ion: A penalty for the late	or incomplete filing of this return	n/report will be assessed unless reasonable cau	ise is	established.					

Under penalties of perjury 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.									
	Filed with authorized/valid electronic signature.	06/08/2016	TIM LARSEN						
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator						
SIGN									
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor							
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbe	er ) Preparer's telephone number						

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second</li></ul>	an independendendendendendendendendendendendende	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA)  Form	5500.		X Yes	
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not deter	mined
Part III   Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	•				(b) End		
a Total plan assets	7a		601	637	-			7926	
<b>b</b> Total plan liabilities	7b		604	0				7000	0
Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year	7c	(-) A		637			(L) T	7926	004
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otai	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)		202	2607					
(3) Others (including rollovers)	8a(3)		8	626					
<b>b</b> Other income (loss)	8b		-9	870					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2013	863
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4	061					
e Certain deemed and/or corrective distributions (see instructions)	8e		6	060					
f Administrative service providers (salaries, fees, commissions)	8f			195					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							103	316
i Net income (loss) (subtract line 8h from line 8c)	8i							1910	)47
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H	feature coo	les from the List of Plant	an Cha	racteris	stic Co	des in th	ne instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Chara	acterist	ic Coc	les in the	e instructi	ons:	
— In the plant provides worker sollients, other the appropriate workers.	odiaio oodo	o morn and Election had	T Onarc	20101101			o motraoti	0110.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
			10c	X				1	1500000
<b>d</b> 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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of the	ne benefits under	10e	X					421
f Has the plan failed to provide any benefit when due under the pla									721
			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g	X					818
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						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance						<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	B (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction :	302 of E	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	<b>a</b> 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 granting the waiver								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
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 1	Γrust's EIN	١			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
	rianio	of tubics of suctorial		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	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).								
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of the l		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	3	No			
19	Were in-service distributions made during the plan year?					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 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).

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Н	ension Benefit Guaranty Corporation	<ul> <li>Complete all entries in</li> </ul>	accordance with the instructions to the Form 5	500-SF.		entra esta en en en en esta en en esta en en esta en en entra en en entra en en El				
P	Part I Annual Report Identification Information									
For	calendar plan year 2015 or f	iscal plan year beginning	01/01/2015 and ending	1	12/31/201	5				
Α	✓ a single-employer plan       a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)         A This return/report is for:       a one-participant plan             a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)         a foreign plan									
Вп	B This return/report is  the first return/report  an amended return/report  as short plan year return/report (less than 12 months)									
С	C Check box if filing under: Form 5558 automatic extension DFVC program  special extension (enter description)									
Pa	art II Basic Plan Info	ormation—enter all requested in	formation							
	Name of plan JESTIC GLOVE 401 (1			pl	hree-digit lan number PN) ▶	001				
				525221045 0000	ffective date of	500. E. C. (100. 100. 100. 100. 100. 100. 100. 10				
2a	Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	•		b Employer Identification Number (EIN) 91-1190648					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) US Glove Co., Inc.					<b>2c</b> Sponsor's telephone number (425) 740-5850					
251	10 West Casino Roa	ad			usiness code ( 15280	see instructions)				
F-77	erett		WA 98204							
	S1505 - 35 - 7603 61	and address XSame as Plan Spon		<b>3b</b> A	dministrator's l	EIN				
				3c A	dministrator's t	elephone number				
4		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b E	IN					
а	Sponsor's name			<b>4c</b> P	N					
5a	Total number of participants	s at the beginning of the plan year		5a		65				
b	Total number of participants	s at the end of the plan year		5b		69				
С	The season reserves seeing the first of the season of the		the plan year (defined benefit plans do not	5c		40				
d	(1) Total number of active pa	articipants at the beginning of the p	lan year	5d(1)	)	58				
			ar	5d(2)	)	62				
			e plan year with accrued benefits that were less	5e		0				

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury 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 t	rue, correct, and complete.			ugar sendruku alt agist 1 kitoku teririn ota — etis dagi ekentepanin — etis i — enin kenten turkus terinsulaku (i — etis i bedintakabe				
SIGN	A Company of the Comp	6/6/16	HUGO J. KRUITIGER					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include r	Preparer's telephone number						
			1999	86 <sup>(2)</sup>				

Form 5500-SF 2015		Page <b>2</b>					
<ul> <li>Were all of the plan's assets during the plan year invested in eligit</li> <li>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 can</li> </ul>	f an independ and condition not use Forr	lent qualified public ans.) ns.) m 5500-SF and mus	account t instea	ant (IQ	PA) Form	5500.	X Yes
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pro	ogram (see ERISA se	ection 4	021)?		Yes	No Not determine
Part III Financial Information					_		
7 Plan Assets and Liabilities		(a) Beginning	g of Ye	<b>ar</b> 1,63	7		(b) End of Year 792,
a Total plan assets	7a		00	DOMESTI KISSAN	-		192,
<b>b</b> Total plan liabilities	7b			- 8	0		
C Net plan assets (subtract line 7b from line 7a)	7c			1,63	./		792,
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt		-		(b) Total
Contributions received or receivable from:     (1) Employers	8a(1)				0		
(2) Participants	000000000000000000000000000000000000000		20	2,60	7		
(3) Others (including rollovers)				8,62			
<b>b</b> Other income (loss)				9,87			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				,			201,
d Benefits paid (including direct rollovers and insurance premiums							
to provide benefits)	8d			4,06	_		
e Certain deemed and/or corrective distributions (see instructions)	8e		-	6,06	_		
f Administrative service providers (salaries, fees, commissions)	8f			19	5		
<b>g</b> Other expenses					0		W. see
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_		10,
i Net income (loss) (subtract line 8h from line 8c)	1				_		191,
j Transfers to (from) the plan (see instructions)	·· 8j						
B If the plan provides welfare benefits, enter the applicable welfare  Part V Compliance Questions	Teature code	s from the List of Pia	in Char	acterist	iic Cod	ies in the	e instructions:
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fid	luciary Correction	10a	100	Х		Amount
<b>b</b> Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х		
CONTRACT OF THE PROPERTY CONTRACT AND ADDRESS AND ADDR			1200000	24000			Ce Anadonniani
C Was the plan covered by a fidelity bond?			10c	Χ			1,500,
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?	s fidelity bond	d, that was caused	10d		Х		
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ther persons me or all of th	by an insurance ne benefits under	10e	Х			
f Has the plan failed to provide any benefit when due under the pl			10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount	1.00		0.000		Λ		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	? (See instruc	tions and 29 CFR	10g 10h	Х	Х		
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required	notice or one of the	10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		<b>!</b>		
11 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from							
12 Is this a defined contribution plan subject to the minimum fundin			1900 100000	144	ADOR 1		RISA? Yes 🛚

granting the waiver. Month  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		_							
granting the waiver.  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.  c Enter the amount contributed by the employer to the plan for this plan year.  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).  e Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Part VII Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?  c 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.)  13c(1) Name of plan(s):  13c(2)  Part VIII Trust Information  14a Name of trustee or custodian  14b Name of trustee or custodian  15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas, Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii))?  16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b)									
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 contributed for this plan year  c Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12b from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).  e Will the minimum funding amount reported on line 12d be met by the funding deadline?	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								
C Enter the amount contributed by the employer to the plan for this plan year  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).  e Will the minimum funding amount reported on line 12d be met by the funding deadline?									
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e Will the minimum funding amount reported on line 12d be met by the funding deadline?	12d								
Part VII Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted in any plan year?		Yes Π No Π N/A							
13a Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	<u> </u>	Yes No N/A							
If "Yes," enter the amount of any plan assets that reverted to the employer this year		Yes X No							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coff the PBGC?  c 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.)  13c(1) Name of plan(s):  13c(2)  Part VIII Trust Information  14a Name of trustee or custodian  Part IX IRS Compliance Questions  15a Is the plan a 401(k) plan?  15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas, Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii)?  16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):  16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  17a Has the plan been timely amended for all required tax law changes was adopted	13a	Tres XI No							
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19 Were in-service distributions made during the plan year?	Yes	No							
	Yes	No							
If "Yes," enter amount	19								
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	Yes	□ No □ N/A							
E1	pplicable co	ode (See instructions  prable IRS opinion or s last favorable							