Form 5500-SF

Department of the Treasury Internal Revenue Service

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 2011

OMB Nos. 1210-0110

1210-0089

Department of Labor This Form is Open to Public the Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number SMICK & ASSOCIATES RETIREMENT PLAN (PN) ▶ 002 1c Effective date of plan 01/01/1987 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SMICK & ASSOCIATES, INC 91-1366052 (EIN) 2c Sponsor's telephone number 425-776-4203 20926 - 74TH AVE. W. EDMONDS, WA 98026 2d Business code (see instructions) 541990 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 91-1366052 SMICK & ASSOCIATES, INC. 20926 - 74TH AVF. W. EDMONDS, WA 98026 3c Administrator's telephone number 425-776-4203 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1965656 1900820 Total plan assets..... 7a 7b Total plan liabilities..... 1965656 1900820 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) 38324 **b** Other income (loss)..... 8b 38324 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 103160 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 103160 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h

8i

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

Transfers to (from) the plan (see instructions)

-64836

Form 5500-SF 2011	

Page 2 -	1	
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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	V 0 II								
art		Questions				1			
10	During the plan year:			Yes	No		Amo	ount	
а	29 CFR 2510.3-102	transmit to the plan any participant contributions within the time period described in ? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		xempt transactions with any party-in-interest? (Do not include transactions reported	10b		X				
С	Was the plan covere	d by a fidelity bond?	10c	Χ					75000
d		oss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		X				
е	insurance service or	nmissions paid to any brokers, agents, or other persons by an insurance carrier, other organization that provides some or all of the benefits under the plan? (See	10e		X				
f	Has the plan failed to	provide any benefit when due under the plan?	10f		Χ				
g	Did the plan have an	y participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h		account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
i		"Yes," check the box if you either provided the required notice or one of the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Fu	nding Compliance				•			
11	Is this a defined bene	fit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Г	Yes	No
12		ribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	If a waiver of the min granting the waiver	ta or 12b, 12c, 12d, and 12e below, as applicable.) mum funding standard for a prior year is being amortized in this plan year, see instruction	th						
	•	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	40h	1			
		quired contribution for this plan year		_	12b				
		tributed by the employer to the plan for this plan year			12c				
d		n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left			12d				•
е	Will the minimum fun	ding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
art	VII Plan Termi	nations and Transfers of Assets							
I3a	Has a resolution to terr	ninate the plan been adopted in any plan year?				Yes X	No		
	If "Yes," enter the am	ount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan ass of the PBGC?	ets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co	ntrol			Yes	X No
С		r, any assets or liabilities were transferred from this plan to another plan(s), identify the ties were transferred. (See instructions.)	ne plai	n(s) to	1				
1	3c(1) Name of plan(s)	:		13	c(2) E	EIN(s)		13c(3)	PN(s)
Caut	on: A penalty for the	late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estak	olished.			
Jnde	r penalties of perjury a	and other penalties set forth in the instructions, I declare that I have examined this return/ ted and signed by an enrolled actuary, as well as the electronic version of this return/	urn/rep	ort, ir	cludi	ng, if appli			
ال ت	Conocado MD compic	and and any an ornand detaily, do not do dio diodionio vololoti of this fetulity	. opon	, and		2001 01 111	, 14101	ugu i	

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/08/2012	CHARLENE SMICK
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2011

This Form is Open to Public Inspection

	rt I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1:	2/31/2	2011			
A	This return/report is for:	a multiple-	employer plan (not multiemployer)		a one-particip	oant plan		
В	This return/report is:	the final re	turn/report		 : ::			
	an amended return/report	short plai	n year return/report (less than 12 mo	nths)				
C	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	m		
	special extension (enter description)							
Pa	rt II Basic Plan Information—enter all requested informa	tion	***************************************					
	Name of plan			1b	Three-digit			
	K & ASSOCIATES RETIREMENT PLAN				plan number			
			E.		(PN) ▶	002		
				1c	Effective date of 01/01/1			
2a	Plan sponsor's name and address; include room or suite number (en K & ASSOCIATES, INC.	nployer, if	for a single-employer plan)	2b	Employer Identi	fication Number		
SIVIL	N & AGGOCIATES, INC.				(EIN) 91-136			
				2c	Sponsor's telep	hone number		
	6 - 74TH AVE. W.				425-776			
EDM	ONDS WA 98026			20	Business code (541990	A STATE OF THE PARTY OF THE PAR		
3a	Plan administrator's name and address (if same as plan sponsor, en	ler "Same	7	36	Administrator's			
SAM	50 OF A N	iter came	·	OD	Administrator S	EIN		
				3c	Administrator's	lelephone number		
4	If the name and/or EIN of the plan sponsor has changed since the la	eport filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report.				in and the second secon			
	Sponsor's name			4c	PN	7400-7		
5a Total number of participants at the beginning of the plan year						6		
b Total number of participants at the end of the plan year								
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						4		
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	Are you claiming a waiver of the annual examination and report of a	ın indepen	dent qualified public accountant (IQF	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo				***************************************	X Yes No		
Pa	rt III Financial Information	7111 3300-	or and must misteau use rorm oot	<i>J</i> 0.		(1.00 m) 100 m		
7	Plan Assets and Liabilities		(a) Beginning of Year	Т	(b) End	of Year		
a	Total plan assets	7a	1965656		(b) Elia	1900820		
	Total plan liabilities							
	Net plan assets (subtract line 7b from line 7a)	7c	1965656	ŭ.		1900820		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	 Гotal		
а	Contributions received or receivable from:		(m) - mireant			VIII		
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)	12.2	_				
b	Other income (loss)	8b	38324	V 2				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				38324		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	103160					
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			200	103160		
i	Net income (loss) (subtract line 8h from line 8c)	8i	World Service			-64836		
j	Transfers to (from) the plan (see instructions)	8j	Marie and the second se		4.60			

Par	The state of the s				
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char. 3D 2E				
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	clerist	ic Cod	es in the î	nstructions:
Par	V Compliance Questions			2	
10	During the plan year:		Yes	No	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	- 19 (00)	x	
С	Was the plan covered by a fidelity bond?	10c	Х		75000
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		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a	:T:	×	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
1	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			147
Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	plete	Sched	fule SB (F	orm Yes No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction	302 of ER	ISA? Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				<u>—</u> 1.
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	clions nth	, and e	enter the o	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		1000	in 10	

Page 2 - 1

Form 5500-SF 2011

	nega	nive amount)	5151ACD		-1131	
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	X No	-	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	e control		Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s h assets or liabilities were transferred. (See instructions.)	s) to			88-70
8	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3) PN(s)

12b 12c

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

b Enter the minimum required contribution for this plan year.....

c Enter the amount contributed by the employer to the plan for this plan year.
 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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Charlene Snieck	10/4/12	CHARLENE SMICK
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	78		
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor