For	m 5500-SF	Short Form Annual Ret		f Small Employ	/ee		OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be filed u	enefit Plan nder sections 104 ar	nd 4065 of the Employed	е		2013		
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19	74 (ERISA), and sec evenue Code (the C	tions 6057(b) and 6058	(a) of	This Form i	s Open to Public		
Pension Be	enefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 5500)-SF.	Ins	spection		
Part I		entification Information							
For calend	ar plan year 2013 or fisca			and ending 1	2/31/2	2013			
A This ret	urn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	pant plan		
B This ret	urn/report is:	the first return/report th	e final return/report						
		an amended return/report a s	short plan year return	/report (less than 12 mo	onths				
C Check	box if filing under:] Form 5558	utomatic extension			DFVC progra	ım		
		special extension (enter description)							
Part II	Basic Plan Inforn	nation—enter all requested information	on						
1a Name	•				1b				
MARGULLIS LUEDTKE & RAY 401(K) PROFIT SHARING PLAN						•	002		
							•		
	ponsor's name and addre S, LUEDTKE & RAY	ess; include room or suite number (emp	oloyer, if for a single-e	employer plan)	2b				
2601 NORT	H ALDER STREET				2c				
TACOMA, W	/A 98407				2d		,		
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's EIN			
4 If the r	name and/or EIN of the p	lan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	EIN			
		er from the last return/report.			4.0				
<u> </u>	or's name	the beginning of the plan year				PN	10		
					50		10		
		count balances as of the end of the plat			5c		10		
b Are you under If you	ou claiming a waiver of th 29 CFR 2520.104-46? (answered "No" to eith	e annual examination and report of an See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot	independent qualifie d conditions.) use Form 5500-SF a	d public accountant (IQI and must instead use	PA) Form	5500.	X Yes No		
Caution: A	popality for the late or	incomplete filing of this return/report	t will be assessed i	inloss rossonable cau	eo ie	ostablishod	<u> </u>		
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instructions, I signed by an enrolled actuary, as well a	declare that I have e	examined this return/rep	ort, ir	ncluding, if applic			
SIGN	Filed with authorized/va	lid electronic signature.	04/08/2014	NORMAN MARGULLIS					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator		
SIGN					,	- ·			
HERE	Signature of employe	r/plan sponsor	Date	turn/report n year return/report n year return/report extension Ib Three-digit plan number (PN) ▶ 002 1c Effective date of plan 01/01/1985 for a single-employer plan) 2b Employer Identification Number (EIN) 91-1239006 2c Sponsor's telephone number 263-752-2251 2d Business code (see instructions) 541110 ame as Plan Sponsor Address 3b 3c Administrator's telephone number asc 3c administrator's telephone number asc 3b attinistrator's telephone number 5a 10 fined for this plan, enter the 4b 4c PN 5a 10 Ges instructions.) Se ms500-SF and must instead use Form 5500. ogram (see ERISA section 4021)? Yes MorMAN MARGULLIS Enter name of individual signing as plan administrator Enter name of individual signing as employer or plan sponsor					
Preparer's		ne, if applicable) and address; include r			_				

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
a Total plan assets		7a 3383648				4028086		
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	338364	8			4028086		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:		44704	0					
(1) Employers	8a(1)	11784						
(2) Participants	8a(2)	8043	0					
(3) Others (including rollovers)	8a(3)	75482	0					
b Other income (loss)	8b	70402	0	_		050407		
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c					953107		
to provide benefits)	8d	30831	3					
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f	35	6					
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					308669		
i Net income (loss) (subtract line 8h from line 8c)	8i					644438		
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions								
10 During the plan year:				Yes	No	Amount		
a Was there a failure to transmit to the plan any participant contributions within the time period describ 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		Х			
	b Were there any nonexempt transactions with any party-in-interest? (Do not inc on line 10a.)				Х			
C Was the plan covered by a fidelity bond?			10c	Х		400000		
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
insurance service, or other organization that provides some or all	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			x		5759		
f Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	J.)	10g		Х			
	 bit the plan have any participant loans? (in Fee, once amount do of your cite.)				Х			
 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 			10i					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)					dule SE	3 (Form		
11a Enter the unpaid minimum required contribution for current year free	om Schedul	e SB (Form 5500) line 39			11a			
12 Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code	or se	ection 3	302 of	ERISA? Yes X No		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
a If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mon		, and e	enter th Day	ne date of the letter ruling Year		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule					461	[
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	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?	Ye	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 c of the PBGC?	ontrol		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) t which assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		1	
14a	lame of trust	14b Tru	ust's EIN	

	Short Form Annual	-	f Small Employ	ee	OMB Nos. 1210-011 1210-008		
Department of the Treasury Internal Revenue Service	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ			•	2013		
Department of Labor Employee Benefits Security Administration	Retirement Income Security Ac	ct of 1974 (ERISA), and sector ernal Revenue Code (the Co	tions 6057(b) and 6058((a) of	This Form Is Open to Public Inspection		
Pension Benefit Guaranty Corporation	Complete all entries in account of the second	cordance with the instruct	tions to the Form 5500	-SF.			
Part I Annual Report Id For calendar plan year 2013 or fisc	dentification Information	01/01/2013	and ending	-	12/31/2013		
-	X a single-employer plan	a multiple-employer pla]	a one-participant plan		
A This return/report is for: B This return/report is:	the first return/report	the final return/report	in (not maillompioyory	l			
	an amended return/report	a short plan year return	/report (less than 12 mo	onths)			
C Check box if filing under:	Form 5558			DFVC program			
e check box it hing ander.	special extension (enter descri			L			
Part II Basic Plan Infor	mation—enter all requested info			_			
1a Name of plan					Three-digit		
Margullis Luedtke & Ray 401(K) Profit Sharing Plan			(PN) 002				
					Effective date of plan 01/01/1985		
2a Plan sponsor's name and add MARGULLIS , LUEDTKE &	ress; include room or suite numbe	er (employer, if for a single-e	employer plan)	2b	Employer Identification Number		
MARGOIDIS, DOEDIRE &	NA1		-	(EIN) 91-1239006 2c Sponsor's telephone number			
2601 NORTH ALDER STR	EET			253 - 752 - 2251			
				2d Business code (see instructions)			
TACOMA	WA 98407	—		01-	541110		
3a Plan administrator's name and	address XSame as Plan Spons	sor Name IXISame as Plan	Sponsor Address	30	Administrator's EIN		
	plan sponsor has changed since t	the last return/report filed fo	r this plan, enter the	4b	EIN		
a Sponsor's name	ber from the last return/report.						
5a Total number of participants a	at the beginning of the plan year			4c	PN		
	at the beginning of the plan year			4c 5a	Y		
	at the end of the plan year				1		
 b Total number of participants a c Number of participants with a 	at the end of the plan year	the plan year (defined bene	fit plans do not	5a 5b	1		
 b Total number of participants a c Number of participants with a complete this item) 6a Were all of the plan's assets 	at the end of the plan year account balances as of the end of the unit of the unit of the plan year invested in e	the plan year (defined bene ligible assets? (See instruct	fit plans do not ions.)	5a 5b 5c			
 b Total number of participants a c Number of participants with a complete this item) 6a Were all of the plan's assets b Are you claiming a waiver of finance of the plan. 	at the end of the plan year account balances as of the end of t during the plan year invested in e the annual examination and repor	the plan year (defined bene ligible assets? (See instruct t of an independent qualifie	fit plans do not ions.) d public accountant (IQI	5a 5b 5c PA)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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 b Total number of participants a c Number of participants with a complete this item)	at the end of the plan year account balances as of the end of the during the plan year invested in e the annual examination and repor (See instructions on waiver eligibilither line 6a or line 6b, the plan c t plan, is it covered under the PBG or incomplete filing of this return the penalties set forth in the instruct d signed by an enrolled actuary, a liste.	the plan year (defined bene ligible assets? (See instruct t of an independent qualifie ility and conditions.) cannot use Form 5500-SF GC insurance program (see n/report will be assessed to ctions, I declare that I have a as well as the electronic vers Date Date	fit plans do not ions.) d public accountant (IQI and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report NORMAN MARGULI Enter name of individu Enter name of individu	5a 5b 5c PA) Form Se is oort, inf , and t UIS Ual sig	1 1 <td< td=""></td<>		

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