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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning and ending x 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 foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number ULTRA POLY, INC. 401(K) SAVINGS AND RETIREMENT PLAN 001 (PN) • 1c Effective date of plan 01/01/1989 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1092947 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number ULTRA POLY, INC. 253-272-1217 2d Business code (see instructions) 2404 CENTER STREET TACOMA, WA 98409-7601 326100 **3a** Plan administrator's name and address XSame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 65 5a Total number of participants at the beginning of the plan year...... 5b 67 **b** Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 22 complete this item) 5d(1) 63 d(1) Total number of active participants at the beginning of the plan year 66 5d(2) d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 5e than 100% vested...... 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 true, correct, and complete

Filed with authorized/valid electronic signature 07/21/2016 **RAUN J. SEDLOCK** SIGN **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 individual signing as employer or 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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 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 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	an indepenand	dent qualified public a	ccount	ant (IQ	PA)			No No
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 determ	ined
Part III Financial Information	1							
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year	
a Total plan assets	7a		1116	998	-		114822	4
b Total plan liabilities	7b		1116	2009			111000	1
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A	1116	990			114822	4
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total	
(1) Employers	8a(1)		17	'031				
(2) Participants	8a(2)		36	318				
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8b		-15	953				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3739	6
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5	436				
e Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f			734				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						617	0
i Net income (loss) (subtract line 8h from line 8c)	8i						31220	6
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	feature cod	des from the List of PI	an Cha	racteri	stic Co	des in th	e instructions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructions:	
— In the plant provides we have believed, other the applicable we have	odiaio oodi	oo nom the List of tha	ii Onait	20101101		100 111 1110	mondono.	
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 Were there any nonexempt transactions with any party-in-interest					V			
reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	X			2	200000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ			
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 t	he benefits under	10e	X				5005
f Has the plan failed to provide any benefit when due under the plan			10f		Χ			
g Did the plan have any participant loans? (If "Yes," enter amount a				X				53742
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g	^	X		<u> </u>	33742
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 required	notice or one of the	10h 10i					
j Did the plan trust incur unrelated business taxable income?			10i 10i					
Part VI Pension Funding Compliance			,		<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								No
11a Enter the unpaid minimum required contribution for all years from						11a	1 🗀	
12 Is this a defined contribution plan subject to the minimum funding						-	RISA? Yes	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
140 Name of trustee of custodian				telephone number			
Par	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 employee deferrals and employer matching 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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calenda	ar plan year 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/31/	2015				
		X a single-employer plan		lan (not multiemployer)						
A This ret	urn/report is for:			nployer information in ac	ccordance with the	form instructions)				
		a one-participant plan	a foreign plan							
D This satu		the first return/report	The final seturn/report							
B This retu	irn/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	iontns)					
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC	program				
		special extension (enter descri	ription)							
Part II	Basic Plan Info	rmation—enter all requested in	formation							
1a Name		in the Control of the			1b Three-digit					
ULTRA POLY, INC. 401(K) SAVINGS AND RETIREMENT PLAN						er 001				
					(PN)					
					1c Effective date of plan 01/01/1989					
2a Plan sr	nonsor's name (emplo	yer, if for a single-employer plan)								
		m, apt., suite no. and street, or P.C). Box)		2b Employer Identification Number (EIN) 91–1092947					
		e, country, and ZIP or foreign post	al code (if foreign, see inst	ructions)	2c Sponsor's telephone number					
Ultra	Poly, Inc.				253-272-1217					
2404 0					2d Business code (see instructions					
2404 C	enter Street				326100	,				
Tacoma		00400 76	0.1							
		WA 98409-76 nd address XSame as Plan Spons			2b Administration	4 TINI				
Ja Plan ac	ininistrator's name ar	id address Asame as Plan Spons	SOL		3b Administrator's EIN					
					3c Administrat	tor's telephone number				
4 If the n	ame and/or EIN of the	e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN					
	·	mber from the last return/report.			_					
a Sponso					4c PN					
5a Total r	number of participants	at the beginning of the plan year			5a	65				
		at the end of the plan year			5b	67				
		account balances as of the end of			5c	0.0				
					E-J(4)	22				
		rticipants at the beginning of the pl	•		5d(1)	63				
		rticipants at the end of the plan year			5d(2)	66				
		terminated employment during the			5e	1				
Caution: A	penalty for the late	or incomplete filing of this returi	n/report will be assessed	unless reasonable cau	use is establishe	d.				
Under pena	alties of perjury and ot	her penalties set forth in the instruc	ctions, I declare that I have	examined this return/re	port, including, if a	applicable, a Schedule				
belief, it is t	rue, correct, and comp	nd signed by an enrolled actuary, a plete.	as well as the electronic ve	rsion of this return/repor	t, and to the best	of my knowledge and				
SIGN	1151	e f	21 July 16	RAUN J. SEDLO	CK					
HERE	Signature of plan o	dministrator								
The street	Signature of plan a	aministrator	Date	Enter name of individ	uai signing as pia	<u>n administrator</u>				
SIGN HERE										
	Signature of emplo		Date	Enter name of individ	of individual signing as employer or plan sponso					
rieparer's i	name (including firm n	ame, if applicable) and address (ir	iciuae room or suite numbi	er)	Preparer's telep	none number				
					- 1150					

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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 If the plan is a defined benefit plan, is it covered under the PBGC in	an independ and conditio ot use Forn	ent qualified public a ns.) n 5500-SF and mus	ccount t instea	ant (IC	PA) Form	 1 5500.			Yes Yes		No No
_	rt III Financial Information		0				,]				_
7	Plan Assets and Liabilities	E B	(a) Beginning	of Ye	ar	T		(b) End o	of Yea	r		
а	Total plan assets	7a	1-7 - g		1699	8		(0) =	, , , ,	114	182	24
b	Total plan liabilities	7b										
С	Net plan assets (subtract line 7b from line 7a)	7c		11	1699	8				114	182	24
8	Income, Expenses, and Transfers for this Plan Year	T. Best. of	(a) Amou	ınt				(b) To	otal			
а 	Contributions received or receivable from: (1) Employers	8a(1)			1703	1	51.143		J	Jv."		ji,
	(2) Participants	8a(2)			3631	8	1000		161		y di	
	(3) Others (including rollovers)	8a(3)				0		3.1				
	Other income (loss)	8b		_	1595	3		8 Z P	731			Ĭ.
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-3-					3	373	96
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			543	6						
е	Certain deemed and/or corrective distributions (see instructions)	8e				0	- X - C	19 3			H	
f	Administrative service providers (salaries, fees, commissions)	8f			73	4	A 10 10 10	7				
g	Other expenses	8g				0	4	. 10.5		14	W.	Ş
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1200						61	70
i_	Net income (loss) (subtract line 8h from line 8c)	8i								3	312	26
j	Transfers to (from) the plan (see instructions)	8 <u>j</u>					W 72 16	W V.			10	
B	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature code:	s from the List of Pla	n Chara	acterist	ic Cod	des in the	instruction	ons:			_
10	During the plan year:				Yes	No	N/A		A a .	4	_	_
a	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) Were there any nonexempt transactions with any party-in-interest	oluntary Fid	uciary Correction	10a		X			Amou	1111		
	reported on line 10a.)			10b			25					_
C	03/10000 Pt 1000 3100 040030000 Pt 1000 3100 040030000 Pt 1000 3100 040030000 Pt 1000 3100 040030000 Pt 1000 3			10c	Х					2	200	00
d	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.)	e or all of th	e benefits under	10e	Х						5	00
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 en	d.)	10g	Х						53	742
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	tions and 29 CFR	10h		Х	n.	. Z-27 (i			16	
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	ne required r	notice or one of the	10i					7			
j	Did the plan trust incur unrelated business taxable income?			10j								
Part	VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	es," see instructions a	and cor	nplete	Sched	dule SB (f	-orm		Yes] [No
_11a	Enter the unpaid minimum required contribution for all years from											
12	Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of t	ne Cod	e or se	ction :	302 of EF	RISA?		Yes	1 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 granting the waiver	d enter th Day		ne letter rul Year	ing		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	T					
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 left of a 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?		Yes X No				
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 under the of the PBGC?						
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to	140				
	13c(1) Name of plan(s): 13c(2	2) EIN(s)		13c(3) F	N(s)		
Part	VIII Trust Information	141					
14a	Name of trust	14b	14b Trust's EIN				
14c	Name of trustee or custodian	14d	Trustee's telephone		an's		
Par	IRS Compliance Questions						
15a	Is the plan a 401(k) plan?	Y	Yes				
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)?				ADF	P/ACP		
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)(ii))?			No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Цр	atio ercentage est		erage efit test		
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?	Y	es	No			
17a	Has the plan been timely amended for all required tax law changes?	Y	es	No	□ N/A		
17b	Date the last plan amendment/restatement for the required tax law changes was adopted Enter th for tax law changes and codes).	e applica	ble code _	(See ii	nstructions		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subjadvisory letter, enter the date of that favorable letter and the letter's serial number		-9"		or		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date determination letter .	of the pla	n'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) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Ye	s	No			
19	Were in-service distributions made during the plan year?	Yes No					
	If "Yes," enter amount	19					
20	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)?		es	No	□ N/A		