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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

		Complete all entries in accord	ance with the motion	ctions to the Form 550	JU-3F.		
Part I		Identification Information					
For calenda	ar plan year 2012 or fis	cal plan year beginning 01/01/2013		and ending	04/16/2013		
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	Па	a one-participa	ant plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)		
C Check	box if filing under:	Form 5558	automatic extension			OFVC program	n
		special extension (enter description	n)				
Part II	Basic Plan Info	rmation—enter all requested informa	tion				
1a Name	of plan	·			1b Thre	ee-digit	
BRIERE & A	SSOCIATES, INC. 401	I(K) SALARY REDUCTION PLAN & TR	RUST			n number	
						1) 🕨	001
					1c Effe	ective date of	•
20.51					01 -	01/01/1	
	ponsor's name and add ASSOCIATES, INC.	dress; include room or suite number (en	nployer, if for a single-	-employer plan)	2D Emp		cation Number
						onsor's teleph	one number
1944 DI IVAI	LL AVENUE NE				20 Opt	425-228-	
RENTON, W					2d Bus	iness code (s	see instructions)
						236110	
3a Plan a	dministrator's name an	d address XSame as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b Adm	ninistrator's El	IN
					20. A day	-:-:	lankana awakan
					3C Adri	ninistrator's te	elephone number
4 If the r	name and/or EIN of the	plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b EIN	l	
		nber from the last return/report.			_		
	or's name				4c PN		
		at the beginning of the plan year			<u> </u>		3
		at the end of the plan year			. 5b		0
		account balances as of the end of the pl	•	•	5c		0
·	•	during the plan year invested in eligible					X Yes No
		the annual examination and report of a				•••••	
		(See instructions on waiver eligibility a					X Yes No
If you	answered "No" to ei	ther line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use	Form 550	0.	
Caution: A	penalty for the late of	or incomplete filing of this return/rep	ort will be assessed	unless reasonable ca	use is esta	ıblished.	
		ner penalties set forth in the instructions					
	edule MB completed an true, correct, and comp	nd signed by an enrolled actuary, as we	ll as the electronic ver	rsion of this return/repoi	rt, and to the	e best of my k	knowledge and
	rao, corroot, and comp		T	T			
SIGN	Filed with authorized/v	valid electronic signature.	09/18/2013	TERRILL BRIERE			
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	dual signing	as plan admi	inistrator
SIGN	Filed with authorized/v	valid electronic signature.	09/18/2013	TERRILL BRIERE			
HERE	Signature of employ		Date	Enter name of individ			
Preparer's	name (including firm name	ame, if applicable) and address; include	room or suite number	er (optional)	Preparer'	's telephone n	number (optional)

Form 5500-SF 2012 Page **2**

Dor	4 III Financial Information		<u> </u>				
<u> Par</u>	t III Financial Information Plan Assets and Liabilities		(a) Beginning of Ver				(h) End of Voor
		7-	(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a 7b	9733	50			0 0
	Net plan assets (subtract line 7b from line 7a)	76 7c	9733	<u></u>			0
	Income, Expenses, and Transfers for this Plan Year	70					-
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	275	6			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					2756
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10008	6			
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					100086
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-97330
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	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 instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b	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		10000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	· ·	10d		X	10000
е	Were any fees or commissions paid to any brokers, agents, or oth			100			
·	insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	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	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h		Х	
ī	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 1 5 11						
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	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction :	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ith	, and 6	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.		<u> </u>		Т
b	Enter the minimum required contribution for this plan year					12b	

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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?	X	res 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		X Yes	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):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a

2012

OMB Nos. 1210-0110

1210-0089

	yee Benefits Security Administration	the Inte	ernal Revenue Code (tt	ie Code)	o(a) 01	This Form	ls Open to Public
	Complete all entries In accordance with the Instructions at the Complete all entries In accordance with the Instructions at the Complete all entries In accordance with the Instructions at the Complete all entries In accordance with the Instructions at the Complete all entries In accordance with the Instructions at the Complete all entries In accordance with the Instruction at the Complete all entries In accordance with the Instruction at the Complete all entries In accordance with the Instruction at the Complete all entries In accordance with the Instruction at the Complete all entries In accordance with the Instruction at the Complete all entries In accordance with the Instruction at the Complete all entries In accordance with the Instruction at the Complete all entries In accordance with the Instruction at the Complete all entries In accordance with the Instruction at the Complete all entries In accordance with the Instruction at the Complete all entries In accordance with the Instruction at the Complete all entries In accordance with the Instruction at the Complete all entries In accordance with the Instruction at the Complete all entries In accordance with the Instruction at the Complete all entries In accordance with the Instruction at the Complete all entries In accordance with the Instruction at the Complete all entries In accordance with the Instruction at the Complete all entries In accordance with the Instruction at the Complete at the						
Pa		dentification information	THE THE THE	ructions to the Form 55	00-SF.		
For ca	alendar plan year 2012 or fisca	al plan year beginning	01/01/2013	and ending	0.4	/16/2013	
A Tr	nis return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer)		1	
B Th	nis return/report is:		x the final return/repo		L	a one-particit	ent plan
		an amended return/report	🗷 a short plan year re	turn/report (less than 12 r	nonths)		
C Of	neck box if filing under:	Form 5558	automatic extension			DFVC progra	.p.
		special extension (enter descript	tion)		لــا	l pi ao biodis	1111
Par	Basic Plan Infor	mation enter all requested in		·			
1a 1	vame of plan	emer an requested if	юппацоп		46 -		
ī	BRIERE & ASSOCIATES	TNC 401 (F) CALASS				hree-digit Ian number	
	a moodinies,	INC. 401(K) SALARY REI	DUCTION PLAN &	FRUST	(F	PN) ►	001
						ffective date of	fplan
28	Plan sponsor's name and addr	ress; include room or suite number	(employer, if for a sing	e-employer plan		1/01/1998	
	BRIERE & ASSOCIATES,	INC.	A wheel and a ton or only	o-employer plany		mployer Identi EIN) 91-142	fication Number 22637
7	OAA DERZARA ATTORNO					ponsor's telepi	
Į.	1944 DUVALL AVENUE N	TE.				425) 228-	
	KENTON	WA 98059			20 B	usiness code (36110	see instructions)
Ja F	Plan administrator's name and	address X Same as Plan Spons	sor Name [] Same as	Plan Sponsor Address	3b A	dministrator's I	=1N1
						Commission of the	2114
					30 4	desimilare e	-1
					JC A	ummistrators t	elephone number
4 11	The server of the server				1		
ri Ti	ame, EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	alast return/report filed	for this plan, enter the	4b ∈	IN	
	ponsor's name				4c Pi	N!	
5a T	otal number of participants at	the beginning of the plan year			5a		3
-, .	erai ricinoci oi participants at	the end of the plan year			5b		0
* *	according barrenbarre will acc	COUNT DAMANCES as of the end of tho	under voor /date aut beer	Fr. I			
6a ∨	Vere all of the plan's assets du	orting the plan year invested in eligit	Na accete 2 / Con install		5c		0 ===
b A	re you claiming a waiver of the	e annual examination and report of	f an indoppedent qualifi	Alons.)	****	~~~~	X Yes No
Ų	nder 29 CFR 2520,104-467 (S	See instructions on waiver eligibility	and conditions)				
<u>If</u>	you answered "No" to eithe	er line 6a or line 6b, the plan can	not use Form 5500-SE	and must instead use i	-		X Yes No
Cauti	on: A penalty for the late or	incomplete filing of this return/r	eport will be assesse	tuniese masonable ca	ità is agi	toblished	7
wilde.	, benerice of beditta still ottle	if Denaines sot famb in the inclination	ana a India ata um 11 - 6 i f				
56 or belief	Schedule MB completed and it is true correct, and completed.	signed by an enrolled actuary, as etc.	well as the electronic v	ersion of this return/report	t, and to t	ne best of my l	knowledge and
	1/01 00	774 774 77					- 5
3IC		new	19-17-13	Terrill Briere			
	Signature of plan admini	strator	Date	Enter name of individua	al signing	as plan admin	istrator
SIC							-Strator
判核	Tin.1	lan sponsor	Date	Enter name of individus	d cionina	ac appaloues a	1
Prepa	irer's name (including firm nam	ne, if applicable) and address; inclu	ude room or suite numb	er (optional)	vidual signing as employer or plan sponsor Preparer's telephone number (optional		
				, , , , , , , , , , , , , , , , , , , ,	, ,opa,o	e a readproone to	omber (optionar)
					- HINT-TI-		
					0		
L					4		
For P	aperwork Reduction Act No.	tice and OMP Control N			LOUIS CALCULATION	Harry St. De	decision of the second

	Form 5500-SF 2012		Page 2						
P	Financial Information								
7	Plan Assets and Liabilities	1100 Sec. 1940							
а	Total pian assets	B average	(a) Beginning of Yea	ır			(b) End	of Year	
b	Total plan liabilities	7a	97,3	30_		<u>-</u> -			0
c	Net plan assets (subtract line 7b from line 7a)	7b							0
8	Income, Expenses, and Transfers for this Plan Year	7c	97,3	30					0
a	Contributions received or receivable from:		(a) Amount		To beautiful.	v 7 7	(b) T	otal	
	(1) Employers	8a(1)							2.0
	(2) Participants	8a(2)						A in the	
<u> </u>	(3) Ofhers (including rollovers)	8a(3)			363			or the state of th	
	Other income (loss)	8b	2,7	56					
$\frac{d}{c}$	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c	10.00	194a	#			2 ·	756
	to provide benefits)	8d	100 0	0.6		11116	efug (
e	Certain deerned and/or corrective distributions (see instructions)	Se	100,0	86				# 19 ig	
f	Administrative service providers (salaries, fees, commissions)	8f	,						
9_	Other expenses	8g	· · · · · · · · · · · · · · · · · · ·		200	District			
h	Total expenses (add lines &d. 8e. &f, and &g)	8h		ole and		1. 世界田	PROPERTY.	是10%	200
ì	Net income (loss) (subtract line 8h from line 8c)	Bi				·		100,	
	Transfers to (from) the plan (see instructions)	8j			19522	200 S R	mil emil	(97,3	30)
P.	rt W Plan Characteristics	<u> </u>							544
9a	If the plan provides pension benefits, enter the applicable pension fer	aturo codo	A first the time for the						
	2E 2F 2J 2K 3E	arme code	s from the List of Plan Charact	eristic	: Code	s in th	e instructio	nş;	
b	If the plan provides welfare benefits, enter the applicable walfare to								
	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	from the List of Plan Characte	ristic (Codes	in the	instruction	s :	
Pa	Compliance Questions							·	
10	During the plan year:						T		
a	Was there a failure to transmit to the plan any participant contribution	one within	<u></u>	1	Yes	No		Amount	
	The state of the s	ary Correc	tion Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest?	(Do not in	chido teorementines servicio						
c	Was the plan covered by a fidelity bond?	TVT 140% - 100 000 000	**************************************	106		X	·	·	
d	 Did the pian have a loss, whether or not reimbursed by the plan's fit 	dolihi banc	t then true and the contract of	10¢	X		<u> </u>	1	0,000
		*******		10d		x			
6	vivere any fees or commissions paid to any brokers, agents, or other	nereone h	· · · · · · · · · · · · · · · · · · ·	100					
	of all of	the hones	to under the along to						
f				10e		X			
	Has the plan failed to provide any benefit when due under the plant	***************************************		10f		x			
_ <u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	10g	1	x			
h	The same of the second control of the second	ee instruct	tions and 29 CFR		1		1	1 1	. Wrie
i	2520.101-3.)	··· ·· · · · · · · · · · · · · · · · ·		10h		x			i di di
•	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required r	notice or one of the					90	
Par	Pension Funding Compliance	0		101				1 300	ni 📜
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line (1a below)	nts? (If "Ye	es," see instructions and compl	éte S	chedul	e SB	(Form		
118	Enter the amount from Schedule SB line 39			*******		********	***********	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding re	ouirement	s of section 410 at the Code	 	^^	1a	101-		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a		a or accition at 12 of the Code of	secti	on 302	of El	RISA?	Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being	amodizad	Lin thin man	• • •	-			·	
			MOD	ons, a th	nd ent	er the	date of the	letter rulin Year	ıg
If y	you completed line 12a, complete lines 3, 9, and 10 of Schedule N	MB (Form	5500), and skip to line 13		-			1691	
b	Enter the minimum required contribution for this plan year		The property of the property o		1	2b			
				*****	<u> </u>	20			

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С	- The plan for this plan veer		7	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minumegative amount)		12c	
e Pan	Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets	***************************************		Yes No NA
13a		***************************************	X Yes	□ No
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another of the PBGC?			(-
¢	If during this plan year, any assets or liabilities were transferred from this plan to another p which assets or liabilities were transferred. (See instructions.)	plan(s), identify the plan(s) to	***************************************	X Yes No
1	13c(1) Name of plan(s):	130	(2) EIN(5)	13c(3) PN(s)
Pad	Trust Information (optional)			
14a i	Name of trust		14b Trus	st's EIN