Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan Internal Revenue Service

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.

Short Form Annual Return/Report of Small Employee

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Part I		Identification Information						
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2			2/31/2016			
∆ This ret	urn/report is for:	a single-employer plan		olan (not multiemployer) mployer information in a				
A mister	unineport is ior.	a one-participant plan	a foreign plan	mproyor miorination in a	ooordanoo war are	iom mondonono.		
B This retu	urn/report is	the first return/report	st return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)			
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	1		
		special extension (enter descr	· /					
Part II		ormation—enter all requested inf	formation		46			
1a Name ULTRA POL	of plan Y, INC. 401(K) SAVIN	IGS AND RETIREMENT PLAN			1b Three-digit plan number (PN) ▶	er 001		
					1c Effective da	ate of plan 01/01/1989		
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C				lentification Number 01-1092947		
City or ULTRA POL		ce, country, and ZIP or foreign post	al code (if foreign, see ins	tructions)		elephone number -272-1217		
2404 CENTE TACOMA, W	R STREET A 98409-7601					ode (see instructions) 326100		
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrate	or's EIN		
					3c Administrate	or's telephone number		
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN			
a Sponso	•	mber from the last return/report.			4c PN			
5a Total r	number of participants	at the beginning of the plan year			5a			
b Total r	number of participants	s at the end of the plan year			5b	61		
C Number	er of participants with ete this item)	account balances as of the end of	the plan year (only define	d contribution plans	5c	21		
		articipants at the beginning of the pl			5d(1)	66		
		articipants at the end of the plan yea			5d(2)	58		
than '	100% vested	terminated employment during the			5e	1		
		or incomplete filing of this return						
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.						
SIGN	Filed with authorized	/valid electronic signature.	03/20/2017	RAUN J. SEDLOCK				
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plar	administrator		
SIGN								
HERE	Signature of emplo		Date			oloyer or plan sponsor		
Preparer's	name (including firm r	name, if applicable) and address (ir	nclude room or suite numb	er)	Preparer's telept	ione number		

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6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	' (See instructions.)						X Ye	s 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	and condi	tions.)						X Ye	s No
C	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					_	-	_	□ Not de	termined
	rt III Financial Information	iodidiloc p	orogram (See Errie/1 Se	300011 4	021).	······ <u></u>	100	Пис		torriiiroa
7	Plan Assets and Liabilities		(a) Paginning	of Voor				(b) End	of Voor	
<u>′</u> а	Total plan assets	7a	(a) Beginning	<u>148224</u>				(b) Ella	119389	9
_	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	1	148224					119389	9
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt		(b) Total				
	Contributions received or receivable from:		(a) 7 anour					(2) !		
	(1) Employers	8a(1)		13513						
	(2) Participants	8a(2)		32028						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		73702						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11924	l3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		72884						
	Certain deemed and/or corrective distributions (see instructions).	8e		0	_					
f	Administrative service providers (salaries, fees, commissions)	8f		684						
_ <u>'</u>	Other expenses	8g		0)					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7356	88
$\overline{}$	Net income (loss) (subtract line 8h from line 8c)	8i				45675			' 5	
	Transfers to (from) the plan (see instructions)									
	rt IV Plan Characteristics	8j								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	ndes in	the inst	ructions:	
	2E 2F 2G 2J 2K 2T 3D	roataro ot	7400 110111 1110 2101 01 1 1	arr oria	raotorii		, acc 111		dollorio.	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ictions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	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)	oluntary F	Fiduciary Correction	10a		X				
b		t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					200000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her persor ne or all of	s by an insurance the benefits under	10e	Х					4963
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g		-		10g	X					46452
h	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						

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Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		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?			s	No	

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

2016

This Form is Open to Public Inspection

	rt Identification Information				
For calendar plan year 2016 o		/01/2016	and ending	12/31/20	016
A This ask and to a set in Com-	X a single-employer plan		an (not multiemployer)		
A This return/report is for:	a one-participant plan	a foreign plan	nployer information in a	ccordance with the	form instructions.)
		a foreign plan			
B This return/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	nonths)	
C Check box if filing under:	☐ Form 5558 ☐			□ pg/0	
O Ollook box it filmig aflaot.	ᆜ	automatic extension		☐ DFVC program	1
Port II Posio Dian In	special extension (enter description				
Part II Basic Plan In 1a Name of plan	formation—enter all requested information	ation		1b Three-digit	
)1(K) SAVINGS AND RETIREM	F'N'T DI.AN		plan numbe	er 001
021111 1021, 1110, 10	T(II) SIIVIIVOS IIID KILIKISKI	DIVI I DAN		(PN) •	
				1c Effective da 01/01/19	•
2a Plan sponsor's name (em	ployer, if for a single-employer plan)			2b Employer lo	dentification Number
City or town, state or provi	oom, apt., suite no. and street, or P.O. Bo ince, country, and ZIP or foreign postal co	x) de (if foreian, see inst	ructions)	(EIN) 91-1	
Ultra Poly, Inc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(telephone number
				253-272-	ode (see instructions)
2404 Center Street				326100	ode (see ilistructions)
Tacoma	WA 98409-7601				
3a Plan administrator's name	and address 🛛 Same as Plan Sponsor,			3b Administrate	or's EIN
				3c Administrate	or's telephone number
				I.	
	the plan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b EIN	
name, EIN, and the plan	the plan sponsor has changed since the land	ast return/report filed f	or this plan, enter the		
name, EIN, and the plan a Sponsor's name	number from the last return/report.			4c PN	
name, EIN, and the plan of a Sponsor's name 5a Total number of participar	number from the last return/report. nts at the beginning of the plan year			4c PN	67
name, EIN, and the plant a Sponsor's name 5a Total number of participar b Total number of participar	number from the last return/report. Ints at the beginning of the plan year Ints at the end of the plan year			4c PN . 5a . 5b	67
name, EIN, and the plant a Sponsor's name 5a Total number of participar b Total number of participar c Number of participants wi	number from the last return/report. nts at the beginning of the plan year	olan year (only defined	contribution plans	4c PN . 5a . 5b	61
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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	an indeper	ndent qualified public a	ccount	ant (IQ	PA)				Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann								41	100 🖺 110
С	If the plan is a defined benefit plan, is it covered under the PBGC in							∏No	□ Not	determined
	rt III Financial Information					_				
7	Plan Assets and Liabilities	Jan 19	(a) Beginning (of Year				b) End	of Year	
а	Total plan assets	7a		148,				2) =114		,193,899
b	Total plan liabilities	7b		<u>`</u>	-1					
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	148,	224				1	,193,899
8	Income, Expenses, and Transfers for this Plan Year	Wag and	(a) Amoun		\neg			(b) T		
a	Contributions received or receivable from:		(47,14110411			71 -		(10)		V - W
	(1) Employers	8a(1)		13,						
	(2) Participants	8a(2)		32,	028		100		THE T	
	(3) Others (including rollovers)	8a(3)			0	85	LeV T			- 1000
b	Other income (loss)	8b		73,	702				50 L	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								119,243
d	Benefits paid (including direct rollovers and insurance premiums	0-1		72,	884					
e	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d		12,	0 1		-			
f		8e			684			100		
_	Administrative service providers (salaries, fees, commissions)	8f			004					
<u>g</u>	Other expenses	8g			0		-			72 560
_ <u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					73,568			
÷	Net income (loss) (subtract line 8h from line 8c)	8i	A-TYA-Tara-ea-	4				45,675		
J	Transfers to (from) the plan (see instructions)	8j					9.7%	T. H.S.		1977
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in	the insti	ructions	:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	as from the List of Plan	n Chars	ctoriet	tic Cor	lac in t	ha instri	etione:	
	and provided voliding of the applicable voliding	000	oo nom the Elector ha	ii Onare	10101131		103 111 (110 1113(10	ictions.	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amo	unt
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	oluntary F	iduciary Correction	10a		Х	Par			
b		t? (Do not		10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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.)	ner person ne or all of	s by an insurance the benefits under	10e	Х		Xu			4,963
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.)	10g	Х					46,452
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	Ė			
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	d notice or one of the	10i					11.17.2	

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)				Ye	s No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		41	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?				☐ Ye	s X No
1	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.		d enter t Day		of the letter Year	ruling
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			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	eft 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	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 broug control of the PBGC?				Yes X	No
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the plan(s) to			
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
	A					
Part						
14a	Name of trust		14b ⁻	Trust's E	EIN	
14c	Name of trustee or custodian				s or custodia ne number	n's
Part	IX IRS Compliance Questions					
15a	ls the plan a 401(k) plan? If "No," skip b	Yes			No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	enfo l	n-based narbor	d ["Prior yea	r" ADP
	To the plan year. One of all that apply.	"Curr	ent year test	." [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
	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?				No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter*	nter the date	of the m	nost rec	ent determin	ation
	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 sep service?	arated from	Ye	s [No	
	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		☐ Ye	s	No	