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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

		Complete all entries in acc	ordance with the instruc	tions to the Form 550	<i>1</i> 0-31 .		
Part I	Annual Report	Identification Information					
For calend	ar plan year 2013 or fis	scal plan year beginning 01/01/2	013	and ending	12/31/2	2013	
A This re	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This re	turn/report is:	the first return/report	x the final return/report				
		an amended return/report	a short plan year return	report (less than 12 m	onths))	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descrip	otion)			<u> </u>	
Part II	Basic Plan Info	rmation—enter all requested info	rmation				
1a Name		·			1b	Three-digit	
	•	K) RETIREMENT SAVINGS PLAN				plan number	
					4.	(PN) •	001
					10	Effective date of	
	ponsor's name and add	dress; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identif	
					2c	Sponsor's telep	
7421 - 5TH SEATTLE, \					24	206-767	
OL/ (1 1 LL, 1					Zu	Business code (
3a Plan a	idministrator's name an	nd address Same as Plan Sponso	r Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
A 15.45-		and an arrange of the second size of the	- ltt		41.		
		e plan sponsor has changed since the mber from the last return/report.	ie last return/report filed fo	r this plan, enter the	4b	EIN	
	or's name	moor from the fact rotal in open.			4c	PN	
5a Total	number of participants	at the beginning of the plan year			5a		10
b Total	number of participants	at the end of the plan year			5b		0
		account balances as of the end of th		•	5c		0
	,	s during the plan year invested in elig			· -		X Yes No
		the annual examination and report	-				
		? (See instructions on waiver eligibili					X Yes No
		ther line 6a or line 6b, the plan ca					_
C If the	plan is a defined benefi	it plan, is it covered under the PBGC	c insurance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	A penalty for the late of	or incomplete filing of this return/	report will be assessed u	unless reasonable ca	use is	established.	
		ner penalties set forth in the instructi					able, a Schedule
SB or Sche		nd signed by an enrolled actuary, as					
SIGN	Filed with authorized/v	valid electronic signature.	06/04/2014	JOSEPH M. D'AMICO)		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ıning as plan adn	ninistrator
SIGN							
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	lual sid	ning as employe	r or plan sponsor
Preparer's		ame, if applicable) and address; incl					number (optional)

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Pa	t III Financial Information									
<u>7</u>	Plan Assets and Liabilities		(a) Beginning of Yea	ar		(b) End of Year			'ear	
a	Total plan assets	7a	216565	1		0				
	Total plan liabilities	7b	40	0		(0	
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	216525	1					(0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total			
а	Contributions received or receivable from:									
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	5802	9						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							58029	9
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	217122	8						
е	Certain deemed and/or corrective distributions (see instructions)	8e	4832	4						
f	Administrative service providers (salaries, fees, commissions)	8f	372	8						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	22328	0
i	Net income (loss) (subtract line 8h from line 8c)	8i						-2	16525	1
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	_ <u> </u>								
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the inst	ruction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Coc	les in t	he instru	uctions	:	
Par	V Compliance Questions									
10				1	Yes	No		Λ		
a	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tione within	a the time period described in		163	NO		AIII	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		X				
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
					X					050000
c	<u> </u>			10c						250000
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 instructions.)			10e		X				
f						Χ				
	· · · · · · · · · · · · · · · · · · ·			10f	Χ					
<u> </u>				10g	^					0
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem] Yes	∏ No
112	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr							L	163	INO
					•	11a		Г	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding			or se	ction :	ou2 Of	EKISA?	L	res	NO NO
a	(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			ctions,	and e	enter th	ne date (of the le	etter ru	ıling
	granting the waiver.			th		Day		_ Ye	ar	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				12b				
a	Enter the minimum required contribution for this plan year					120	I			

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raye	J		

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?	X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	control		X Yes	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.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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).

2013

OMB Nos. 1210-0110

1210-0089

This Form Is Open to Public Inspection

Pension Benefit (Guaranty Corporation	Complete all entries in acc	ordance	with the instruction	ons to the Form 5500	-SF.				
Part I A	nnual Report lo	dentification Information					12/31/2013			
For calendar pl			01/01		and ending					
A This return/	report is for:	x a single-employer plan	_		(not multiemployer)		a one-particip	ant plan		
B This return/	report is:	the first return/report		inal return/report						
	·	an amended return/report	a sho	ort plan year return/re	eport (less than 12 mo	nths)	_			
C Check box	if filing under:	Form 5558	auto	matic extension		DFVC program				
O OHOUR BOX	ii iiiiig araan	special extension (enter descri	ption)							
Part II B	asic Plan Infor	mation—enter all requested info								
1a Name of p						1b	Three-digit			
UNITED I	RON WORKS, I	NC. 401(K) RETIREMEN	T SAV	INGS PLAN			plan number (PN)	001		
					1	1c	Effective date of	plan		
							01/01/1966			
2a Plan spon	sor's name and add	lress; include room or suite numbe	er (emplo	yer, if for a single-en	nployer plan)	2b	Employer Identif	ication Number		
UNITED I	RON WORKS, I	NC.					(EIN) 91-062	3205		
						2c	Sponsor's telep			
7421 - 55	TH AVENUE S					0.1	206-767-36			
						2a	Business code (see instructions)		
SEATTLE		WA 98108		Same as Plan S	Paganar Address	3h	Administrator's I	FIN		
3a Plan admi	inistrator's name an	d address XSame as Plan Spons	or Name	XSame as Plan S	Sportsor Address	UD	Administrator			
						3c	Administrator's	telephone number		
						0				
			the leaf m	atum/rapart filed for	this plan enter the	4h	EIN			
4 If the nam	ne and/or EIN of the	plan sponsor has changed since the short from the last return/report.	tne last r	eturn/report filed for	this plan, enter the	70	FID LIN			
a Sponsor's		inder from the fact retaining persi				4c	4c PN			
5a Total nun	mber of participants	at the beginning of the plan year				5a	10			
		at the end of the plan year				5b		0		
C Number	of participants with	account balances as of the end of	the plan	year (defined benefi	it plans do not	_		0		
complete	e this item)				***************************************	5c				
6a Were all	of the plan's assets	s during the plan year invested in e	eligible as	ssets? (See instructi	ons.)	DAY		X Yes No		
b Are you	claiming a waiver of	f the annual examination and repo ? (See instructions on waiver eligib	rt of an ir	ndependent qualified	public accountant (IC	(PA)		X Yes No		
under 29	9 CFR 2520.104-46	? (See instructions on waiver eligit ither line 6a or line 6b, the plan (cannot u	se Form 5500-SF a	ınd must instead use	Forn	n 5500.			
II you al	n is a defined henef	fit plan, is it covered under the PBC	GC insur	ance program (see E	ERISA section 4021)?		Yes No [Not determined		
		or incomplete filing of this retur her penalties set forth in the instru		dealara that I have c	vaminad this ratiirn/re	חחתי	incilidina ii abuu	cable, a Schedule		
Under penalti	ies of perjury and ot	her penalties set forth in the instrund signed by an enrolled actuary,	as well a	s the electronic vers	sion of this return/repor	t, and	to the best of m	y knowledge and		
belief, it is tru	ie, correct, and com	plete.								
	11.	1. m + 1	1		JOSEPH M. D'A	MIC	0			
SIGN	(Joseph	1 dd Town		Data	Enter name of individ	dual e	ionino as nian ad	Iministrator		
, , Live	Signature of plan a	administrator		Date	Litter rights of marvie		ao pian ao	(1 d d d d d d d d d d d d d d d d d d d		
SIGN				1125-100-	Name (1970 at 1970)	di seri	igolog og smaler	er or plan enoneor		
HERE	Signature of emplo	oyer/plan sponsor	inaluda -	Date	Enter name of individ	Pre	eparer's telephon	e number (optional)		
Preparer's na	ame (including firm I	name, if applicable) and address; i	include fo	DOM OF SURE TRUMBE	Tohnonian	1		The state of the s		
1										
						1				
								F FEDA DE 100101		
For Paperwor	rk Reduction Act Noti	ce and OMB Control Numbers, see t	he instru	ctions for Form 5500-	SF.			Form 5500-SF (2013)		

Part		—т	(a) Danie de la afilia	-			(b) End of Year
	an Assets and Liabilities		(a) Beginning of Year	565	 		(b) End of Teal
	otal plan assets	7a	210	40	-		
	otal plan liabilities	7b	216	525	-		
	et plan assets (subtract line 7b from line 7a)	7c		525.			(b) Total
	come, Expenses, and Transfers for this Plan Year		(a) Amount	_	+		(b) Total
	ontributions received or receivable from:) Employers	8a(1)					
) Participants	8a(2)					
) Others (including rollovers)	8a(3)					
	ther income (loss)	8b	5	802	9		
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					5802
d B	enefits paid (including direct rollovers and insurance premiums		217	122	0		
to	provide benefits)	. 8d		122	_	-	
e c	ertain deemed and/or corrective distributions (see instructions)	. 8e	4	832	_		
f A	dministrative service providers (salaries, fees, commissions)	. 8f		372	ď	-	
g c	ther expenses	. 8g			-		222328
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			-		-216525
iN	let income (loss) (subtract line 8h from line 8c)	. 8i			+-		-210521
jτ	ransfers to (from) the plan (see instructions)	· 8j					
Part	IV Plan Characteristics						
9a	f the plan provides pension benefits, enter the applicable pension						
b	f the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Plan Charac	cterist	ic Cod	es in th	e instructions:
Part	V Compliance Questions				Voc	No	Amount
10	During the plan year:		at the standard in		Yes	NO	Amount
	Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	Jucially Col	iection ragiani)	10a		Х	
	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		Х	0.500
С	Was the plan covered by a fidelity bond?			10c	Х		2500
d	Did the plan have a loss, whether or not reimbursed by the plan' or dishonesty?	s fidelity bo	ond, that was caused by fraud	10d		Х	
e	West and face or commissions haid to any brokers, agents, or o	ther person	ns by an insurance carrier,				
	insurance service, or other organization that provides some or a	III of the be	lelits under the plant (occ	10e		X	
	instructions.)	lon?		10f		Х	
f	Has the plan failed to provide any benefit when due under the p			1	1		
g	Did the plan have any participant loans? (If "Yes," enter amount			10g	X	-	
h	If this is an individual account plan, was there a blackout period 2520.101-3.)			10h		Х	
ī	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ements? (If	"Yes," see instructions and cor	nplete	Sche	edule SE	3 (Form Yes]
112	Enter the unpaid minimum required contribution for current year	from Sche	edule SB (Form 5500) line 39			11a	15 5
	Is this a defined contribution plan subject to the minimum fundi	ng requirer	nents of section 412 of the Coo	le or s	ection	302 of	ERISA? Yes X
_12	USING The markets line 12e or lines 12h 12c 12d and 12e belo	w. as appl	icable.)				
a	If a waiver of the minimum funding standard for a prior year is b granting the waiver.	eing amort	ized in this plan year, see instri	uction nth_	s, and	enter tl Day	he date of the letter ruling Year
14	you completed line 12a, complete lines 3, 9, and 10 of Sched	lule MB (Fe	orm 5500), and skip to line 13	3.			
						12b	
	Enter the minimum required contribution for this plan year					12b	

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C Enter the amount contribu	ated by the employer to the plan for this plan year	12c		
d Subtract the amount in lin	e 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d		
	amount reported on line 12d be met by the funding deadline?		Yes	No N/A
	ions and Transfers of Assets			
13a Has a resolution to termina	te the plan been adopted in any plan year?	X \	res No	0
If "Yes," enter the amoun	t of any plan assets that reverted to the employer this year	13a		
	distributed to participants or beneficiaries, transferred to another plan, or brought under t			X Yes No
c If during this plan year, a which assets or liabilities	ny assets or liabilities were transferred from this plan to another plan(s), identify the plan were transferred. (See instructions.)	(s) to		
13c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
Alexander MI				
Part VIII Trust Informat	ion (optional)			
14a Name of trust		14b T	rust's EIN	