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f Administrative service providers (salaries, fees, commissions)	e	· ,				-				
g 8g h Total expenses (add lines 8d, 8e, 8f, and 8g)			, , , , , , , , , , , , , , , , , , , ,							
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 12827 i Net income (loss) (subtract line 8h from line 8c) 8i 22239	-	•								
Net income (loss) (subtract line 8h from line 8c)							12827			
j Transfers to (from) the plan (see instructions)	i			8i			22239			
	j	Transfers to (from) the plan (se	ee instructions)	8j						

Page 2 - 1

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions								
10	During the plan year:						A	mou	nt	
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)									
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		Х					
С	W	as the plan covered by a fidelity bond?	10c	Х					1	00000
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?		Х						
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e	Х		5854				
f	Ha	as the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х					
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI	Pension Funding Compliance								
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00))						ΠY	/es	X No
a If :	 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 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									ng
d										
е	Wi	It the minimum funding amount reported on line 12d be met by the funding deadline?				١	/es	No		N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Ha	is a resolution to terminate the plan been adopted in any plan year?			`	Yes	X No			
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
C 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.)										
13c(1) Name of plan(s):						13c(2) EIN(s) 13c(3) PN(s)				PN(s)
Caut	ion	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ise is	estab	lishe	d.			
Unde	er ne	enalties of periury and other penalties set forth in the instructions. I declare that I have examined this retu	urn/rei	oort. in	cludin	a. if a	applicab	le. a S	Sche	dule

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	Filed with authorized/valid electronic signature.	04/30/2012	KATE JULIN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	04/30/2012	KATE JULIN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF		Short Form Annual Re	OMB Nos. 1210-0110 1210-0089							
Internal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employ				2011				
Err	Department of Labor ployee Benefits Security Administration		y Act of 1974 (ERISA), and section 6057(b) and 6058(a Internal Revenue Code (the Code).			This Form is Open to Public				
	Pension Benefit Guaranty Corporation					Inspection				
P	art I Annual Report I	dentification Information	Jance with	n the instructions to the Form 550	0-51.					
	the calendar plan year 2011 or fi		01/0	1/2011 and ending	12	/31/2011				
A	This return/report is for:	x a single-employer plan	a multiple	-employer plan (not multiemployer)	Г	a one-participant plan				
	This return/report is:	the first return/report		etum/report	L					
		an amended return/report		an year return/report (less than 12 mo	nthe)					
c	Check box if filing under:		automatic		пала) Г					
Ŭ		넉 니		extension	L	DFVC program				
-		special extension (enter description)								
and the second second	Art II Basic Plan Infor Name of plan	mation enter all requested infor	mation.		46					
14						Three-digit an number				
	JULIN & MCBRIDE, PS 4	l01(K) PLAN			(PN) ► 001					
						Effective date of plan				
2a	Plan sponsor's name and addre	ess; include room or suite number (em	plover, if fo	r single-employer plan)		mployer Identification Number				
	JULIN & MCBRIDE, PS	· · · ·		9		EIN) 91-2067982				
					2C F	Plan sponsor's telephone number				
	16088 NE 85TH STREET					425) 885-4066				
						Business code (see instructions)				
$\frac{\text{US}}{3a}$		WA 98052-3502				41110				
Ja	Same	address (If same as plan sponsor, ente	er "Same")		3D A	dministrator's EIN				
					3C A	dministrator's telephone number				
				······						
4	If the name and/or EIN of the pl name, EIN, and the plan number	lan sponsor has changed since the last er from the last return/report	t return/rep	ort filed for this plan, enter the	4b E	IN				
a	Sponsor's Name				4c P	'N				
		the beginning of the plan year			5a					
b C	b Total number of participants at the end of the plan year 5b 7 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 6									
Ŭ					5c	7				
6a	Were all of the plan's assets du	ring the plan year invested in eligible a	ssets? (Se	e instructions.)						
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
		r 6a or 6b, the plan cannot use Form			• • •	••••• XYes No				
P	art III Financial Inform		1000-91-0	and must instead use Form 5500.						
7	Plan Assets and Liabilities			(a) Beginning of Year	· · · · · ·	(b) End of Year				
а	Total plan assets		7a	929,719		951,958				
b	Total plan liabilities		7b		-					
С	Net plan assets (subtract line 7t	o from line 7a)	7c	929,719		951,958				
8	Income, Expenses, and Transfe	ers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receiv		0(4)	10,140						
	(1) Employers		8a(1)	10,142						
		· · · · · · · · · · · · · · ·	8a(2)	43,430	- 254					
b	Other income (loss)		8a(3) 8b	(4,374)						
C	· · ·	a(2), 8a(3), and 8b)	8c	(=,)(=)	1000	3E 0 <i>CC</i>				
d	Benefits paid (including direct ro	ollovers and insurance premiums			- Andrews	35,066				
~	to provide benefits)		8d	12,827	A 21 6225					
e f		ve distributions (see instructions)	8e							
f		s (salaries, fees, commissions)	8f							
g h	Other expenses		8g		1.3					
i		e, 8f, and 8g)	<u>8h</u> 8i			12,827				
i		e instructions)	81		100000	22,239				
+	standing to (nonly the plan (366				and the second					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G

Page 2-

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

-									
Part	V Compliance Questions								
10	During the plan year:		Yes	No	Å	Amount			
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)	10a		x					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x					
с	Was the plan covered by a fidelity bond?	10c	x				100,000		
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		x					
е	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	x				5,854		
f			···	~					
		10f		x					
g		10g		x					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x					
i	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			I.					
Part	VI Pension Funding Compliance	L					and the second		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple	ete Sc	hedule	B SB (I	Form	Yes			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or								
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			01 211					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructio granting the waiver	ns, an th	d ente	er the Day	date of the le	etter ruling Year			
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_						
b	Enter the minimum required contribution for this plan year		· -	12b					
C	Enter the amount contributed by the employer to the plan for this plan year		· L	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)	a 		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No [N/A		
Part									
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 und	er the	contre	ol.					
С	of the PBGC?								
1:	Sc(1) Name of plan(s):								
	out / Marrie of plantaj.		130	2) El	N(S)	13c(3) F	PN(s)		
		· · · · · · · · · · · · · · · · · · ·							
Cautio	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau	use is	estat	lishe	d.				
SB or S	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/re Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/repor	port, i t. and	ncludi to the	ng, if a	applicable, a	Schedule			
belief, i	t is true, correct, and complete	,			,				
SIGN	Kate Julin								
HER	E Signature of plan administrator	vidual	signin	ig as p	lan adminis	trator			

Kate Julin

Enter name of individual signing as employer or plan sponsor

italys

Dafe

4/ma

Signature of employer/plan sponsor

SIGN

HERE