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).

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

		Complete all entries in ac	cordance with the instru	ictions to the Form 550	10-SF.	
Part I		Identification Information				
For calend	ar plan year 2012 or fis	cal plan year beginning 01/01/	2012 —	and ending 1	12/31/2012	
	turn/report is for:	X a single-employer plan □		plan (not multiemployer)	Ца	one-participant plan
B This ref	turn/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)	
C Check	box if filing under:	Form 5558	automatic extension		D	FVC program
		special extension (enter descr	iption)			
Part II	Basic Plan Info	rmation—enter all requested inf	ormation			
1a Name	of plan				1b Thre	
JULIN & MC	BRIDE, PS 401(K) PLA	AN				number
					(PN)	
					1C Effec	ctive date of plan 01/01/1990
2a Plan s	nonsor's name and add	dress; include room or suite numbe	er (employer if for a single	e-employer plan)	2h Emn	loyer Identification Number
JULIN & MC	BRIDE, PS	areas, morage room or suite name	or (employer, in for a single	o employer plant	(EIN	
						nsor's telephone number
16088 NE 8	5TH STREET					425-885-4066
REDMOND,	, WA 98057				2d Busin	ness code (see instructions)
						541110
3a Plan a	dministrator's name an	d address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b Adm	inistrator's EIN
					3c Adm	inistrator's telephone number
					JC Adili	inistrator's telepriorie number
		plan sponsor has changed since	he last return/report filed	for this plan, enter the	4b EIN	
		nber from the last return/report.			40 DV	
	or's name	at the hadinaing of the plan year			4c PN	
		at the beginning of the plan year			5a	7
		at the end of the plan year			5b	7
	· · ·	account balances as of the end of t		•	5c	7
	,	during the plan year invested in e				X Yes No
		the annual examination and repor				
		(See instructions on waiver eligib				
If you	ı answered "No" to ei	ther line 6a or line 6b, the plan c	annot use Form 5500-SI	F and must instead use	Form 5500	l <u>.</u>
		or incomplete filing of this return	-			
		ner penalties set forth in the instructed signed by an enrolled actuary, a				
	true, correct, and comp		s well as the electronic ve	rision of this return/repon	i, and to the	best of my knowledge and
	F1 - 4 - 20 0 2 1/	and the first of a characters	00/40/0040			
SIGN HERE		valid electronic signature.	06/18/2013	KATE JULIN		
	Signature of plan ac		Date	Enter name of individ	lual signing	as plan administrator
SIGN HERE		valid electronic signature.	06/18/2013	KATE JULIN		
	Signature of employ		Date			as employer or plan sponsor
rieparers	name (including firm na	ame, if applicable) and address; in	ciude 100m of suite numb	ег (орионаг)	rieparer's	s telephone number (optional)
•						

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities						(b) End of Year				
	Total plan assets	7a	95195		1091;						
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	95195	951958			1091317				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
a	Contributions received or receivable from:		(a) runount				(2) .	<u>otu.</u>			
	(1) Employers	8a(1)	1111	9							
	(2) Participants	8a(2)	3162	24							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	10995	52							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						15	2695		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1333	6							
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						1	3336		
i	Net income (loss) (subtract line 8h from line 8c)	8i						13	39359		
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics	, <u>°,</u>									
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	tions:			
b	2E 2F 2G If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructi	ons:			
_											
Par						Ι	1				
10	During the plan year:			I	Yes	No		Amou	ınt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					1000	000
C	Did the plan have a loss, whether or not reimbursed by the plan's 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 of	of the bene	efits under the plan? (See		X						
	instructions.)			10e		.,				30)27
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
0	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
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							
Par	VI Pension Funding Compliance										
11											
118	Enter the amount from Schedule SB line 39										
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
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		he lette Year	er ruli	ng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
b	b Enter the minimum required contribution for this plan year										

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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?	\	′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 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):	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust N & MCBRIDE, PS 401(K) PLAN		ust's EIN 74469657	

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

OMB Nos. 1210-0110 1210-0089

2012

En	ployee Benefits Security Administration	the	Internal Revenue Code (the C	ode).	_,	This Form is Open to Public			
	Pension Benefit Guaranty Corporation	➤ Complete all entries in a	accordance with the instruct	tions to the Form 5500	J-SF.	Inspection			
	and Annual Report Id	dentification Information							
For	calendar plan year 2012 or fisca	al plan year beginning	01/01/2012	and ending	12/	31/2012			
Α	This return/report is for:	a single-employer plan	a multiple-employer pla	n (not multiemployer)	П	a one-participant plan			
В	This return/report is:	the first return/report	the final return/report						
	ſ	an amended return/report	a short plan year return	/report (less than 12 me	onths)				
C	Check box if filing under:	Form 5558	automatic extension		П	DFVC program			
	Ī	special extension (enter desc	cription)						
	artdl Basic Plan Inform	mation enter all requested							
-	Name of plan	(I) ottori enter all requested	1 Information		1h Ti	nree-digit			
	•	·							
	JULIN & MCBRIDE, PS	401(K) PLAN				N} ► 001			
				•		fective date of plan 1/01/1990			
2a	Plan sponsor's name and addr	ress; include room or suite num	ber (employer, If for a single-c	employer plan)	2b Er	mployer Identification Number			
	JULIN & MCBRIDE, PS				<u>(E</u>	IN) 91-2067982			
						oonsor's telephone number			
	16088 NE 85TH STREET	!				425) 885-4066			
TTE	REDMOND	WW ADAES				usiness code (see instructions)			
<u>∪s</u> 3a	Plan administrator's name and	WA 98057 Laddress ⊠ Same as Plan Si	noncor Nama 🔲 Sama ac Di	an Spanear Addreses		dministrator's EIN			
		addition [22] Carrie do Figuro		an oponsor Address	א מט	animstrator's CHV			
					30.4	due la la de la della de			
				Y	3c Administrator's telephone number				
4	If the name and/or EIN of the p	plan sponsor has changed since	the last return/report filed for	this plan, enter the	4b EI	N			
-	name, EIN, and the plan numb	er from the last return/report.							
	Sponsor's name				4c Pi				
b	Total number of participants at	t the beginning of the plan year t the end of the plan year	1662764327771111111111111111111111111111111111	***********************	5a				
c		count balances as of the end of			5b	7			
	complete this item)				5c	7			
6a	Were all of the plan's assets de	uring the plan year invested in a	eligible assets? (See instructio	ons.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	XYes No			
b	,	e annual examination and repo	rt of an independent qualified	public accountant (IQP	A)				
		See instructions on walver eligit				X Yes No			
 د~،		er line 6a or line 6b, the plan							
11-	aution: A penalty for the late or	incomplete filing of this retu	rn/report will be assessed u	ınless reasonable cau	se is est	lablished.			
SE	nder penalties of perjury and other 3 or Schedule MB completed ang	∍r penalues set form in the instr ≱signed by an enrolled actuary	uctions, i declare that i have e , as well as the electronic vers	examined this return/repair	ort, inclu-	iding, if applicable, a Schedule			
be	lief, it is true prrect, and complete	ete.			4	wo door or my landwidege and			
98	July XXII	Mn /3	4/17/13 1	Nate Culan M	, Kar	hran Inless			
200000	Signature of plan admin	Istrator	Date 7/7/3 E	Enter name of individua	skantna	as plan administrator			
	July o MA	Sile D.S. M				John			
10000	Signature of employers	man Aponso Wy My /	Date 17/3 E			as employer or plan sponsor			
2000	eparer's name (including firm na	me, if applicable) and address:	Hode foom or suite number	(ontional)		r's telephone number (optional)			
	. •	TOWN TOWN	w	(.600.101)	· · · · · · · · · · · · · · · · · · · ·	1 2 Wickling in Harrings (phronal)			

	1 0/11/ 03/00-01 2012		Page 2		_				
p	Financial Information								
7	Plan Assets and Liabilities						(b) End o	. V. nu	
a	Total plan assets	7a	951,9				(D) End C		
b	Total plan liabilities	7b	331,9	36	+			1,091,3	17
C	Net plan assets (subtract line 7b from line 7a)	7c	951,9	58	+			1,091,3	17
8	Income, Expenses, and Transfers for this Plan Year	(92)/(0X	(a) Amount	<u> </u>			(b) To		<u> </u>
a	Contributions received or receivable from:								2012
	(1) Employers	8a(1)	11,1	TOUCHOUT HE SECTION					
,	(3) Others (including rollovers)	8a(2)	31,6	24				ericania.	
b	Other income (loss)	8a(3) 8b	109,9	EO	-		7. Hella.	maxe or	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	109,9	74					
d	Benefits paid (including direct rollovers and insurance premiums	- 00			200			152,6	95
	to provide benefits)	8d	13,3	36				714-	
	Certain deemed and/or corrective distributions (see instructions)	89							5.00
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g	DESCRIPTION OF THE PARTY OF THE	No.					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						13,3	36
1	Net income (loss) (subtract line 8h from line 8c)	8i					TOTAL STORES	139,3	59
4	Transfers to (from) the plan (see instructions)	8j							
-	Plan Characteristics				-		A Could Alexander		
9a	If the plan provides pension benefits, enter the applicable pension fea	ature code	s from the List of Plan Charact	eristic	: Code	s In th	e instructio	ns:	
\dashv	2E 2F 2G								
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Character	ristic	Codes	in the	Instruction	s;	
Name of the last									
	Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a fallure to transmit to the plan any participant contributions and DOL's Voluntary Fiducions and DOL's Voluntary Fiducions.	iary Correc	ction Program)	10a		x			
d	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not in	clude transactions reported	10b		x			
C	Was the plan covered by a fidelity bond?			10c	x			100	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	idelity bond	d, that was caused by fraud	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or other	persons b	v an insurance carrier.	100					
	 insurance service or other organization that provides some or all of 	the benef	its under the plan? (See						
#	instructions.)			10e	х			3	3,027
T	Has the plan falled to provide any benefit when due under the plan	?	***************************************	10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	id.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See instruc	tions and 29 CFR	10h		x		_1. exast 1	
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-	recuired		101					
Pal	Pension Funding Compliance	_ **********		101	L				2000
11									
	ls this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	***********	*******************************		*******	le SB	(Form	☐ Yes [X No
	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding re	quirement	ts of section 412 of the Code or	secti	ion 30:	2 of El	RISA?	Yes [K No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being granting the walver	amortized	in this plan year, see instruction	ons, a	and en	ter the		letter ruling Year	,
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule I								
	Enter the minimum required contribution for this plan year				1	12b			
				********				·····	

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c	Enter the amount contributed by the employer to the plan for this p	plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a minus sign to the	e left of a	12d		
. 0	Will the minimum funding amount reported on line 12d be met by t			🖂	Yes [No □N/A
Pari	Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan ye	aar?		Пу	98 X N	ĺo.
	If "Yes," enter the amount of any plan assets that reverted to the e			13a		
þ	Were all the plan assets distributed to participants or beneficiaries of the PBGC?	, transferred to another plan, or bro	ught under the co	ontrol	ı	Yes X No
C	If during this plan year, any assets or liabilities were transferred frowhich assets or liabilities were transferred. (See Instructions.)	om this plan to another plan(s), iden	tify the plan(s) to	***********	<u> </u>	
1	3c(1) Name of plan(s);		130	(2) EIN(5)	13c(3) PN(s)
Pani	Yill Trust Information (optional)					
14a i	Name of trust			14b ⊤	rust's EiN	
<u>, </u>	Tulin & McBride, PS 401(k) Plan				27-4469	9657