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

2012

This Form is Open to Public Inspection

Per	ision Be	nefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instruc	tions to the Form 550	0-SF.					
Pai	rt I	Annual Report	Identification Information								
For c	alenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012				
		urn/report is for:		a one-particip	oant plan						
ВТ	nis ret	urn/report is:	the first return/report	the final return/report							
			an amended return/report	a short plan year return	n/report (less than 12 mg	onths)					
C c	heck b	oox if filing under:	Form 5558	automatic extension		DFVC program					
		-	special extension (enter descri	iption)			_				
Par	t II	Basic Plan Info	rmation—enter all requested info								
		of plan	chief all requested line	Jimation		1h	Three-digit				
		SOCIATES RETIREM	IENT PLAN				plan number				
							(PN) ▶	002			
						1c	Effective date o	f plan			
							01/01	/1987			
2a F SMICK	Plan sp	consor's name and add SSOCIATES, INC.	dress; include room or suite numbe	er (employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-13	fication Number 66052			
20926	- 74TI	H AVE. W.				2c	Sponsor's telep				
		WA 98026				2d	Business code ((see instructions)			
3a F	Plan ad	dministrator's name ar	nd address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	Administrator's				
						2-					
						3C	Administrator's	telephone number			
4	f the n	name and/or EIN of the	e plan sponsor has changed since the	he last return/report filed fo	or this plan, enter the	4b	FIN				
			mber from the last return/report.	no last rotally roport mod is	a uno pian, onter uno	70	LIIV				
a 9	Sponso	or's name				4c	PN				
5a ⁻	Total r	number of participants	at the beginning of the plan year			5a		5			
b -	Total r	number of participants	at the end of the plan year			5b		6			
C I	Numbe	er of participants with	account balances as of the end of the	he plan vear (defined bene	fit plans do not						
				• • •	•	5c		4			
6a	Were	all of the plan's assets	s during the plan year invested in eli	igible assets? (See instruc	tions.)			X Yes No			
_			the annual examination and report								
			? (See instructions on waiver eligibil					X Yes No			
	lf you	answered "No" to ei	ither line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form	5500.				
Cauti	ion: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau	ıse is	established.				
	•	, , ,	her penalties set forth in the instruct	•		,	O, 11	,			
		edule MB completed ar crue, correct, and comp	nd signed by an enrolled actuary, as plete.	s well as the electronic ver	sion of this return/report	, and t	to the best of my	knowledge and			
SIGN		Filed with authorized/	valid electronic signature.	04/26/2013	CHARLENE SMICK						
HERE Signate		Signature of plan a	dministrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator			
SIGN											
HERI	Ξ	Signature of emplo	ver/plan sponsor	Date	Enter name of individu	name of individual signing as employer or					
Prepa	arer's		ame, if applicable) and address; inc					number (optional)			

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Do	4 III Financial Information		Ŭ		-		
Par			1 () = 1		<u> </u>		#\
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a 					2151953
		I plan liabilities			-		2454050
	Net plan assets (subtract line 7b from line 7a)	7c		1900820			2151953
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	25113	33			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					251133
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
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					
i	Net income (loss) (subtract line 8h from line 8c)	8i					251133
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 3D 2E	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 for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	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 Fidu			10a		X	Allount
b	•	? (Do not	include transactions reported	10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		75000
d				100			75000
	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 cinstructions.)	of the bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the pla			10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a					X	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g 10h		X	
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the				
Part	exceptions to providing the notice applied under 29 CFR 2520.10	ı -J		10i			
11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	100 140
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	

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	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?		Yes 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 of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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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

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information						
For calenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending 1	2/31/201	2		
A This ret	urn/report is for: X a single-employer plan	nulliple-employer pla	n (not multiemployer)		a one-particip	oant plan	
B This ret	urn/report is: the first return/report the	e final return/report					
	an amended return/report as	hort plan year return/	report (less than 12 mo	onths)	×		
C Check b	oox if filing under: Form 5558 au	tomatic extension		DFVC program			
	special extension (enter description)				,		
Part II	Basic Plan Information—enter all requested informatio	n		-			
1a Name		11		1h Th	ree-digit		
	SSOCIATES RETIREMENT PLAN				an number		
OMON GARGOOM ED ALLANDERS AND					N) 🕨	002	
			1c Effective date of plan 01/01/1987				
2a Plan sp SMICK & AS	oonsor's name and address; include room or suite number (emp SSOCIATES, INC.	loyer, if for a single-e	mployer plan)		2b Employer Identification Number (EIN) 91-1366052		
20926 - 74T	H AVE W			2c Sponsor's telephone number (425) 776-4203			
EDMONDS.				2d Business code (see instructions) 541990			
3a Plan a	dministrator's name and address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b Ad	ministrator's	EIN	
				20.14			
				SC Ad	ministrators	telephone number	
				71			
discourse and the same of the							
4 If the r	name and/or EIN of the plan sponsor has changed since the last , EIN, and the plan number from the last return/report.	return/report filed for	this plan, enter the	4b EI	N		
a Spons	or's name		· · · · · · · · · · · · · · · · · · ·	4c PN	4		
5a Total	number of participants at the beginning of the plan year		***************************************	5a		5	
b Total	number of participants at the end of the plan year			5b		6	
	er of participants with account balances as of the end of the planete this item)			5c	7,545 a. 118-2	4	
6a Were	all of the plan's assets during the plan year invested in eligible a	assets? (See instructi	ions.)		******	X Yes No	
b Are ye	ou claiming a waiver of the annual examination and report of an	independent qualified	d public accountant (IQI	PA)			
	29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes No	
	answered "No" to either line 6a or line 6b, the plan cannot	and the same of th		0.000			
	A penalty for the late or incomplete filing of this return/reporalties of perjury and other penalties set forth in the instructions.						
SB or Sche	edule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	as the electronic vers	ion of this return/report	, and to t	he best of my	knowledge and	
CIO:	X Karlenel Smick	14-23-13	1116 = 1		<i>(</i> *		
SIGN HERE		es esta Maria			5 mic		
	Signature of plan administrator	Date	Enter name of individu	ual signin	ig as plan adı	ninistrator	
SIGN				2.3			
100	Signature of employer/plan sponsor	Date	Enter name of individ	ual signin	ig as employe	er or plan sponsor	
Preparer's	name (including firm name, if applicable) and address; include i	oom or suite number	(optional)	Prepare	er's telephone	number (optional)	
				V.			
1							
			0				

Par	t III Financial Information							
7	an Assets and Liabilities (a) Beginning of Y			r			(b) End of Year	
a ·	NOT AND THE RESERVE OF THE PARTY OF THE PART							
b	b Total plan liabilities							
C	Net plan assets (subtract line 7b from line 7a)						2151953	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
	Contributions received or receivable from: (1) Employers	. 8a(1)					(0).	
Para I	(2) Participants	8a(2)						
	(3) Others (including rollovers)	. 8a(3)				***************************************		
b	Other income (loss)	. 8b	25113	3			***************************************	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					251133	
	Benefits paid (including direct rollovers and insurance premiums						201100	
	to provide benefits)				_			
	Certain deemed and/or corrective distributions (see instructions)	. 8e				1		
57900	Administrative service providers (salaries, fees, commissions)							
_	Other expenses	 	T		_			
	Total expenses (add lines 8d, 8e, 8f, and 8g)				\perp			
	Net income (loss) (subtract line 8h from line 8c)						251133	
	Transfers to (from) the plan (see instructions)	· 8j						
Par		V						
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	slic Co	des in	the instructions:	
b	3D 2E		- A - W - 13 - 7 - 10					
ט	If the plan provides welfare benefits, enter the applicable welfare f	eature cou	es from the List of Plan Charac	cterist	ic Cod	es in l	he instructions:	
Part	V Compliance Questions					•		
10	During the plan year:				Yes	No	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Con	rection Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		х		
C	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 or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х	75000	
е	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the pla			10f		х	572.5	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i		****		
Part		3,000				v.		
11								
11a	11a Enter the amount from Schedule SB line 39							
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as applic	able.)					
	If a waiver of the minimum funding standard for a prior year is be granting the waiver.		Mon	ctions. th	and e	nter th	ne date of the letter ruling Year	
On the state of	you completed line 12a, complete lines 3, 9, and 10 of Schedu					20. 		
b	Enter the minimum required contribution for this plan year		***************************************			12b		

	Form 5500-SF 2012 Page 3 - 1				
C	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 le negative amount)	ft of a			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	□ N/A
Part	Anna All Property of the Company of				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X N	0	150
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?	it under the control		☐ Yes	No No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
					,
Part	VIII Trust Information (optional)		10.00		
14a	Name of trust	14b	Trust's EIN		*
		*			