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

Pens	on Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 55	500-SF	-	•		
Part	I Annual Report	t Identification Information						
For cal	endar plan year 2015 or f	iscal plan year beginning 01/01/2	2015 and ending 12	2/31/20	15			
A Thi	s return/report is for:	a single-employer plana one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan					
B This	return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 me	onths)				
C Ch	eck box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC prog	ram		
Dant	II Dania Dian Info	<u> </u>						
	me of plan	ormation—enter all requested inf	ormation		Three-digit plan number (PN) •	001 f plan		
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C). Box)		Employer Identi	1/2007 fication Number 582543		
	ty or town, state or province DUSTRIAL PLATING COF	_	Sponsor's telep	ponsor's telephone number 425-347-4635				
	SSELL ROAD EO, WA 98275			2d Business code (see instructions) 332810				
3a Pl	an administrator's name a	and address XSame as Plan Spons	sor.		Administrator's	EIN relephone number		
na		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b 4c				
		s at the heginning of the plan year		5a		11		
				5b				
C N	umber of participants with	account balances as of the end of	the plan year (defined benefit plans do not	50		10		
			an year	5d(11		
			ar	5d(10		
e N	umber of participants that	t terminated employment during the	plan year with accrued benefits that were less	5e		0		
Cautio	n: A penalty for the late	or incomplete filing of this return	n/report will be assessed unless reasonable cau					
Under	penalties of perjury and o	ther penalties set forth in the instruc	ctions, I declare that I have examined this return/rep	oort, in	cluding, if applic	able, a Schedule		

belief, it is true, correct, and complete Filed with authorized/valid electronic signature 06/08/2016 MARC WISLEN **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **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) Preparer's telephone number

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b	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 indeper and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
	f the 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 dete	ermined
Par	t III Financial Information		<u> </u>			1					
7	Plan Assets and Liabilities		(a) Beginning	•				(b) Eı	nd of		
	Fotal plan assets	. 7a		391	051					372	2259
	Fotal plan liabilities	. 7b		204	051	+				270	2259
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7c	(a) Ama-		031	+		/ -	\ T-4		2239
	Contributions received or receivable from:		(a) Amou	ınt				<u>a)</u>) Tot	aı	
	1) Employers	. 8a(1)		31	989						
	2) Participants	. 8a(2)		21	523						
	3) Others (including rollovers)	. 8a(3)			0						
	Other income (loss)	. 8b		-4	395						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								49	9117
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d		67	459						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f			450						
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									7909
	Net income (loss) (subtract line 8h from line 8c)	. 8i								-18	3792
	Transfers to (from) the plan (see instructions)	8j									
Par						0					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	teature co	ides from the List of Pl	an Cha	racteri	stic Co	odes in 1	ne inst	ructio	ons:	
В	If 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 instr	uctior	ns:	
Part					I	Ι					
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	ıtione withi	n the time period		Yes	No	N/A			Mount	t
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest										
	reported on line 10a.)			10b		X					
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X						50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her person ne or all of	s by an insurance the benefits under			X					
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e							
-				10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g		Χ					
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	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10i							
Part	VI Pension Funding Compliance			,			ı				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s No
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·				302 of E	RISA?	,	Ye	s 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		
The Number of Gustes of Gustes and The Number						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 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I		: Identification Informatio										
For calenda	r plan year 2015 or f	iscal plan year beginning 01/01/20	015	and ending 12	/31/2015							
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions)												
	,	a one-participant plan	a foreign plan									
B This retur	rn/report is	the first return/report	the final return/repo	t								
		an amended return/report	a short plan year re	urn/report (less than 12 r	nonths)							
C Check be	ox if filing under:	Form 5558	automatic extensio	DFVC program								
		special extension (enter desc	_ 15 _ 76									
Part II	Basic Plan Info	ormation—enter all requested in	nformation									
1a Name o					1b Three-digit							
IPC - INDUS	TRIAL PLATING CO	plan number (PN) ▶ 001										
					1c Effective da 01/01/2007							
Mailing	address (include roc	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.			2b Employer Id (EIN) 20-55	dentification Number 582543						
	own, state or province of the	ce, country, and ZIP or foreign pos RPORATION	tal code (if foreign, see in	structions)		telephone number 425) 347-4635						
AAAA DIIGAE	LL BOAD					ode (see instructions)						
4412 RUSSE	LL ROAD				332010							
MUKILTEO, V	TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE											
3a Plan ad	ministrator's name a	nd address X Same as Plan Spor	isor.		3b Administrator's EIN							
					3c Administrat	3c Administrator's telephone number						
					7 Administrator o telepriorie Hamber							
4 If the na	ame and/or EIN of th	e plan sponsor has changed since	the last return/report file	for this plan, enter the	4b EIN							
a Sponso		mber from the last return/report.			4c PN							
		at the beginning of the plan year.										
		s at the end of the plan year				10						
	CONTRACTOR STATE AND CONTRACTOR CONTRACTOR	account balances as of the end of										
	The control of the second of t			ALIA PERCENTIANA ESPACIO ED DECORRADO ESPECIDADE	5c	10						
d(1) Total	I number of active pa	articipants at the beginning of the p	olan year		5d(1)	11						
d(2) Total	I number of active pa	articipants at the end of the plan ye	ear		5d(2)	10						
than 1	00% vested	terminated employment during th	· · · · · · · · · · · · · · · · · · ·		5e	0						
		or incomplete filing of this retu										
SB or Sched		ther penalties set forth in the instru and signed by an enrolled actuary, plete.										
SIGN	Mil		06/02/201	Marc Wislen								
HERE	Signature of plan	administrator	Date	Enter name of indivi	dual signing as plar	n administrator						
SIGN												
HERE	Signature of emple	oyer/plan sponsor	Date	Enter name of indivi	dual signing as em	ployer or plan sponsor						
Preparer's n		name, if applicable) and address (Preparer's teleph							

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 Were all of the plan's assets during the plan year inverse. Are you claiming a waiver of the annual examination a under 29 CFR 2520.104-46? (See instructions on wailf you answered "No" to either line 6a or line 6b, the contraction of the plan is a defined benefit plan, is it covered under the plan is a defined benefit plan, is it covered under the plan is a defined benefit plan, is it covered under the plan is a defined benefit plan, is it covered under the plan is a defined benefit plan, is it covered under the plan is a defined benefit pl	and report of an independ ver eligibility and condition the plan cannot use Fort	dent qualified public a ons.) m 5500-SF and must	ccount	ant (IQ	PA) Form	5500.		Yes No Yes No
Part III Financial Information		25		0.				
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar		(i	o) End of Yea	ar
a Total plan assets	7a		39105					2259
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c		39105	51		-11	37	2259
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Total	
a Contributions received or receivable from:	8a(1)		3198	19				
(1) Employers	122 32234		2152	W250				
(3) Others (including rollovers)	iopi nawa			0				
b Other income (loss)			-439	95				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		(A)		Á		4:	9117
d Benefits paid (including direct rollovers and insurance	premiums		6745	n.				
to provide benefits)	97 West 16 125		VEC30 /AVA	0				
Certain deemed and/or corrective distributions (see in Administrative service providers (salaries, fees, comm		-	45					
			1.00					
Dither expenses h Total expenses (add lines 8d, 8e, 8f, and 8g)			t No.				6	7909
i Net income (loss) (subtract line 8h from line 8c)							-1	8792
j Transfers to (from) the plan (see instructions)								
Part IV Plan Characteristics								
B If the plan provides welfare benefits, enter the applications Part V Compliance Questions	able welfare feature code	s from the List of Plar	n Chara	acterist	ic Cod	les in the i	nstructions:	
10 During the plan year:				Yes	No	N/A	Amo	unt
Was there a failure to transmit to the plan any particle described in 29 CFR 2510.3-102? (See instructions Program)	and DOL's Voluntary Fig	duciary Correction	10a		Х			
b Were there any nonexempt transactions with any pa reported on line 10a.)			10b		X		-	eArmen of the control
c Was the plan covered by a fidelity bond?			10c	Х				50000
d Did the plan have a loss, whether or not reimbursed by fraud or dishonesty?	and the control of th	ASSESSMENT CONTROL OF THE PROPERTY OF THE PROP	10d		Х			
Were any fees or commissions paid to any brokers, carrier, insurance service, or other organization that the plan? (See instructions.)	provides some or all of the	ne benefits under	10e		х			
f Has the plan failed to provide any benefit when due			10f		Х			
g Did the plan have any participant loans? (If "Yes," er	nter amount as of year er	nd.)	10g		Х			
h If this is an individual account plan, was there a blac 2520.101-3.)	kout period? (See instruc	ctions and 29 CFR	10h		Х			
i If 10h was answered "Yes," check the box if you eith exceptions to providing the notice applied under 29	ner provided the required	notice or one of the	10i					
j Did the plan trust incur unrelated business taxable in	ncome?		10j					
Part VI Pension Funding Compliance	W W W							
11 Is this a defined benefit plan subject to minimum function 5500) and line 11a below)								Yes No
11a Enter the unpaid minimum required contribution for a	all years from Schedule S	SB (Form 5500) line 4	0			11a	4.4	
12 Is this a defined contribution plan subject to the min	imum funding requiremer	nts of section 412 of th	ne Cod	e or se	ction	302 of ERI	SA?	Yes X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
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 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	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 (enter a minus sign to the negative amount)		12d						
е	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?			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 brou 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), identity which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part	VIII Trust Information								
14a	Name of trust		14b Trust's EIN						
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number							
Par	IX IRS Compliance Questions				9.5				
15a	Is the plan a 401(k) plan?		Yes	3	No				
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method		ADP/ACP test				
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	401(m)-	Yes		No				
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	⊔ ре			Average benefit test			
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by conthis plan with any other plans under the permissive aggregation rules?		Yes	5	No				
17a	Has the plan been timely amended for all required tax law changes?		Yes	3	No	□ N/A			
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	pplicable	e code	(See in	structions			
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plantage and the letter's serial and the letter's s	lance manafassom moderness and conse	t to a fav	vorable IR	S opinion	or			
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, edetermination letter	nter the date of	the plan	's last fav	orable				
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes		No				
19	Were in-service distributions made during the plan year?		Yes	3	No				
	If "Yes," enter amount		19						
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Yes	3	No	□ N/A			