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

2013

This Form is Open to Public Inspection

Pensi	on Benefit Guaranty Corporation	➤ Complete all entries in accord	dance with the instru	ctions to the Form 550	0-SF.	""	spection		
Part	I Annual Report I	dentification Information							
For cal	endar plan year 2013 or fis	cal plan year beginning 01/01/201	3	and ending 1	2/31/2	2013			
	s return/report is for:	a single-employer plan		lan (not multiemployer)		a one-partici	pant plan		
B Thi	s return/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check box if filing under:						DFVC program			
-		special extension (enter description	·						
Part		rmation—enter all requested inform	ation				1		
	me of plan				1b	Three-digit plan number			
ULTRAT	OLY, INC. 401(K) SAVING	GS AND RETIREMENT PLAN				(PN)	001		
					10	Effective date of			
							/1989		
	an sponsor's name and add	dress; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identi			
2404 CE	NTER ST				2c	Sponsor's telep			
	A, WA 98409				2d		(see instructions)		
3a Pla	an administrator's name an	d address XSame as Plan Sponsor N	lame Same as Plar	n Sponsor Address	3b	Administrator's			
					3с	Administrator's	telephone number		
na	ame, EIN, and the plan num	plan sponsor has changed since the l nber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b 4c	EIN			
	onsor's name	at the heginning of the plan year				T	00		
_		at the beginning of the plan year			5a		62		
	·	at the end of the plan year			5b		66		
		account balances as of the end of the p	• •	•	5с		22		
_	·	during the plan year invested in eligib	•	•			X Yes No		
		the annual examination and report of (See instructions on waiver eligibility					X Yes No		
lf	you answered "No" to eit	ther line 6a or line 6b, the plan cann	ot use Form 5500-SF	and must instead use	Form	5500.			
C If	he plan is a defined benefit	t plan, is it covered under the PBGC ir	nsurance program (see	ERISA section 4021)?	🗌	Yes No	Not determined		
Cautio	n: A penalty for the late o	or incomplete filing of this return/rep	oort will be assessed	unless reasonable cau	ıse is	established.			
Under SB or S	penalties of perjury and oth	ner penalties set forth in the instruction d signed by an enrolled actuary, as we	s, I declare that I have	examined this return/rep	port, ir	cluding, if applic			
SIGN	Filed with authorized/v	valid electronic signature.	03/19/2014	BARBARA ABLONG					
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	ual sig	ıning as plan adr	ministrator		
SIGN									
HERE	Signature of employ		Date		dual signing as employer or plan sponsor				
Prepar	er's name (including firm na	ame, if applicable) and address; includ	le room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)		

Form 5500-SF 2013 Page **2**

Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End of Year		
	Total plan assets	7a	(a) Beginning of Tea		1175395				
	Total plan liabilities	7b	2	22					
	Net plan assets (subtract line 7b from line 7a)	7c	109504	6			1175395		
	Income, Expenses, and Transfers for this Plan Year	. •	(a) Amount		(b) Total				
	Contributions received or receivable from:		(a) ranount				(0) 1010.		
	(1) Employers	8a(1)	1511						
	(2) Participants	8a(2)	3868	8					
	(3) Others (including rollovers)	8a(3)		0					
<u>b</u>	Other income (loss)	8b	16445	3					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					218252		
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	13661	6					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	128	7					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					137903		
	Net income (loss) (subtract line 8h from line 8c)	8i					80349		
j	Transfers to (from) the plan (see instructions)	8j							
Par	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 Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
Par	Part V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X		1000000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	ner person	s by an insurance carrier,	100					
	instructions.)			10e	X		5060		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Χ		63394		
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h	X		3333.		
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 require	d notice or one of the	10i	X				
Part		1-0		101					
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes " see instructions and com	nlete	Sched	lule SF	3 (Form		
	5500) and line 11a below)	······		· 	<u>.</u>				
	Enter the unpaid minimum required contribution for current year fr		· · · · · · · · · · · · · · · · · · ·			11a	EDIOAO D Voo V No		
12	Is this a defined contribution plan subject to the minimum funding			or se	ction (302 Of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir		•	ctions	and a	enter th	ne date of the letter ruling		
	granting the waiver.		Mon		, and t	Day	Year		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	,	m 5500), and skip to line 13.		- T	40k	Ι		
b	Enter the minimum required contribution for this plan year				[12b	1		

Page	3 -		1
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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?	Y	es 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 brought under the coof the PBGC?	ontrol		Yes X No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))					
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

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

2013

This Form is Open to Public Inspection

Part I	Annual Report Identification Information						
For calend	ar plan year 2013 or fiscal plan year beginning 01/	01/2013	and ending	12/31/2013			
A This re	turn/report is for: 🗵 a single-employer plan 🔲 a	multiple-employer pl	an (not multiemployer)	a one-participant plan			
B This re	This return/report is: the first return/report the final return/report						
	an amended return/report as	short plan year returr	n/report (less than 12 m	onths)			
C Check	box if filing under: Form 5558	utomatic extension		☐ DFVC program			
	special extension (enter description)						
Part II	Basic Plan Information—enter all requested information						
1a Name	Albano Palla India Palla	VII		1b Three-digit			
	POLY, INC. 401(K) SAVINGS AND RETIREM	ENT PLAN		plan number (PN) 001			
				1c Effective date of plan 01/01/1989			
	ponsor's name and address; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b Employer Identification Number			
Ultrap	oly, Inc.			(EIN) 91-1092947			
2404 C	enter St			2c Sponsor's telephone number 253-272-1217			
				2d Business code (see instructions)			
Tacoma	WA 98409			326100			
3a Plan a	dministrator's name and address XSame as Plan Sponsor Nar	ne XSame as Plar	Sponsor Address	3b Administrator's EIN			
				3c Administrator's telephone number			
4 If the r	name and/or EIN of the plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b EIN			
	Fig. EIN, and the plan number from the last return/report.	r return/report med it	i this plan, enter the	4b EIN			
a Spons	or's name			4c PN			
5a Total	number of participants at the beginning of the plan year			5a 62			
b Total	number of participants at the end of the plan year			5b 66			
	er of participants with account balances as of the end of the pla lete this item)			5c 22			
_	all of the plan's assets during the plan year invested in eligible			X Yes No			
	ou claiming a waiver of the annual examination and report of an			PA)			
	29 CFR 2520.104-46? (See instructions on waiver eligibility and						
_	answered "No" to either line 6a or line 6b, the plan cannot						
C If the	plan is a defined benefit plan, is it covered under the PBGC insu	irance program (see	ERISA section 4021)?.	Yes No Not determined			
Caution: A	A penalty for the late or incomplete filing of this return/repor	rt will be assessed	unless reasonable cau	ise is established.			
Under pena	alties of perjury and other penalties set forth in the instructions,	declare that I have	examined this return/rep	oort, including, if applicable, a Schedule			
	edule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	as the electronic ver	sion of this return/report	, and to the best of my knowledge and			
SIGN	Barbara ablong	3/19/14	BARBARA ABLONG	Ğ.			
HERE	Signature of plan administrator	Date	Enter name of individe	ual signing as plan administrator			
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address; include r		r (optional)	Preparer's telephone number (optional)			

Pa	rt III Financial Information							
7	Plan Assets and Liabilities	THE ST	(a) Beginning of Yea	r			(b) End o	f Year
а	Total plan assets	7a	109	9506	8			117539
b	Total plan liabilities	. 7b		2	2			
С	Net plan assets (subtract line 7b from line 7a)	7c	109	9504	6			117539
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal
а	Contributions received or receivable from: (1) Employers	8a(1)	2	1511	1			
	(2) Participants	8a(2)	3	3868	8	122	S MIL.	Migray
	(3) Others (including rollovers)	8a(3)			0	vent		
b	Other income (loss)	8b	16	5445	3			0 h 1 4 1 1 2 1
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						21825
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	13	3661	6			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	Tit		
f	Administrative service providers (salaries, fees, commissions)	8f		128	7	TV To	15000	
q	Other expenses	. 8g			0	V Fg.	John Mil	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	STATE OF THE STATE					13790
T	Net income (loss) (subtract line 8h from line 8c)	. 8i		N. N.				8034
Ť	Transfers to (from) the plan (see instructions)	8j				14,18	N	
Day	t IV Plan Characteristics	1 01		-	1.			
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for							
Part V Compliance Questions								
							7	
10	During the plan year:				Yes	No	A	Amount
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corr	ection Program)	10a	Yes	No X	A	Amount
a	Was there a failure to transmit to the plan any participant contribu	uciary Corret? (Do not i	ection Program)nclude transactions reported	10a	Yes		A	Amount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corret? (Do not i	ection Program)nclude transactions reported		Yes	Х	A	100000
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidi.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	t? (Do not i	nclude transactions reported	10b		Х	A	
a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nclude transactions reported and, that was caused by fraud by by an insurance carrier, efits under the plan? (See	10b 10c		х	A	
a b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	t? (Do not i	nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d	Х	х	<i>A</i>	100000
d d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantage of the plantage	ridelity bor	nclude transactions reported and, that was caused by fraud by by an insurance carrier, effits under the plan? (See	10b 10c 10d 10e 10f	Х	x x	<i>A</i>	100000
a b c c d d e e e e e e e e e e e e e e e e	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantage of the plantage	fidelity bor her persons of the bendars of year e (See instru	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d	x	x x		100000
a b c c d d e e e e e e e e e e e e e e e e	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period?	fidelity bor her persons of the bendary as of year e (See instru	nclude transactions reported and, that was caused by fraud by by an insurance carrier, effits under the plan? (See and.) ctions and 29 CFR	10b 10c 10d 10e 10f 10g	x	x x	A	100000
a b c c d d e e e e e e e e e e e e e e e e	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiditive Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lift his is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bor her persons of the bendary as of year e (See instru	nclude transactions reported and, that was caused by fraud by by an insurance carrier, effits under the plan? (See and.) ctions and 29 CFR	10b 10c 10d 10e 10f 10g 10h	x x x	x x		100000
a b c c c c c c c c c c c c c c c c c c	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidition Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oft insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to It I Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity borner persons of the bendance (See instruction)	nclude transactions reported and, that was caused by fraud by by an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR I notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X X	X X X	3 (Form	100000
a b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidition Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to the plan of th	fidelity borner persons of the bencentral (See instruments? (If ")	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X X	X X X	3 (Form	100000 506 6339
a b c c c c c c c c c	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity borner persons of the benchmar? Is of year ending the required in th	nclude transactions reported and, that was caused by fraud s by an insurance carrier, effts under the plan? (See and.) ctions and 29 CFR I notice or one of the ('es," see instructions and comule SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X	X X X dule SE	3 (Form	100000 506 6339
a b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidition Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 (VI) Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for the strip is the plan to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	fidelity borner persons of the beneated in the required in the	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X Schection :	X X X Aule SE	G (Form	1000000 506 6339
a b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidition Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 (If "Yes," enter amount and the plan below). Enter the unpaid minimum required contribution for current year for Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being granting the waiver.	fidelity borner persons of the bencentry (See instruction 1-3	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	X X X X X Schection :	X X X Aule SE	B (Form ERISA?	1000000 506 6339
a b c c c c c c c c c	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidition Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year files this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being the plan in the plan	fidelity borner persons of the bence in the required in the requirements? (If ") is an application of the requirement in the requ	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	X X X X X A A A A A A A A A A A A A A A	X X X X Aulie SE 11a 302 of	B (Form ERISA?	100000 506 6339 Yes No

	Form 5500-SF 2013	Page 3 -					
С	Enter the amount contributed by the employer to the plan for this plan year	ar	12c	T			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the res negative amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the fund	ding 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	XN	0	
	If "Yes," enter the amount of any plan assets that reverted to the employe	er 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?						Ye	s X No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the plan(s)	to				
	13c(1) Name of plan(s):	1	3c(2) E	IN(s)	13c(3) PN(s)
						+	
-						-	
Part	VIII Trust Information (optional)						
14a	Name of trust		14b Trust's EIN				

Panagiotu Pension Advisors, Inc. 401(k) & RETIREMENT PLAN ADMINISTRATORS

March 5, 2014

Barbara Ablong Ultra Poly, Inc. 2404 Center Street Tacoma, WA 98409-7601

Dear Barbara:

The deadline for the filing of your 5500-SF Form is July 31, 2014.

Enclosed are two sets of your 5500-SF Form along with an authorization letter allowing Panagiotu Pension Advisors to sign and file your return on your behalf.

Please follow the instructions on the post-it notes and return our copy in the enclosed envelope. **This is urgent as it is time dated material.** This will complete your 2013 filing requirements.

Upon receipt of the signed authorization, we will file your return and forward you a confirmation via email.

Please contact our office if you have any questions.

Sincerely,

Tim Maher

Retirement Plan Administrator

Enclosures