Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

For calend	lar plan year 2016 or	fiscal plan year beginning 01/01/	2016	and ending 1	2/31/2016						
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac							
	a one-participant plan a foreign plan										
B This ret	urn/report is	the first return/report	the final return/repor	t							
		an amended return/report	a short plan year ret	urn/report (less than 12 m	ss than 12 months)						
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC program						
		special extension (enter desc									
Part II		ormation—enter all requested in	nformation		1						
1a Name KEL TECH F		RETIREMENT PLAN & TRUST			1b Three-digit plan number (PN) ▶	001					
					1c Effective date 01	e of plan /01/1996					
Mailing	g address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.		-4	2b Employer Ide (EIN) 91	ntification Number -1195234					
	PLASTICS INC	ice, country, and ZIP or foreign pos	stal code (il foreign, see in	structions)	2c Sponsor's tel	ephone number 172-9654					
0540 00UT I	L DINIE OTDEET				2d Business cod	e (see instructions)					
TACOMA, W	H PINE STREET /A 98409				32	6100					
3a Plan a	administrator's name	and address X Same as Plan Spo	onsor.		3b Administrator	's EIN					
					3c Administrator	's telephone number					
					3C Administrator	s telepriorie number					
		ne plan sponsor has changed since	the last return/report filed	d for this plan, enter the	4b EIN						
	e, EIN, and the plan n sor's name	umber from the last return/report.			4c PN						
		s at the beginning of the plan year			5a	48					
	·	s at the end of the plan year			5b	46					
C Numb	er of participants with	account balances as of the end o	f the plan year (only define	ed contribution plans	5c	32					
d(1) Tot	al number of active p	articipants at the beginning of the p	olan year		5d(1)						
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ear		5d(2)	31					
		at terminated employment during th	. ,	penefits that were less	5e	0					
		or incomplete filing of this retu									
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary,									
SIGN		d/valid electronic signature.	05/10/2017	AMANDA MIELKE							
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan a	administrator					
SIGN											
HERE		oyer/plan sponsor	Date	Enter name of individ	lual signing as emplo	oyer or plan sponsor					
Preparer's	name (including firm	name, if applicable) and address (include room or suite num	ber)	Preparer's telepho	ne number					
1											

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							^	Yes N	V٥	
c	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Note.									determined	Ч
	rt III Financial Information	iodianoc p	riogram (See Errio/Coc	300011 4	021).		100	Ши		deterrime	_
7	Plan Assets and Liabilities		(a) Paginning	of Voor				(b) End	of Voor		
	Total plan assets	7a	(a) Beginning	035413			((b) Ena	of Year	1606	
<u>a</u>	Total plan liabilities	7b		0							
	Net plan assets (subtract line 7b from line 7a)	7c	1	035413					1224	1606	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nf				(b) T	otal		
a	Contributions received or receivable from:		(a) 7 anour					(8) .	<u> </u>		
	(1) Employers	8a(1)		19921							
	(2) Participants	8a(2)		76746	_						
	(3) Others (including rollovers)	8a(3)		117420							
	Other income (loss)	8b		87713							
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							301	1800	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		111857							
	Certain deemed and/or corrective distributions (see instructions).	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		750)						
g	Other expenses	8g		0)						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							112	2607	_
÷	Net income (loss) (subtract line 8h from line 8c)	8i							189	9193	
÷	Transfers to (from) the plan (see instructions)	8i									
Pa	rt IV Plan Characteristics	oj .									
9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the inst	ructions	:	
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in t	he instru	uctions:		
_	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
Par							NI/A				
10	During the plan year:	itiono withi	n tha time nariad		Yes	No	N/A		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Normal)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest			100		X					
	reported on line 10a.)	·····		10b		^					
С	Was the plan covered by a fidelity bond?			10c	X					1500)00
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 som the plan? (See instructions.)	ne or all of	the benefits under	10e	X					17	722
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X					191	05
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 to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
											_

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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
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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			
		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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "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 brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
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:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		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
	for the	be 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							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	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 sepa e?		rom	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?			Ye	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.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	1		10 10 10	016		
For calenda	r plan year 2016 or f	iscal plan year beginning	01/01/2016	and ending	12/31/2			
A This retu	ırn/report is for:	X a single-employer plan	a multiple-employer pla list of participating emp	n (not multiemployer) (F ployer information in acc	Filers checking this cordance with the	box must attach a form instructions.)		
71 11113 1010		a one-participant plan	a foreign plan					
B This retu	rn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)			
C Check b	ox if filing under:	Form 5558	automatic extension	[DFVC program			
		special extension (enter desc						
Part II	Basic Plan Info	ormation—enter all requested in	nformation		4h Thurs dist			
1a Name o		NC 401K RETIREMENT			1b Three-digit plan numbe			
PLAN & 7					(PN) 1c Effective da	001 te of plan		
					01/01/1			
Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	.O. Box)		2b Employer Id (EIN) 91-	entification Number 1195234		
City or	town, state or provin	ice, country, and ZIP or foreign pos	stal code (if foreign, see instr	uctions)	2c Sponsor's to (253) 47	elephone number 2-9654		
						de (see instructions)		
3510 SO	JTH PINE STR	EET	£17.	00400	320100			
TACOMA			AW	98409	3b Administrate	or's EIN		
3a Plan ad	dministrator's name	and address 🏿 Same as Plan Sp	onsor.		7,44,111,114			
					3C Administrate	or's telephone number		
4 If the r	name and/or EIN of t	he plan sponsor has changed sinc	e the last return/report filed for	or this plan, enter the	4b EIN			
name, a Spons		umber from the last return/report.			4c PN			
		ts at the beginning of the plan year	r		5a			
		ts at the end of the plan year						
c Numb	er of participants wit	h account balances as of the end o	of the plan year (only defined	contribution plans	5c	32		
		participants at the beginning of the			5d(1)			
		participants at the end of the plan y			5d(2)	33		
e Numb	per of participants the	at terminated employment during t	he plan year with accrued be	nefits that were less	5e	(
	14 . 5 4 1 - 4	e or incomplete filing of this retu	irn/report will be assessed	unless reasonable ca	use is establishe	d		
Under pen	alties of perjury and edule MB completed	other penalties set forth in the instr and signed by an enrolled actuary	ructions. I declare that I have	examined this return/re	eport, including, il a	ipplicable, a Scriedule		
	true, correct, and co	ra Malla	15/9/17	Dean	na M	Keller		
SIGN HERE	laan		The state of the s	Enter name of individ	, ,			
	Signature of plan	administrator	Date	Line hame of marvio	ada organing do pidi			
SIGN					Land the land	player or plan sponsor		
HERE	Signature of emp	oloyer/plan sponsor	/include room or suite number		Preparer's telep	ployer or plan sponsor hone number		
Preparer's	name (including firm	n name, if applicable) and address	(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	_/				
					State of Carlotte parties of Carlotte			

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b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either line 6a or line 6b, the plan cannot be plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use Forr	lent qualified public accounta ns.) n 5500-SF and must instea	ant (IQI d d use	PA) Form	5500.	X Yes No
Pa	rt III Financial Information					//) End of Voor
7	Plan Assets and Liabilities		(a) Beginning of Year	112		(r	1,224,606
_	Total plan assets	7a	1,035,4				1,224,600
	Total plan liabilities	7b		0			1 224 606
С	Net plan assets (subtract line 7b from line 7a)	7c	1,035,4	113			1,224,606
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		U-1925		(b) Total
а	Contributions received or receivable from:	8a(1)	19,9	921			
	(1) Employers	8a(2)	76,7				
	(2) Participants	8a(3)	117,4		Sale.		
	(3) Others (including rollovers)	8b	87,7	1000	11=		
_	Other income (loss)	8c					301,800
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80			v (1, 1, 1	100	
a	to provide benefits)	8d	111,8	357	42.5		
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	200		
f	Administrative service providers (salaries, fees, commissions)	8f		750			
g	Other expenses	8g		0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					112,607
i	Net income (loss) (subtract line 8h from line 8c)	8i					189,193
ī	Transfers to (from) the plan (see instructions)	8j		ĵ.			
Pa 9a b	2E 2F 2G 2J 2K 2T 3D						
Pa	rt V Compliance Questions			Vac	l No	I NI/A I	Amount
10	During the plan year:			Yes	No	N/A	Amount
-	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	duciary Correction 10a		Х		

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		
С	Was the plan covered by a fidelity bond?	10c	Х			150,000
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	Х			1,722
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	Χ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19,105
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				

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Part \	/I Pension Funding Compliance				T 5	
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)			зв 		Yes X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a	Ļ		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the CERISA?	Code or sectior	1 302 (of 		Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	etructions and	enter	the date	of the let	ter ruling
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	Da	ıy	Year	
If v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
	Enter the minimum required contribution for this plan year		12b			
	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)	e left of a	12d			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	∐ N/A
Part \						
	Has a resolution to terminate the plan been adopted in any plan year?			Yes	s 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 bro control of the PBGC?	ught under the			Yes	X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred. (See instructions.)	ntify the plan(s) to			
	3c(1) Name of plan(s):	13c(2)	EIN(s	s)	130	(3) PN(s)
Part	VIII Trust Information					
100000000000000000000000000000000000000	Name of trust		14b	Trust's	EIN	

Total of the plant at the type		Design-based		☐ "Prior ve	ar" ADP			
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	Ш	safe harbor		test				
401(k)(3) for the plan year? Check all that apply:		"Current year" ADP 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 percentage test		Average benefit test	□ N/A			
16b 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?		Yes		☐ No				
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of	17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of							
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enti-	er th	e date of the m	ost re	ecent determi	nation			
18 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 separ service?	ated	from Yes	8	☐ No				
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes	5	☐ No				

15a Is the plan a 401(k) plan? If "No," skip b.....

14c Name of trustee or custodian

Part IX IRS Compliance Questions

14d Trustee's or custodian's

telephone number

☐ No

Yes