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

2012

This Form is Open to Public Inspection

Pa	art I	Annual Report	Identification Information									
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012					
Α .	This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)	er) a one-participant plan						
В .	This retu	urn/report is:	the first return/report	the final return/report		_						
			an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	1					
C	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım				
special extension (enter description)							_					
Pa	rt II	Basic Plan Info	rmation—enter all requested inf	ormation								
	Name					1b	Three-digit					
			1(K) SALARY REDUCTION PLAN	& TRUST			plan number					
						4 -	(PN) •	001				
						10	Effective date of 01/01/	'				
		oonsor's name and add	dress; include room or suite number	er (employer, if for a single	e-employer plan)	2b		fication Number				
						2c	Sponsor's telep	hone number				
		L AVENUE NE 'A 98059				24		see instructions)				
							23611	,				
3a	Plan ad	dministrator's name ar	id address XSame as Plan Spons	sor Name Same as Pla	n Sponsor Address	3b	Administrator's I	EIN				
						3c Administrator's telephone number						
								·				
4	If the n	amo and/or EIN of the	e plan sponsor has changed since	the last return/report filed t	for this plan, optor the	4h	FINI					
-			nber from the last return/report.	ine iast return/report med i	or this plan, enter the	4b EIN						
а	Sponso	or's name				4c PN						
5a	Total n	number of participants	at the beginning of the plan year			5a		8				
b	Total n	number of participants	at the end of the plan year			5b		3				
С			account balances as of the end of		•	5c		3				
6a	Were	all of the plan's assets	during the plan year invested in e	ligible assets? (See instru	ctions.)			X Yes No				
b			the annual examination and repor					X Yes No				
			? (See instructions on waiver eligib	•				X Yes No				
Cau			or incomplete filing of this return									
			ner penalties set forth in the instruc					able a Schedule				
SB	or Sche		nd signed by an enrolled actuary, a									
SIG		Filed with authorized/	valid electronic signature.	04/23/2013	TERRILL BRIERE							
HEF	RE	Signature of plan a	dministrator	Date	Enter name of individ	ual siç	ning as plan adn	ninistrator				
SIG	N	Filed with authorized/	valid electronic signature.	04/23/2013	TERRILL BRIERE							
HEF	RE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	vidual signing as employer or plan sponsor						
Pre	oarer's i	name (including firm n	ame, if applicable) and address; in	clude room or suite number	er (optional)	Prep	arer's telephone	number (optional)				

Form 5500-SF 2012 Page **2**

Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea		(b) End of Year						
	Total plan assets	7a	43468			97330					
	Total plan liabilities	7b							0.00		
	Net plan assets (subtract line 7b from line 7a)	7c	43468	434680			97330				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total	0100		_
	Contributions received or receivable from:		(a) Amount				(5)	Total			
) Employers										
	2) Participants										
	3) Others (including rollovers)										
b	Other income (loss)	8b	3837	' 5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							39696	6	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	37420	18							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	283	8							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							37704	6	
	Net income (loss) (subtract line 8h from line 8c)	8i						_	33735	0	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>	l								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 3E	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	S:		
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 instru	ctions:			
Part	•			1		T	I				
10	During the plan year:				Yes	No		Am	ount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest 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 or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See		X						
	instructions.)			10e	^					21	52
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						0
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 2520.10			10i							
Part	VI Pension Funding Compliance										
11											
11a		Enter the amount from Schedule SB line 39									
12								No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	ne date o	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

	Form 5500-SF 2012 Page 3 - 1			
	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

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2012

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation Complete all entries in a	ccordance with the instri	uctions to the Form 550	n-SF	Inspection					
Part I Annual Report Identification Information ► Complete all entries in accordance with the instructions to the Form 5500-SF.										
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012										
	This return/report is for:	The state of the s								
В	This return/report is: the first return/report	the final return/repor	t	_						
	an amended return/report	a short plan year reti	ırn/report (less than 12 m	nonths)						
С	Check box if filing under: Form 5558	automatic extension		Ĺ	DFVC program					
	special extension (enter desc	cription)		L	7 L					
P	art II Basic Plan Information enter all requested	Linformation								
1a	Name of plan	·		1b	Three-digit					
	BRIERE & ASSOCIATES, INC. 401(K) SALARY I	REDITOTION PLAN & T	מוזפייי		plan number					
	,	. LES COLLON LIMIT & I	NOS1		(PN) ► 001 Effective date of plan					
					01/01/1998					
2a	Plan sponsor's name and address; include room or suite number ERIERE & ASSOCIATES, INC.	per (employer, if for a single	e-employer plan)	2b	Employer Identification Number					
					(EIN) 91-1422637					
					Sponsor's telephone number					
	1944 DUVALL AVENUE NE				(425) 228-7170					
US	RENTON WA 98059				Business code (see instructions) 236110					
3a	Plan administrator's name and address X Same as Plan Sp	onsor Name Same as	Plan Sponsor Address	3b /	Administrator's EIN					
			·							
				3c Administrator's telephone number						
				7 Administrator 3 telephone number						
4	if the name and/or EIN of the plan approach has shown in	II. I I I I I I I I I I I I I I I I I I								
•	If the name and/or EIN of the plan sponsor has changed since name, EIN, and the plan number from the last return/report.	4b [EIN							
_a				4c F	ON .					
5a	Total number of participants at the beginning of the plan year	***************************************	***************************************	5a	8					
b	Total number of participants at the end of the plan year	***************************************	*****************************	5b	3					
С	Number of participants with account balances as of the end of complete this item)	the plan year (defined bene	efit plans do not	5c	3					
6a	Were all of the plan's assets during the plan year invested in e	ligible assets? (See instruc	ions.)		Voc DNo					
b	Are you claiming a waiver of the annual examination and repor	t of an independent qualifie		'A)						
	under 29 CFR 2520.104-46? (See instructions on waiver eligib	ility and conditions.)	*******		X Yes No					
	If you answered "No" to either line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use F	orm 55	00.					
Ca	nution: A penalty for the late or incomplete filing of this return	n/report will be assessed	unless reasonable cau	se is es	stablished.					
SB	der penalties of perjury and other penalties set forth in the instru 3 or Schedule MB completed and signed by an enrolled actuary, list, it is true, correct, and complete.	ctions, I declare that I have	examined this return/rep	ort, incl	uding, if applicable, a Schedule					
bel	lief, it is true, correct, and complete.	as well as the electronic ve	rsion of this return/report	, and to	the best of my knowledge and					
S	IGN Strill A Mari		Terrill Briere							
HEDE CO.										
SIGN Date 4 13/3 Enter name of individual signing as plan administrator										
	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor									
Pre	eparer's name (including firm name, if applicable) and address; in		er's telephone number (optional)							
	·· · · · · · · · · · · · · · · · · · ·		(/	. ropui	or a reseptione number (optional)					

Pa	rt III Financial Information									
7	Plan Assets and Liabilities (a) Beginning					ear (b) End of Ye				
а	Total plan assets				(b) Ella					
	Total plan liabilities	7b							97,330	
	Net plan assets (subtract line 7b from line 7a)	7c	80		· · · · · · · · · · · · · · · · · · ·			37 330		
	ncome, Expenses, and Transfers for this Plan Year (a) Amount				1		97 , 330 (b) Total			
	Contributions received or receivable from:				_					
	(2) Participants) Employers							· .	
	(3) Others (including rollovers)	8a(2)	1,3	21						
	Other income (loss)	8a(3) 8b	38,3	75			*		•	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	38,3	73			······································			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	274 2			······································		3	19,696	
	Certain deemed and/or corrective distributions (see instructions)	8e	374,2	08						
	Administrative service providers (salaries, fees, commissions)	8f	2,8	20					·	
	Other expenses	8g	2,0	30	-	-				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-				7.046	
	Net income (loss) (subtract line 8h from line 8c)	8i	······································		┪				7,046	
	Transfers to (from) the plan (see instructions)	8i			-			(337	,350)	
	rt IV Plan Characteristics							·		
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Charact	oriotic	Code		h = 1 = +4 = +1			
	2E 2F 2J 2K 3E	4(5) 0 0000	o from the class of Flatf Charact	CHSU	Code	:S III (I	ne instructio	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture coder	from the List of Dian Character		0 1					
	Para provided World's Solitorito, Circle the applicable Wellare lear	iure codes	nom the List of Plan Characte	ristic	Codes	in the	e instructio	ns:		
Pa	rt V Compliance Questions									
10	During the plan year:					T	Τ			
а	Was there a failure to transmit to the plan any participant contribution	ons within	the time period described in	10a	Yes	No	 	Amoun	t	
b						X	<u> </u>	·		
	on line 10a.) Was the plan covered by a fidelity bond?	*************	*****************************	10b	<u> </u>	X		···		
d	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fi	-1-1:6 . t-		10c	Х	ļ			10,000	
	or dishonesty?	*******		10d		x				
е	Were any fees or commissions paid to any brokers, agents, or other	persons b	y an insurance carrier,							
	insurance service or other organization that provides some or all of instructions.)	the benefi	ts under the plan? (See	10e	х				2 152	
f	Has the plan failed to provide any benefit when due under the plan?			10f		35			2,152	
g	Did the plan have any participant loans? (If "Yes," enter amount as			101		_ <u>x</u>	ļ			
9				10g	Х		<u> </u>		0	
	If this is an individual account plan, was there a blackout period? (S 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-	e required r	notice or one of the	10i						
Par				101			L	······································		
11	T	-1-0 ((6))						r		
	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes X No									
11a	Enter the amount from Schedule SB line 39	410000000000000000000000000000000000000	*********************			11a				
12	Is this a defined contribution plan subject to the minimum funding re			secti	on 302	2 of E	RISA?	Y	es X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	as applicab	le.)							
	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									
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
<u>b</u>	Enter the minimum required contribution for this plan year					2b				
						_~				

	Form 5500-SF 2012 Page 3-					
	Enter the amount and the land		<u> </u>	1		
	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 negative amount)	to the left of a	12đ			
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?	******************************		Yes [V/A
Part	VII Plan Terminations and Transfers of Assets			.00 _		1//
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	***************************************	7	es X N	ار ا	N
	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, of the PBGC?	ntrol		☐ Yes 🕱	No	
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)	, identify the plan(s) to	***********			110
1	13c(1) Name of plan(s):	130	(2) EIN(s)	13c(3) PN((s)
Part	VIII Trust Information (optional)				<u> </u>	
14a i	Name of trust	14b Trust's EIN				