For	m 5500-SF	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089						
	tment of the Treasury nal Revenue Service	B This form is required to be filed	enefit Plan under sections 104 ar	nd 4065 of the Employed	е	2	2012 This Form is Open to Public			
	partment of Labor enefits Security Administration	Retirement Income Security Act of 1		ctions 6057(b) and 6058		This Form is				
Pension Be	nefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	tions to the Form 550	0-SF.	Ins	pection			
Part I		entification Information								
For calenda	ar plan year 2012 or fisca			and ending 1	2/31/	2012				
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	pant plan			
B This ret	urn/report is:	the first return/report	the final return/report							
		an amended return/report	short plan year return	n/report (less than 12 mo	onths)				
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	m			
		special extension (enter description	h)							
Part II	Basic Plan Inform	nation—enter all requested information	tion							
1a Name					1b	Three-digit plan number				
AUBURN AN	ESTRESIA ASSUCS., 1	NC. PS 401(K) PROFIT SHARING PL	LAIN			(PN)	003			
					1c	Effective date of	plan			
						01/01/	1996			
	oonsor's name and addre	ess; include room or suite number (en ES., P.S.	nployer, if for a single-	employer plan)	2b	Employer Identif (EIN) 91-13				
	DIVISION STREET PLA				2c	Sponsor's telep 425-454				
AUBURN, W					2d	Business code (62111				
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's EIN				
4 If the r	ame and/or EIN of the p	lan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN				
name, a Sponso		er from the last return/report.			40	PN				
		the beginning of the plan year					6			
_		the end of the plan year			5b		6			
		count balances as of the end of the pl			56		0			
					5c		6			
	•	uring the plan year invested in eligible		,			X Yes No			
		e annual examination and report of a See instructions on waiver eligibility a					X Yes 🗌 No			
		er line 6a or line 6b, the plan canno								
		incomplete filing of this return/repo								
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions signed by an enrolled actuary, as wel	, I declare that I have	examined this return/rep	oort, ii	ncluding, if applic				
SIGN	Filed with authorized/va	lid electronic signature.	09/12/2013	JEREMY KATZ						
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrator			
SIGN										
HERE	Signature of employe		Date	Enter name of individu	ual sig	gning as employe	r or plan sponsor			
Preparer's	name (including firm nan	ne, if applicable) and address; include	room or suite number	r (optional)	Prep	parer's telephone	number (optional)			
				-						

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	275017				2478257
b Total plan liabilities	7b		0			0
C Net plan assets (subtract line 7b from line 7a)	7c	275017	7			2478257
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	0-(1)	0075	0			
(1) Employers	8a(1)	6875 4641				
(2) Participants	8a(2) 8a(3)	4041	1			
(3) Others (including rollovers) b Other income (loss)	8b	1715	6			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	38	1715	0			40000
d Benefits paid (including direct rollovers and insurance premiums		40424	2			132323
to provide benefits) e Certain deemed and/or corrective distributions (see instructions)	8d		3 0			
•	8e		0	_		
Administrative service providers (salaries, fees, commissions)	8f		-			
g Other expenses	8g 8h		0	-		40.40.40
h Total expenses (add lines 8d, 8e, 8f, and 8g)						404243
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i			-		-271920
Part IV Plan Characteristics	8j		0			
b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions	eature codes	from the List of Plan Charac	cterist	ic Cod	les in th	ne instructions:
				Yes	No	A
a Was there a failure to transmit to the plan any participant contribut			40-	162	X	Amount
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	? (Do not inc	lude transactions reported	10a 10b		x	
C Was the plan covered by a fidelity bond?				Х		075000
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 	fidelity bond,	that was caused by fraud	10c 10d		х	275000
 Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) 	er persons b of the benefits	y an insurance carrier, s under the plan? (See	10e		x	
${f f}$ Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	.)	10g		Х	
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 2520.101	•		10i			
Part VI Pension Funding Compliance						
11 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	
						ERISA? 🗌 Yes 🗙 No
12 Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	e or se			
			e or se	.00011		
 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is bein granting the waiver. 	as applicabl	e.) in this plan year, see instruc	ctions,			e date of the letter ruling Year
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is bein	as applicabling amortized	e.) in this plan year, see instruc Mon	ctions,		enter th	-

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d	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)				
е		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	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	13a		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n 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)			

14a Name of trust	14b Trust's EIN

Fo	rm 5500-SF	Short Form Annual Re		of Small Emplo	yee		OMB Nos.	210-0110 210-0089		
(terps Jaka	nchioni of the Treasury Irnal Revenue Saivice	This form is required to be filed	enefit Plan under sections 104 s	and 4065 of the Employ	ងស		2012			
	lopartment of Lahor Smullis Security Arbitration	Retirement Income Security Act of 1	974 (ERISA), and so Revenue Code (the (octions 6057(b) and 605	8(a) cl	This Form		Public		
Pansion B	lenniit Guaranty Corporation	Complete all entries in accords		•	00-SF.	lin:	spection			
		dentification Information	10110015	ander 1 sing fabre 20 mei 2			**************************************			
	l <mark>ar plan your 2012 or lis</mark> o	SI	701/2012	and ouding		12/31/20				
		Aut P		alan (not multiemployer)	I	📋 a ona-partic	irant plan			
D The re	sum/report ex	int hot bot	llio final return/report							
C (1) = 1	to a difference of the									
C (newsk	box d filmy under	apocial extension (onlor description				DIFVC progr	สกร			
Part II	Basic Plan Infor	nation					·····			
18 Name	can in the property of the property of the second sheet		1947։ հերկնեն վինցից ունել մայլու ավանում։	metter til hav takkenteland akkel e kan av som så som en som	1b	Throo-digit				
Aubu	rn Anosthosia /	Assocs., Inc. PS 401(k)	Profii			plan number				
	ing Plan					(PN) •	00)]]		
	F				10	Effective date of 01/01/199				
2a Plan a	pensor's name and addr	oss; include roam or suite number (om	playar, if for a single	-omployer plan)	2b	Employer Identi	nener des la realités faite	ana		
Ачри	ra Anosthosia /	Associatos., P.S.				<u>(E)Ň) 91~135</u>	7544			
					2c	Sponsor's tolop	sunsor's tolophone number			
	инта руккой	Street Plaza One			20	(425) 454-	AND IS A REPORT OF A REAL PROPERTY OF			
Aubu	1.11		WЛ	98001	~~	Business code (see instructions) 621111				
3a Plana	denoistrator's name and	address XSamo as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's EIN				
					0.	Administrator's	16444 million years a success and a			
4 If the i	name and/or EIN of the p	ion sponsor has changed since the las	l rotum/ropart filad fe	withis plan, anter the	4b			·		
14030	. EIN, and the plan numb	er tem the test estum/report	e construction of the contract	a area hused strand and		and the second state of th	der Balled (Biblis sins) die inim is ti	ka a maraka mina a marangangan		
ւտանությունը թյուն	of's harve of contractants of	the beginning of the plan year	AND VENNESS AND	PETRE ALL AN ADDRESS FAILS FAILS AND A SURVINANT IN 1975	4c .	PN.				
	umbar of participaties at				<u>5a</u>			!		
		non end or nor pairs year count balances as of the end of the pla	• • • •	Protossis is a construction of the second	_ <u>5b</u>		i ti ki ka Malihawa a	North for the states		
ipensis Alian	nder diese also die der andere en der	versensensensensensensensensensensensensens	n your (contract oral).	an biggi an	5c			6		
6a Wero	all of the plan's assets d	uring the plan year invested in aligible	ossols? (See instruc	(iona.)	*********	*****	X Yos	[No		
b Ara ya	n claiming a waiver of th 29 MER 2520 104-462 (1	e annual examination and report of an See instructions on waiver eligibility an	independent qualifie	d public accountant (IQ	PA)		— []			
ií you	answered "No" to eith	er line 6a or line 6b. the plan cannot	use Form 5500-8F	and must instead use	Form !	5500.	X Yes	No		
Caution: A	penally for the late or	incomplete filing of this return/repo	t will be assessed i	uniess reasonable cau	se is e	stablished.	, , , , , , , , , , , , , , , , , , ,			
Under pena	allion of portury and other	populties set forth in the instructions.	I ripelare that I have	examined this estimates	west lose	lution it continu	ible, a Sch	odulo		
- se or sono Tuckof, il is t	idula Mis completed and rue, corroct, and compto	signed by an enrolled actuary, as well to	as the electronic ven	sion of this return/report	, and to	the beat of my	knowladge	and		
	6	<u> </u>	1					·		
Sign Here	Jean 1	<u> </u>		Jeromy Kalz						
	Signature of plan alter		Date Straks	Enter name of individ	util sign	ing as plan adm	unistrator			
SIGN HERE		<u>ai</u>		Joromy Ratz	- Milling					
	Signature of omploye	((plan-sponsor m, if applicable) and address; include r	Dulo S/24/3	Enter name of individe	nal sign	ing as employer rar's talephone i	or plan spo	MISCIC		
		ann a shalannan shunnan marmanna arayot a	THE PROPERTY OF THE PROPERTY O	Polynomiasty	contra	тога илеристи і	oriunsai. (tsk)	ach sai)		
Fot Paparwo	rk Reduction Act Notice a	nd OMB Control Numbers, see the Instruc	otions for Form \$600.5) F ,			orm 5500-81	\$ (2012)		
		•				F.,		120120		

Form 5500-SF 2012

Pago 2

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	of Yoar	
a falal plan (seu)s	7a	2,75		77				78,257
b Taini plan liabilikos	75			0				0
C Not plan assots (subiract line 7b from line 7a)	70	2,75	0,1	77			2,1	78,257
8 Incomo, Expenses, and Transfers for this Plan Year		(a) Amount				(h) T		
a Contributions roceived or receivable from:	0-141		n 17					
(1) Employers	8a(1)		8,7					
(2) Participants.	Ba(2)	9	6,4					
(3) Others (including rollovers)	8A(3)		24 1					
b Other income (loss)	85		7,1	20		·		
c Total access (add tings 8a(1), 8a(2), 8a(3), and 8b)	80	,	,,				1	32,323
d. Bourt is paid one folding direct reference and insurance previous to provide tomolity.	Rd	40	4,2			·····		
e Carban deemad and/ar controlive distributions (sto instructions)	<u>8a</u>			0				
f Admostrativo survivo providors (solaries, fors, commissions)	<u>81</u>			0				
g Other cappinsos	<u>. 8g</u>			_0				
h Total oxpenses (add lines 8d, 8e, 8l, and 8g)	81			_				04,243
1 Not income (lass) (subtract line 8h from line 8c)	81			<u> </u>			(21	1,920)
J Transfers to (from) the plan (see instructions)	8j			0				
2K 2G 2G 2K 2K 3D b If the plan provides welfare benefits, onter the applicable welfare to Part V Compliance Questions	aduro code	es from the List of Plan Chara	cloris	tíc Co	dos in	the instructio	1175:	
10 During the plan year				Yos	No	1		
a Was there a failure to transmit to the plan any participent contribut 29 CFR 2510 3-102? (See instructions and DOU's Voluntary Fidu	iona within clary Com	the time period described in action Program)	10a	144	X		Amount	
b Wore there any nonexempt transactions with any party-in-interest on line 10a.).	? (Do not in	nclude transactions reported	105	***	X			
C Was the plan covered by a fidelity bend?			100	x			2	75,000
d Did the plan have a loss, whether a not minipursed by the plan's or disheresty?	lidolity bon	d, that was caused by fraud	10d	<u> </u>	x		····	101000
 Were any less or commissions paid to any brokers, agrants, or othe insurance service or other organization that provides some or all o instructions.) 	er persona f the bene	by an insurance carrier, fits under the plan? (See	100		x		·····	· · · ·
f - Has the plan folled to provide any temphit when due under the plan	19	Nemer encountration	101		X			
g. Did due plan have any participant loans? (II "Yes," enter amount as	ol yoar a	1d }	10g		Х			
b. If this is an individual account plan, was there a blackoul period? (2520-101-3.)			10h	····	x			
II 100 was answored "Yes," check the bex if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	o required	notice or one of the	101					
Part VI Pension Funding Compliance		· · · · · · · · · · · · · · · · · · ·	,					
11 Is this a defined benefit plan subject to minimum kinding requireme \$500) and line 11a below)	nts? (lí *Ý	es." see instructions and com	pløta	Scher	iule Sf	3 (Ponn	T Yos	MNO
11a Enter the amount from Schedula SB line 39					11a			
12 Is this a defined contribution plan subject to the minimum funding of			or so	ction (302 of	ERISA?	Yes	No.
(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12a below,	na applica	bla.)						
8 If a waiver of the minimum funding standard for a prior year is baing granters the waiver				, and c	nler ih Day		i lotter ru 'ear	liny
If you completed line 12a, complete lines 3. 9, and 10 of Schodulo	No							
b. E.eter the energy required contribution for this plan year			*1/13511		12b			

E.	Fain 5500 SF 2012 Page 3 - []						
C	Fater 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 (onier a minus sign to the left of a negative amount).		12d				
9	Will the minimum funding amount reported on line 12d be met by the funding deadline?		.,	Y I	25	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to teaminate the plan been adopted in any plan year?			Yes	X No		<u> </u>
	If "Yes," ontor live amount of any plan assets that reverted in the employer this year		13a	- <u> </u>			
b	Wore all the plan assists distributor) to participants or boneticiarios, transferred to another plan, or brought under of the PBGC?					[] Yes	X No
C	It during this plan your, any assets an liabilities were transformed from this plan to another plan(s), identify the plan which assets or induktion were transformed. (See instructions.)	(8) (Ø				
	13c(1) Name of plan(8)	15	3c(2) (EIN(8)		13a(3) PN(G)
	VIII Trust Information (optional) Name of trust	·····	14b	Trust's e	SIN SIN		
			4)~~ < (14 M	21 10 1 10 10 10 10 10 10 10 10 10 10 10	····· P.W.S W.S.	1. Martine & Printer IV.	ranna lar main n' man se ai