## 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Don't L			cordance with the instru-				
Part I	_	dentification Information					
For calen	dar plan year 2013 or fis	cal plan year beginning 01/01/	/2013	and ending	12/31/2	2013	
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	oant plan
<b>B</b> This re	eturn/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	onths	)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter desc	ription)			_	
Part II	Basic Plan Info	rmation—enter all requested inf	formation				
1a Name					1b	Three-digit	
	CBRIDE, PS 401(K) PLA	AN				plan number	
					_	(PN) <b>•</b>	001
					10	Effective date of	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) JULIN & MCBRIDE, PS						Employer Identif	fication Number 67982
					2c	Sponsor's telep	
	85TH STREET ), WA 98052				0.1	425-885	
REDIVIONE	7, WA 90032				2a	Business code ( 54111	
3a Plan	administrator's name an	d address XSame as Plan Spons	sor Name Same as Plai	n Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
4 16.0					4.		
		plan sponsor has changed since nber from the last return/report.	the last return/report filed for	or this plan, enter the	4b	EIN	
	sor's name	iber from the last retain/report.			4c	PN	
		at the beginning of the plan year			5a		7
<b>b</b> Total	number of participants	at the end of the plan year			5b		7
	<ul><li>b Total number of participants at the end of the plan year</li><li>c Number of participants with account balances as of the end of the plan year (defined benefit plans do not</li></ul>						
00111	alete this item)				5c		7
6a Wer	,		······································	·	5с		7 X Yes □ No
	e all of the plan's assets		eligible assets? (See instruc	ctions.)			7 X Yes No
<b>b</b> Are y	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46?	during the plan year invested in e the annual examination and report (See instructions on waiver eligib	eligible assets? (See instruction of an independent qualification of and conditions.)	ctions.)ed public accountant (IC	)PA)		
<b>b</b> Are younded	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? u answered "No" to eit	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of	eligible assets? (See instruction of an independent qualification of an independent qualificat	ctions.)ed public accountant (IC	PA) Form	5500.	X Yes No
<b>b</b> Are younded	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? u answered "No" to eit	during the plan year invested in e the annual examination and report (See instructions on waiver eligib	eligible assets? (See instruction of an independent qualification of an independent qualificat	ctions.)ed public accountant (IC	PA) Form	5500.	X Yes No
b Are y under If yo	e all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefi	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of t plan, is it covered under the PBG	eligible assets? (See instruction of an independent qualification of an independent qualificat	ed public accountant (IC and must instead use ERISA section 4021)?	(PA) Form	5500.   Yes   No	X Yes No X Yes No
b Are y under If yo C If the Caution:	e all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefit A penalty for the late of	during the plan year invested in e the annual examination and report (See instructions on waiver eligib ther line 6a or line 6b, the plan of t plan, is it covered under the PBG or incomplete filing of this return	eligible assets? (See instruction of an independent qualification of an independent qualification of an independent qualification of an independent of an in	ed public accountant (IC and must instead use ERISA section 4021)?	Form	5500. Yes No established.	Yes No Yes No Not determined
b Are younded If you C If the Caution: Under per SB or Sch	e all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefit A penalty for the late chalties of perjury and other constants.	during the plan year invested in each the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this returnated by an enrolled actuary, and signed by an enrolled actuary, and	eligible assets? (See instruct of an independent qualification of the conditions.)	ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	Form use is	5500.  Yes No established.  noluding, if applications	Yes No Yes No Not determined  able, a Schedule
b Are younded If you C If the Caution: Under per SB or Schelief, it is	e all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefit A penalty for the late conalties of perjury and other dule MB completed and true, correct, and comp	during the plan year invested in each the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this returnated by an enrolled actuary, and signed by an enrolled actuary, and	eligible assets? (See instruct of an independent qualification of the conditions.)	ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	Form use is	5500.  Yes No established.  noluding, if applications	Yes No Yes No Not determined  able, a Schedule
b Are younded If you C If the Caution: Under per SB or Schelief, it is	e all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefit A penalty for the late conalties of perjury and other dule MB completed and true, correct, and comp	during the plan year invested in each the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filing of this returnment penalties set forth in the instructed signed by an enrolled actuary, a solete.	eligible assets? (See instruct of an independent qualification of the conditions.)	ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	PPA) Form use is port, irt, and	5500.  Yes No established.  Including, if applicate to the best of my	Yes No Yes No Not determined  able, a Schedule knowledge and
b Are young and if you continued the continued of the con	e all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefit A penalty for the late of nalties of perjury and other and the completed and true, correct, and comp	during the plan year invested in each the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filing of this returnment penalties set forth in the instructed signed by an enrolled actuary, a solete.	eligible assets? (See instruct of an independent qualification of an independent qualification of an independent qualification of an independent program (See an Insurance pro	ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re rsion of this return/repor	PPA) Form use is port, irt, and	5500.  Yes No established.  Including, if applicate the best of my	Yes No Yes No Not determined  able, a Schedule knowledge and
b Are younded If you C If the Caution: Under per SB or Schelief, it is	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? The plan is a defined benefit a penalty for the late of palties of perjury and other and the completed and the true, correct, and completed with authorized.  Signature of plan according to the plan according to	during the plan year invested in ethe annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of plan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary, a solete.	eligible assets? (See instruct of an independent qualified in the proof of an independent qualified in the proof of an independent qualified in the proof of an independent use Form 5500-SF GC insurance program (see independent of a see independent of a see independent of a see in the proof of an independent of a see in the proof of an independent of a see in the proof of an independent of a see in the proof of an independent of a see in the proof of an independent of a see in the proof of an independent of a see in the proof of an independent of	ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re rsion of this return/repor	PPA)  Form  use is  port, ir t, and	5500.  Yes No established.  Including, if applicate to the best of my	Yes No Yes No Not determined  Able, a Schedule knowledge and
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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Reginning of Ver	ır.	Т		(b) End	of V	nar.		
_ <del>′</del> a	Total plan assets	. 7a	(a) Beginning of Yea		(b) End of Year 1329694						
b	Total plan liabilities	7a 7b		•					2000		
	Net plan assets (subtract line 7b from line 7a)	7c	109131	7			1329694				
8	Income, Expenses, and Transfers for this Plan Year	, ,,	(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) Amount				(5)	Otal			
	(1) Employers	. 8a(1)	6789	2							
	(2) Participants	. 8a(2)	4891	0							
	(3) Others (including rollovers)	8a(3)									
<u>b</u>	Other income (loss)	. 8b	13596	3							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						2	52765		
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1438	8							
<u>e</u>	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							14388	}	
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						2	38377		
J	Transfers to (from) the plan (see instructions)	· 8j									
	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	c Cod	les in t	he instruct	ions:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
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		X					
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	Χ					1000	000
d	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 the ben	efits under the plan? (See		Χ					0.0	25.4
	instructions.)			10e		Χ				28	354
f	, , , , , , , , , , , , , , , , , , ,			10f							
g		-		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							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•					•		Yes	X	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding		, ,		ı		ERISA?	П	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instru		and e	enter th	ne date of	the le Yea		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										_
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	1
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С	Ente	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)					
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?		res X No	)
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) assets or liabilities were transferred. (See instructions.)	to		
1	3c(1)	Name of plan(s):	<b>3c(2)</b> E∣	N(s)	<b>13c(3)</b> PN(s)
Part	VIII	Trust Information (optional)			
		of trust CBRIDE, PS 401(K) PLAN		rust's EIN 74469657	

## 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 4055 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public

2013

Employee Benefitz Security Administration	Inspection						
Permion Benefit Guaranty Corporation  Complete all entries in accordance with the Instructions to the Form 5500-SF.							
	entification Information						
or calendar plan year 2013 or fisca	plan year beginning 01/01/2013 and ending	12/31/2013					
A This return/report is for:		a one-participant plan					
This return/report is:	the first return/report the final return/report						
L	an amended return/report as short plan year return/report (less than 12 m	onths)					
Check box if filing under:	Form 5558 automatic extension	DFVC program					
Γ	special extension (enter description)						
Basic Plan Inform	nation enter all requested information						
a Name of plan	THE CHAIR OF THE CONTROL OF THE CONT	1b Three-digit					
	***	plan number					
JULIN & MCBRIDE, PS	401 (K) FLAN	(PN) ▶ 001					
		1C Effective date of plan 01/01/1990					
2a Plan sponsor's name and addr	ess; include room or suite number (employer, if for a single-employer plan)	2b Employer Identification Number					
JULIN & MCBRIDE, PS	Ess, include footh or suite rightoes (employer, in for a single-chilproyer plair)	(EIN) 91-2067982					
	#:						
		2C Sponsor's telephone number (425) 885-4066					
16088 NE 85TH STREET		2d Business code (see instructions)					
IS REDMOND	WA 98052	541110					
	address X Same as Plan Sponsor Name Same as Plan Sponsor Address	3b Administrator's EIN					
t wit continuous a tente ate	denien in charact terrine marite et i int Abouta Meidea	The Property of the Property o					
		20.01.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1					
		3C Administrator's telephone number					
If the name and/or EIN of the p name, EIN, and the plan numb	olan sponsor has changed since the last return/report filed for this plan, enter the er from the last return/report.	4b EIN					
а Spensor's папте		4c PN					
	the beginning of the plan year	5a 7					
	the end of the plan year	5b 7					
	count balances as of the end of the plan year (defined benefit plans do not	5c 7					
	uring the plan year invested in eligible assets? (See instructions.)	WYY No					
b Are you claiming a walver of th	e annual examination and report of an independent qualified public accountant (IQF						
	See instructions on walver eligibility and conditions.)	<u>ix</u> YesNo					
-	er line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use						
c If the plan is a defined benefit ;	plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Yes No Not determine					
Caution: A negative for the late of	r incomplete filing of this return/report will be assessed unless reasonable ca	use is established.					
	ar penalties set forth in the instructions, I declare that I have examined this return/re						
SB or Schedule MB completed and	isolated by an enrolled actuary, as well as the electronic version of this return/repor	t, and to the best of my knowledge and					
belief, it is true, correct, and compl	May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
14, Stylin	Kate Julin	M, Kathory Luc					
Signature of all adjust	Date Enter name of individu	al signing as plan administrator					
W. N. N. Whilli	1- MADE SMATTER 2/17/14 14. Kather	THE VILLEN					
	The bold of the state of the st	D. C. C. C.					
Signature of employers		al signing as employer or plan sponsor					
Preparer's name (including firm na	me, if applicable) and aburess include room or suite number (optional)	Preparer's telephone number (optional)					
Total Control of the							

-	Form 5500-SF 2013		Page 2				
	Financial Information				100		
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
a	Total plan assets	7a	1,091,31	.7			1,329,694
b	Total plan liabilities	7b				V. 100 - 1	
c	Net plan assets (subtract line 7b from line 7e)	7c	1,091,31	.7			1,329,694
8	Income, Expenses, and Transfers for this Plan Year	100000	(a) Amount				(b) Total
â	Contributions received or receivable from:		40.04		3		
_	(1) Employers	8a(1)	67,89	_			
_	(2) Participants	8a(2)	48,91	.0			
_	(3) Others (including rollovers)	Ba(3)	100.00				
ь	Other income (loss)	ВЬ	135,96	3			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			2000000	130.100	252,765
d	to provide benefits)	8d	14,36	38			
e	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					14,388
÷	Net Income (loss) (subtract line 8h from line 8c)	81					238,377
Ť	Transfers to (from) the plan (see instructions)	Bj	AND DESCRIPTION OF THE PERSON				
癫	Plan Characteristics				E Contract	OF SHIPPING	Call STATE STATE OF THE STATE O
200	If the plan provides pension benefits, enter the applicable pension fe	ntum code	as from the List of Plan Charact	neictio	Codo	c la thr	o Instructions:
Ja	2E 2F 2G 2J 3D	ratule wul	te Hollf (19 F19/ of 1-19)) Alighace	ol 160C	Code		a mad podoma.
				1.46. 6	<b>.</b>	lu 4h s	f
þ	If the plan provides welfare benefits, enter the applicable welfare fee	itris codei	s from the List of Plan Character	nsuc (	29005	in ino	INSTRUCTIONE:
10.00							
	Compliance Questions			_	7		
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Flour			10a		x I	
F	Were there any nonexempt transactions with any party-in-interest			1.00			
2222	on line 10a.)			10b		X	
	Was the plan covered by a fidelity bond?			10c	x		100,000
C	Did the plan have a lose, whether or not reimbursed by the plan's or dishonesty?			10d		x	
e	Were any fees or commissions paid to any brokers, egents, or other						
	Insurance service, or other organization that provides some or all				x		2,954
-	instructions.)			100	_		2,434
	Has the plan failed to provide any benefit when due under the plan	n?		10f	_	х	
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х	
ŀ	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	he required	notice or one of the	101			
1:2	Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						(Form Yes X No
11	a Enter the unpaid minimum required contribution for current year fr	rom Sched	ule SB (Form 5500) line 39			11a	(N - 5), 2555=-15()—
12				r seci	ion 30	2 of E	RISA? Yes X No
	(If "Yes." complete line 12s or lines 12b, 12c, 12d, and 12s below	1995					The Alberta Assessment
- 8	If a waiver of the minimum funding standard for a prior year is bell granting the waiver	ng amortiz	ed in this plan year, see instruct				e date of the letter ruling
p.	Tyou completed line 12s, complete lines 3, 9, and 10 of Schedule						
	Enter the minimum required contribution for this plan year					12b	
L	Enter als meathour reduced equipoport for this bigh Ass	*************		*******	******	1207	

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C	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				
e	Will the minimum funding emount reported on line 12d be met by the funding deadline?		Yes	□ No	□ N/A	
100	Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	□ Ye	93 X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?				X No	
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): 13	(2) EIN	(s)	13c	13c(3) PN(s)	
ř.	Trust Information (optional)		2 100			
14a Name of trust		14b Trust's EIN				
	JULIN & MCBRIDE, PS 401(K) PLAN		27-4469657			