## 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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit JULIN & MCBRIDE, PS 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/1990 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number JULIN & MCBRIDE, PS (EIN) 91-2067982 Sponsor's telephone number 425-885-4066 **16088 NE 85TH STREET** REDMOND, WA 98052 Business code (see instructions) 541110 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year ..... 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 5 d(2) Total number of active participants at the end of the plan year..... 5d(2) 5 e Number of participants that terminated employment during the plan year with accrued benefits that were 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional) Preparer's telephone number (optional)

	Form 5500-SF 2014		Page <b>2</b>								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ and conditio	lent qualified public accounta	nt (IQ	PA)				X Y	es [	No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pro	ogram (see ERISA section 40	21)? .		Yes	No		lot det	ermiı	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) Er	nd of			
<u>a</u>	Total plan assets	. 7a	13296	94					145	5327	
	Total plan liabilities	. 7b	42000	20.4					4.45	F207	
	Net plan assets (subtract line 7b from line 7a)	. 7c	13296	94						5327	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				<u>(b</u>	) Tot	al		
	(1) Employers	. 8a(1)	195	77							
	(2) Participants	. 8a(2)	445	540							
	(3) Others (including rollovers)	. 8a(3)									
b	Other income (loss)	. 8b	761	43							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							14	0260	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	146	27							
	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	4627	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							12	5633	
j	Transfers to (from) the plan (see instructions)	· 8j									
b	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits.	eature codes	s from the List of Plan Charac	cterist	ic Cod	les in t	he instru	ıction	s:		
10	During the plan year:				Yes	No		Α	moun	t	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			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	X					10	0000
d	or dishonesty?	·······	· · · · · · · · · · · · · · · · · · ·	10d		X					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benef	fits under the plan? (See	10e	X						3354
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	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 to exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							<u></u>	Y	es 🔀	No
<u>11a</u>	Enter the unpaid minimum required contribution for current year for	rom Schedul	le SB (Form 5500) line 39			11a		<del></del>	_		
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA?	<u></u>	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below		•	41					latt	1*	
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and 6 	enter th Day			letter ear	rulin	 ગ

	Form 5500-SF 2014	Page <b>3</b> - 1				
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to I	line 13.			
b	Enter the minimum required contribution for this plan year			12b		
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 negative amount)			12d		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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	'es No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), ic	dentify the plan(s) t	0		
1	3c(1) Name of plan(s):		13	3c(2) EI	N(s)	<b>13c(3)</b> PN(s)
			I			

**14b** Trust's EIN 274469657

Part VIII Trust Information (optional)

**14a** Name of trust JULIN & MCBRIDE, PS 401(K) PLAN

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

		t Identification Information								
For	calendar plan year 2014 or f	scal plan year beginning	01/01/2014	and ending	12/31/201	4				
	This return/report is for: This return/report is:	a one-participant plan a foreign plan								
_	This return eport is.	an amended return/report	a short plan year return/rep	ort (less than 12 m	nonths)					
С	Check box if filing under:	Form 5558 special extension (enter description)	automatic extension		DFVC pr	ogram				
Б	art II Basic Plan Inf	ormation enter all requested	Information							
,	Name of plan	Officialion enter an requested	mornation		1b Three-digit					
JULIN & MCBRIDE, PS 401(K) PLAN					plan numbe (PN) ▶	001				
					1c Effective da 01/01/19					
2a	Plan sponsor's name and a JULIN & MCBRIDE, I	iddress; include room or suite numb ৪৪	er (employer, if for a single-emp	loyer plan)	(EIN) 91-	dentification Number -2067982				
					2c Sponsor's t (425) 88	elephone number 35–4066				
	16088 NE 85TH STREET US REDMOND WA 98052				2d Business code (see instructions) 541110					
3a		and address 🕱 Same as Plan Sp	onsor Name		3b Administrator's EIN					
4		he plan sponsor has changed since umber from the last return/report.	the last return/report filed for this	s plan, enter the	4b EIN	or's telephone number				
а	Sponsor's name	amber from the last retainsteport.			4c PN					
5a		s at the beginning of the plan year	***************************************		5a	7				
b	• •	s at the end of the plan year			5b	7				
C		n account balances as of the end of			5c	5				
d	(1) Total number of active pa	articipants at the beginning of the pl	an year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5d(1)	5				
d	· / · · ·	articipants at the end of the plan yea			5d(2)	5				
е	less than 100% vested	t terminated employment during the	plan year with accrued benefits	tnat were	5e					
C	aution: A penalty for the lat	e or incomplete filing of this retu	n/report will be assessed unle	ess reasonable ca	use is established	i.				
SI be	B or Schedule MB completed ellef, it is true, correct, and co	other penalties set fortinin the instru and signed by an enrolled actuary, proplete.	as well as the electronic version							
2000000	Sign 4/1									
	HERE Signature of plan ad		9/2/15	n Kall	I I Signing as gian a	W DV.				
F	HERE Signature of employ					oyer or plan sponsor				
Pi	reparer's name (including firn	name, if applicable) and address;	nclude room or suite number (oរុ	otional)	Preparer's telept	none number (optional)				

	Form 5500-SF 2014	•	Page 2						
6a \	Vere all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)					XYes	ΠNο
	Are you claiming a waiver of the annual examination and report of ar			(IQPA	.)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes	□ No
ŀ	f you answered "No" to either line 6a or line 6b, the plan canno	t use Forr	n 5500-SF and must instead u					<b></b>	
c l	f the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section 4021	)? .		_ Yes	No	Not de	etermined
Pai	till Financial Information	Liberrania				·			
<u>7</u> F	Plan Assets and Liabilities		(a) Beginning of Year		ļ		(b) End o		
	otal plan assets	7a	1,329,69	4	ļ			1,455,	327
	fotal plan liabilities								
	Net plan assets (subtract line 7b from line 7a)	7c	1,329,69 (a) Amount	94			1,455,327 (b) Total		
	Contributions received or receivable from:						- Turi		
(	1) Employers	8a(1)	19,57						
	2) Participants	8a(2)	44,54	10					
<del></del>	3) Others (including rollovers)	8a(3)	76.17						
	Other income (loss)	8b 8c	76,14	13				140,	260
	Benefits paid (including direct rollovers and insurance premiums	1 00						140,	260
	o provide benefits)	. 8d	14,62	27					
	Certain deemed and/or corrective distributions (see instructions)								
	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g						14	627
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i						125	
	Fransfers to (from) the plan (see instructions)								
Control of the Contro	TV Plan Characteristics	<u>,                                    </u>					•		
100000000000000000000000000000000000000	f the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Characte	eristic	Code	s in the	instructio	ns:	
	2E 2F 2G 2J 3D								
b !	f the plan provides welfare benefits, enter the applicable welfare fea	ature code:	s from the List of Plan Character	istic (	Codes	in the i	nstruction	s:	
Pa	tV Compliance Questions								
<u>10</u>	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduc	tions withir clary Corre	n the time period described in ction Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest			1				•	
	on line 10a.)			10b		Х			
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X			1	.00,000
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	er person	s by an insurance carrier,						
	insurance service, or other organization that provides some or all instructions.)			10e	x				3,354
f	Has the plan failed to provide any benefit when due under the plan			10f		х			
				<del> </del>	<b> </b>				
_ <u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	<del></del>	<del></del>	10g		Х			
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			<del>                                     </del>					
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3	***************************************	10i					
Par	t VI Pension Funding Compliance								
11	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								
11 a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39					1	
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code of	r sect	tion 30	2 of EF	RISA?	Ye	s 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 beli	ng amortiz	ed in this plan year, see instruct	ions,	and er	nter the	date of th	ie letter ru	ıling

	Form 5500-SF 2014	Page <b>3-</b>						
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	*******	12b					
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 negative amount)		12d					
_ е	Will the minimum funding amount reported on line 12d be met by the funding deadling	ne?	**********************	📗	Yes 🗆 1	N/A		
Part	VII Plan Terminations and Transfers of Assets							
13a Has a resolution to terminate the plan been adopted in any plan year?								
If "Yes," enter the amount of any plan assets that reverted to the employer this year						0		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?								
С	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	other plan(s), ide	ntify the plan(s) to					
1	3c(1) Name of plan(s):		130	( <b>2</b> ) EIN	(s)	13c(3) PN(s)		
						***		
Part	VIII Trust Information (optional)							
14a Name of trust			14b Trust's EIN					
i	JULIN & MCBRIDE, PS 401(K) PLAN			27-4469657				

•