	m 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Employ	vee	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be file	d under sections 104 and 4			2016		
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		ernal	This Form is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the instr	uctions to the Form 5500	-SF.	Public Inspection		
Part I		Ientification Information		40/04	10040			
For calenda	ar plan year 2016 or fisca			g	1/2016			
A This ret	urn/report is for:	a single-employer plan		an (not multiemployer) (File ployer information in accor		-		
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 monti	hs)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram		
	Ī	special extension (enter descr	iption)					
Part II	Basic Plan Inform	nation—enter all requested inf	ormation					
1a Name IPC - INDUS	of plan TRIAL PLATING CORPO	ORATION 401(K) PLAN			(PN)	Number 001		
				10	C Effect	ive date of plan 01/01/2007		
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.C country, and ZIP or foreign post		uctions)	(EIN)	over Identification Number 20-5582543		
	TRIAL PLATING CORPO			20	2c Sponsor's telephone number 425-347-4635			
4412 RUSSE MUKILTEO, '				20	d Busine	ess code (see instructions) 332810		
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spor	nsor.			istrator's EIN istrator's telephone number		
name	, EIN, and the plan numb	plan sponsor has changed since per from the last return/report.	the last return/report filed fo		b EIN			
a Spons					C PN			
		the beginning of the plan year			5a	11		
		the end of the plan year			5b	12		
compl	ete this item)	count balances as of the end of		·····	5c	12		
		cipants at the beginning of the pl	-		5d(1)	11		
e Numb	per of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued be	nefits that were less	5d(2) 5e	12		
Caution: A	penalty for the late or	incomplete filing of this return	n/report will be assessed	unless reasonable cause				
SB or Sche		r penalties set forth in the instruct signed by an enrolled actuary, a ste.						
SIGN	Filed with authorized/va	lid electronic signature.	04/19/2017	MARC WISLEN				
HERE	Signature of plan adr	ninistrator	Date	Enter name of individual	signing a	s plan administrator		
SIGN HERE								
	Signature of employe		Date			s employer or plan sponsor		
Preparer's	name (including firm nar	ne, if applicable) and address (ir	iciuae room or suite numbe	r) Pr	reparer's	telephone number		
						_		

81668

6a 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 conditi ot use Fo	ndent qualified public accountant (luions.) rm 5500-SF and must instead us	QPA) Yes No
-	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 4021)?	P Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	372259	453927
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	372259	453927
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	31250	
	(2) Participants	8a(2)	38575	
	(3) Others (including rollovers)	8a(3)	0	
b		8b	24501	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		94326
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	12358	
e	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	300	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		12658

Part IV Plan Characteristics

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

i.

j

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D

8i

8j

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_ Day		Year	
lf	you c	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			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		er the	e date	of the m	nost rece	ent determ	ination
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 separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

Foi	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury rnal Revenue Service	This form is required to be file		4065 of the Employee R	etirement	2016			
Employee B	epartment of Labor lenefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection			
	enefit Guaranty Corporation	Complete all entries in a	accordance with the instr	ructions to the Form 5	500-SF.				
Part I		Identification Information	C	and ending 12/3	1/2016				
For calend	ar plan year 2010 of its	scal plan year beginning 01/01/201				ing this box must attach a			
A This ref	turn/report is for:	a one-participant plan				ith the form instructions.)			
_									
B This ret	urn/report is	the first return/report	the final return/report	n/report (less than 12 m	onths)				
C Check	hav if filing under				—				
C Check	box if filing under:	Form 5558	automatic extension		DFVC pi	ogram			
Part II	Basis Blan Info	special extension (enter descr rmation—enter all requested inf							
1a Name		rmation—enter all requested inf	omation		1b Three	-digit			
	•	RPORATION 401(K) PLAN			plan i	number 001			
					(PN)				
						tive date of plan I/2007			
Mailing	g address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O	. Box)		•	oyer Identification Number 20-5582543			
	r town, state or provinc STRIAL PLATING COR	e, country, and ZIP or foreign post PORATION	al code (if foreign, see insti	ructions)	2c Sponsor's telephone number				
					(425) 347-4635 2d Business code (see instructions)				
4412 RUSSI	ELL ROAD				33281				
MUKILTEO,	14/4 09275								
e		d address 🕅 Same as Plan Spor	ISOR.		3b Admir	nistrator's EIN			
		ананананананананананананананананананан							
					3C Admi	nistrator's telephone number			
4 If the	name and/or EIN of the	plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN				
	e, EIN, and the plan nur sor's name	nber from the last return/report.			4c PN				
·		at the beginning of the plan year			5a	11			
	• •	at the end of the plan year			5b	12			
C Numb	per of participants with	account balances as of the end of	the plan year (only defined	l contribution plans	5c	12			
•	•	rticipants at the beginning of the pla			5d(1)	11			
• •	-	rticipants at the end of the plan yea			5d(2)	12			
e Numl	ber of participants that	terminated employment during the	plan year with accrued be	enefits that were less	5e				
		or incomplete filing of this return			use is estat	lished.			
Under pen SB or Sche	alties of perjury and otl edule MB completed ar	her penalties set forth in the instructed signed by an enrolled actuary, a	tions, I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule			
전 19 20년 월 19 22	true, correct, and com		4/19/17	Marc Wislen					
SIGN HERE		durinistration				n n n n n n n n n n n n n n n n n n n			
	Signature of plan a	ummistrator	Date	Enter name of individ	uai siyiiliy i				
SIGN HERE			Data	Enter nome of individ					
	Signature of emplo	yer/plan sponsor ame, if applicable) and address (in	Date			as employer or plan sponsor telephone number			
				, ,		·			
L	and Deduction Act Metic	e see the Instructions for Form 5500	OF.			Form 5500-SF (2016)			

12358

0

300

94326

12658

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 6a Were all of the plan's assets during the plan year invested in eligib b 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 cannot be the plan in a defined benefit plan, is it assumed under the PDCC is 	an independ and condition and use For	dent qualified public accountant (I ons.) m 5500-SF and must instead us	QPA) X Yes No e Form 5500.
C If the plan is a defined benefit plan, is it covered under the PBGC in Part III Financial Information	nsurance pr	ogram (see ERISA Section 4021)	? Yes X No Not determined
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	. 7a	372259	453927
b Total plan liabilities	7b		
C Net plan assets (subtract line 7b from line 7a)	7c	372259	453927
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
 a Contributions received or receivable from: (1) Employers 	8a(1)	31250	
(2) Participants	8a(2)	38575	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	24501	

8c

8d

8e

8f

8g

8h

8i

8j

Part IV Plan Characteristics

to provide benefits).....

g Other expenses

Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)

Benefits paid (including direct rollovers and insurance premiums

e Certain deemed and/or corrective distributions (see instructions) .

f Administrative service providers (salaries, fees, commissions)

h Total expenses (add lines 8d, 8e, 8f, and 8g)

Net income (loss) (subtract line 8h from line 8c)

Transfers to (from) the plan (see instructions).....

С

d

i.

j

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	х			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Page **3-** 1

Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)	•					Yes	X 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 SA?					I r	Yes	X No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					··· [_]		
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the waiverN		ns, and	enter t Day		of the I Ye		ling
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line <i>*</i>	 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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			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 resolution to terminate the plan been adopted in any plan year?				Yes	s X	No	
	lf "Ye	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 rol of the PBGC?					Yes	s X N	lo
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	ify the	olan(s)	to				
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13	8 c(3) P	N(s)
Deut	1/111	Trust Information							
Part									
4.4 -					146 7		- 1 . 1		
14a		of trust			14b 1	Frust's E	EIN		
_	Name				14d 1	Frust's E Frustee' telepho	s or cus		s
_	Name Name	of trust			14d 1	Trustee'	s or cus		s
14c Part	Name Name t IX	of trust e of trustee or custodian		Yes	14d	Trustee' telepho	s or cus ne num	ber	
14c Part 15a 15b	Name Name t IX Is the How o	of trust e of trustee or custodian IRS Compliance Questions		Desigr safe h	14d 1 1 n-based arbor	Trustee' telephor	s or cus ne num		
14c Part 15a 15b	Name Name t IX Is the How o	of trust e of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Desigr safe h	14d 1 n-basec arbor nt year	Trustee' telephor	s or cus ne num	ber	
14c Part 15a 15b	Name Name t IX Is the How (401(k)	of trust e of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Desigr safe h "Curre	14d 1 n-based arbor nt year est	Frustee' telephor	s or cus ne num No ''Pric	ber or year"	
14c Part 15a 15b 16a 16b	Name Name Is the How of 401(k) What year?	of trust e of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Desigr safe h "Curre ADP to Ratio perce	14d 1 n-based arbor nt year est	Frustee' telephor	s or cus ne num No "Pric test N/A verage	ber or year"	ADP
14c Part 15a 15b 16a 16b	Name Name Is the How of 401(k) What Year?	of trust of trust of trust of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		Desigr safe h "Curre ADP to Ratio perce test Yes	14d T n-basec arbor nt year est ntage	Trustee' telephor	s or cus ne num No "Pric test N/A verage enefit te	ber or year"	ADP
14c Part 15a 15b 16a 16b 17a 17b	Name Name Is the How o 401(k What year? Did th for the letter	of trust of trust of trust of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS etter		Design safe h "Curre ADP to Ratio perce test Yes	14d The second s	Frustee' telephor I [A b sory lett	s or cus ne num No ''Pric test N/A verage enefit te enefit te enefit te	or year" st	ADP
14c Part 15a 15b 16a 16b 17a 17b	Name Name Is the How o 401(k What year? Did th for the letter Define Were	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply: ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS atter and the serial number		Design safe h "Curre ADP to Ratio perce test Yes n letter	14d The second s	Frustee' telephor	s or cus ne num No ''Pric test N/A verage enefit te enefit te enefit te	or year" st	ADP