## 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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		Identification Informa	tion					
For calend	ar plan year 2013 or fis	scal plan year beginning	01/01/2013		and ending 1	2/31/	2013	
A This ref	turn/report is for:	X a single-employer plan	а	multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
<b>B</b> This ref	turn/report is:	the first return/report	th	e final return/report				
		an amended return/repo	ort as	short plan year returr	n/report (less than 12 m	onths	)	
C Check	C Check box if filing under: Form 5558 automatic extension						DFVC progra	am
	3	special extension (enter						
Part II	Basic Plan Info	rmation—enter all request	· · · · · · · ·	n .				
1a Name		onto: an request	iou illioilliuit			1b	Three-digit	
	SOCIATES RETIREM	ENT PLAN					plan number	
							(PN) <b>•</b>	002
						1C	Effective date o	of plan /1987
2a Plan s	nonsor's name and add	dress; include room or suite	number (emr	Nover if for a single-	emplover plan)	2h	Employer Identi	
	SSOCIATES, INC.	aroso, morado room or odico i	ilailiboi (omp	noyon, in for a onigio	omployor plant	20		366052
						2c	Sponsor's telep	phone number
20926 - 74T	H AVE. W.						425-77	
EDMONDS,	WA 98026					2d	Business code (	(see instructions)
							54199	
3a Plan a	dministrator's name an	d address XSame as Plan	Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN
						3c	Administrator's	telephone number
4 If the	name and/or FINI of the	nlan ananaar baa ahangad	ainee the leet	roturn/ronart filad fa	er this plan anter the	415	FIN	
4 II line i	name and/or Envior the	plan sponsor has changed :	since the last	i return/report illed ic	n triis piari, enter trie	40	EIN	
	, EIN, and the plan nur				' '			
name	, EIN, and the plan nur or's name	nber from the last return/repo			,		PN	
name <b>a</b> Spons	or's name		ort.	· 	, ·			6
name a Spons 5a Total	or's name number of participants	nber from the last return/repo	ort. year			4c		6
name a Spons 5a Total b Total	or's name number of participants number of participants	at the beginning of the plan	year			4c 5a 5b		6
name a Spons 5a Total b Total c Numb	or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan yat the end of the plan year	yearnd of the plan	n year (defined bene	fit plans do not	4c 5a 5b 5c	PN	6
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name a Spons 5a Total b Total c Numb comp 6a Were b Are you c If the p Caution: A Under pens SB or Sche belief, it is  SIGN HERE SIGN HERE	or's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan yat the end of the plan year account balances as of the end of the plan year invested the annual examination and of (See instructions on waiver ther line 6a or line 6b, the plan year invested the plan, is it covered under the princomplete filing of this mer penalties set forth in the indisigned by an enrolled actually a	year  nd of the plan  report of an eligibility and plan cannot e PBGC insu  return/repor nstructions, I uary, as well a	assets? (See instruction in year (defined beneficial see instruction of the property of the pr	fit plans do not  tions.)	4c 5a 5b 5c Form	PN    15500.   Yes   No     No   No     No   No     No   No	Yes No Yes No Not determined  Sable, a Schedule or knowledge and
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name a Spons 5a Total b Total c Numb comp 6a Were b Are you c If the p Caution: A Under pens SB or Sche belief, it is  SIGN HERE SIGN HERE	or's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan yat the end of the plan year account balances as of the eactount balances on waiver the annual examination and (See instructions on waiver ther line 6a or line 6b, the particular that the prince of the plan is it covered under the prince of the plan is it covered under the prince of the plan is it covered under the prince of the plan is it covered under the prince of the plan is it covered under	year  nd of the plan  report of an eligibility and plan cannot e PBGC insu  return/repor nstructions, I uary, as well a	assets? (See instruction in year (defined beneficial see instruction of the property of the pr	fit plans do not  tions.)	4c 5a 5b 5c Form	PN    15500.   Yes   No     No   No     No   No     No   No	Yes No Yes No Yes No Not determined  Sable, a Schedule or knowledge and  ministrator  er or plan sponsor
name a Spons 5a Total b Total c Numb comp 6a Were b Are you c If the p Caution: A Under pens SB or Sche belief, it is  SIGN HERE SIGN HERE	or's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan yat the end of the plan year account balances as of the eactount balances on waiver the annual examination and (See instructions on waiver ther line 6a or line 6b, the particular that the prince of the plan is it covered under the prince of the plan is it covered under the prince of the plan is it covered under the prince of the plan is it covered under the prince of the plan is it covered under	year  nd of the plan  report of an eligibility and plan cannot e PBGC insu  return/repor nstructions, I uary, as well a	assets? (See instruction in year (defined beneficial see instruction of the property of the pr	fit plans do not  tions.)	4c 5a 5b 5c Form	PN    15500.   Yes   No     No   No     No   No     No   No	Yes No Yes No Yes No Not determined  Sable, a Schedule or knowledge and  ministrator  er or plan sponsor

Form 5500-SF 2013 Page **2** 

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea			(b) End of Year					
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella (		08738		
	Total plan liabilities	7a 7b	2.0.00						00700		
	Net plan assets (subtract line 7b from line 7a)	7c	215195	3				26	08738		
	Income, Expenses, and Transfers for this Plan Year	70					(b) T				
	Contributions received or receivable from:		(a) Amount				(b) To	itai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	45678	5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	56785		
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						4	56785		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	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 instruct	ions			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ns:			
Par	t V Compliance Questions										
	•				Yes	No		<b>A</b>			
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribute.	tione withi	n the time period described in		162	NO		Amo	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corı	rection Program)	10a		X					
N	on line 10a.)			10b		X					
				10c	X					75	000
d	• • • • • • • • • • • • • • • • • • • •			100						13	500
	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	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 a	s of year e	end.)	10g		X					
h		(See instru	uctions and 29 CFR	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	ne require	d notice or one of the	10i							
Part		1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem							П	Von	П	No
44-	5500) and line 11a below)							Ш	Yes	Ш	No
	Enter the unpaid minimum required contribution for current year fr		,			11a	<u> </u>				
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	Ш	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_4! - ·			a det : ::			: ·	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day		e let Yea		ing	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1		1				
b	Enter the minimum required contribution for this plan year					12b					

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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

**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).

Short Form Annual Return/Report of Small Employee

▶ 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-

For colonda		fiscal plan year beginning 01/01	l 1/2013							
Tibe Co.	9			520 S		2/31/	2013			
A This rel	urn/report is for:	X a single-employer plan	∐ап	nultiple-employer pla	n (nol mulliemployer)		a one-partici	pant plan		
B This ret	urn/report is:	lhe first return/report	∐ the	final return/report						
		an amended return/report	ast	hort plan year return/	report (less than 12 me	onths	)			
C Check b	oox if filing under:	Form 5558	aut	tomatic extension		☐ DFVC program				
	special extension (enter description)									
Part II	Basic Plan Infe	ormation—enter all requested in	formation	n	1000					
1a Name						1b	Three-digit			
SMICK & AS	SSOCIATES RETIRE	MENT PLAN				190525	plan number			
						سود	(PN) ▶	002		
					1c	Effective date o 01/01/1				
2a Plan sp SMICK & AS	ponsor's name and a SSOCIATES, INC.	ddress; include room or suite numb	oer (empl	loyer, if for a single-e	mployer plan)	2b	Employer Identi (EIN) 91-136			
20026 741	11 AVE 147					2c	Sponsor's telep (425) 77			
20926 - 74T	NAS MALTERS NAME					2d	15,800-1,51,000 A.M.	(see instructions)		
		and address XSame as Plan Spon	sor Nam	e Same as Plan	Sponsor Address	3b	Administrator's			
						30	Administrators	lelephone number		
						50	Administrators	telephone number		
						İ				
							1444 J. 22			
		he plan sponsor has changed since umber from the last return/report.	the last	return/report filed for	this plan, enter the	4b	EIN			
pointed by the development of the property of the control of the c					40	PN				
		ls at the beginning of the plan year.				5a	T -	6		
		Is at the end of the plan year				5b	<u> </u>	6		
		n account balances as of the end of				30				
compl	lete this item)					5с		4		
6a Were	all of the plan's asse	ets during the plan year invested in	eligible a	issets? (See instruct	ions.)	******		X Yes No		
<b>b</b> Are yo	ou claiming a waiver	of the annual examination and repo	ort of an i	independent qualified	d public accountant (IQ	PA)				
If you	answered "No" to	6? (See instructions on waiver eligil either line 6a or line 6b, the plan	cannot i	i conditions.)	and must instead use			X Yes No		
		efit plan, is it covered under the PB						1		
		2534 <u>E82 (1931   193</u>						Not determined		
Caution: A	penalty for the late	e or incomplete filing of this retur	rn/report	t will be assessed u	inless reasonable cau	ıse is	established.			
SB or Sche	alties of perjury and o edule MB completed true, correct, and cor	other penalties set forth in the instru and signed by an enrolled actuary, nplete.	uctions, I as well a	declare that I have e as the electronic vers	examined this return/report tion of this return/report	oort, in	ncluding, if applic to the best of my	able, a Schedule knowledge and		
	010						-			
SIGN HERE	X harle	ue mick		14.13-14	* Charler	P	Smic	1<		
HEINE	Signature of plan	administrator		Date	Enter name of individ	ual si	gning as plan adr	ministrator		
SIGN				(4				,		
HERE		loyer/plan sponsor		Date	Enter name of individ	ual si	oning as employe	er or plan sponsor		
Preparer's	name (including firm	name, if applicable) and address; i	include re	oom or suile number	(optional)	Pre	parer's telephone	number (optional)		
								£2"		
1										
						_				

	t III Financial Information		Marian Andrews		_		
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	T		(b) End of Year
а	Total plan assets	7a	2151953		$\top$		2608738
7/8	Total plan liabilities	7b			$\top$	- 10-00	200700
С	Net plan assets (subtract line 7b from line 7a)	et plan assets (subtract line 7b from line 7a)					2608738
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:				1		(b) Total
	(1) Employers	8a(1)	921 		_		
	(2) Participants	8a(2)			_		
	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	45678	5	_		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		456785
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
e	Certain deemed and/or corrective distributions (see instructions)	8e				-	
***************************************	Administrative service providers (salaries, fees, commissions)	8f			+	-	
	Other expenses	8g			+		
	Tolal expenses (add lines 8d, 8e, 8f, and 8g)			3755	+-		
	Net income (loss) (subtract line 8h from line 8c)				+		
$\pm$	Transfers to (from) the plan (see instructions)				+-		456785
Par	t IV Plan Characteristics	8j					
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Blan Char	2012	·- o	Table No.	
Ų.	3D 2E	reature con	des from the cist of Fidir Chara	aciens	uc Co	aes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	cteristi	c Coc	les in t	he instructions:
_	L						
Par	t V   Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	a 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)					х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10Ь	•	х	
С	Was the plan covered by a fidelity bond?	*************		10c	х		75000
d	A DESCRIPTION OF THE PROPERTY		The state of the s	100	-	-	75000
	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.)						
	mstructions.)		ents under the plan? (See	10e		х	
f	Has the plan failed to provide any benefit when due under the pla			10e		x	
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		х	
	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 If this is an individual account plan, was there a blackout period?	in?is of year e	end.)	10f 10g			
g	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 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 provided the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when failed to provide a	in?s of year e	ind.)	10f 10g 10h		x	
g	Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lif 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	in?s of year e	ind.)	10f 10g		x	
g	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 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 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.	in?he required	ind.)	10f 10g 10h 10i	Scheo	X X X	3 (Form Yes \( \text{No.} \)
g h i Part	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 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.	in?	ind.)	10f 10g 10h 10i		X X X	3 (Form Yes No
g h i Part	Has the plan failed to provide any benefit when due under the plan bid 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 Improve the providing Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	in?	rnd.)d rotice or one of the  Yes," see instructions and com-	10f 10g 10h 10i		X X X	Yes No
9 h i Part 11 11a 12	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 (IV) 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 this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	in?	rnd.)	10f 10g 10h 10i	ction	X X X dule Si	ERISA? Yes X No
9 h i Part 11 11a 12	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 (IV) Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  If Enter the unpaid minimum required contribution for current year for the string and 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.	in?	rind.)	10f 10g 10h 10i 10i	ction	X X X dule Si	ERISA? Yes No
g h i Part 11 11a 12 a	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 (IV) Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  If Enter the unpaid minimum required contribution for current year for the string and 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 bei	in?	rind.)	10f 10g 10h 10i 10i or se ctions,	ction and e	X X X dule Si 11a 302 of	ERISA? Yes No

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	. WOOD SET TO THE TOTAL TO THE							
С	Enter the amount contributed by the employer to t	he plan for this plan year	12c					7
d	Subtract the amount in line 12c from the amount in negative amount)	n line 12b. Enter the result (enter a minus sign to the left of a	12d					
е	Will the minimum funding amount reported on line	12d be met by the funding deadline?		☐ Ye	s	No	□ N/A	
Part					_	-		
13a	Has a resolution to terminate the plan been adopted in	n any plan year?		Yes [	X No			
	If "Yes," enter the amount of any plan assets that	reverted to the employer this year	13a	T -				
b	Were all the plan assets distributed to participants of the PBGC?	or beneficiaries, transferred to another plan, or brought under the	control			Пу	es X N	-
C		re transferred from this plan to another plan(s), identify the plan(s)	lo					-
1	3c(1) Name of plan(s):	1	3c(2)	EIN(s)		13c	(3) PN(s)	_
								_

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust