### 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** 

Part I	Annual Repor	t Identification Information							
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2015	5	and ending 02/0	04/2015				
<b>A</b> This re	eturn/report is for:	a single-employer plan			ver) (Filers checking this box must attach a list				
	•	a one-participant plan	a foreign plan	•		,			
<b>B</b> This ret	turn/report is	the first return/report	the final return/report						
			<u> </u>	eturn/report (less than 12 months)					
					_				
C Check	box if filing under:	Form 5558	automatic extension		☐ DFVC p	program			
		special extension (enter descripti	on)						
Part II	Basic Plan Inf	ormation—enter all requested inform	nation						
1a Name					1b Three-digi	t			
JULIN & MO	CBRIDE, PS 401(K) F	PLAN			plan numb	oer 001			
					(PN) •				
						01/01/1990			
<b>2a</b> Plan s		ddress; include room or suite number (	employer, if for a single	e-employer plan)	<b>2b</b> Employer Identification Number (EIN) 91-2067982				
					<b>2c</b> Sponsor's	telephone number			
	5TH STREET				425-885-4066				
REDMOND,	, WA 98052				2d Business code (see instructions				
2		🖂			541110				
<b>3a</b> Plan a	administrator's name a	and address Same as Plan Sponsor.			<b>3b</b> Administra	tor's EIN			
		ne plan sponsor has changed since the umber from the last return/report.	last return/report filed f	for this plan, enter the	4b EIN				
<b>a</b> Spons	sor's name				4c PN				
<b>5a</b> Total	number of participant	s at the beginning of the plan year			5a	7			
<b>b</b> Total	number of participant	s at the end of the plan year			5b	C			
		account balances as of the end of the		· ·	5c	C			
<b>d(1)</b> To	tal number of active p	articipants at the beginning of the plan	year		5d(1)	5			
<b>d(2)</b> To	tal number of active p	articipants at the end of the plan year			5d(2)				
Number of participants that terminated employment during the plan year with accrued benefits that were				5e					
less than 100% vested				Je					
Under pen SB or Sch	nalties of perjury and o	e or incomplete filing of this return/re other penalties set forth in the instructio and signed by an enrolled actuary, as w nplete.	ns, I declare that I have	examined this return/rep	ort, including, if a	applicable, a Schedule			
SIGN	Filed with authorized	d/valid electronic signature.							
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	n administrator			
SIGN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>	**			
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor			

Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)

Preparer's telephone number (optional)

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								Yes [	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	21)?		Yes	No	Not d	eterm	ined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Yea	r	
a	Total plan assets	. 7a	14553	327						0
	Total plan liabilities	. 7b								0
	Net plan assets (subtract line 7b from line 7a)	7c	14553	327					(	0
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal		
	Contributions received or receivable from: (1) Employers	8a(1)								
	2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	150	)77						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1507	7
	Benefits paid (including direct rollovers and insurance premiums oprovide benefits)	. 8d	14693	354						
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g	10	)50						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						14	70404	4
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-14	55327	7
j	Transfers to (from) the plan (see instructions)	8j								
b	2E 2F 2G 2J 3D  If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature cod	es from the List of Plan Chara	cterist	tic Cod	des in t	he instruct	ions:		
10	During the plan year:				Yes	No		Amou	ınt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X				1	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth	······		10d		X				
e	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X					893
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.)			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								ı		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		Т	г	
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?		Yes	× No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otiona	and	ontor 4	no data of	ho lott	or rulis	200
d	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and (	enter ti Day		ne lette Year	ı rulir	ıy 

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 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	res No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year		13a			(
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?	ed to another plan, or brought	under the co	ontrol		X Yes	s 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), identify	the plan(s) to	)			
1	3c(1) Name of plan(s):		13	<b>c(2)</b> El	N(s)	13c(3	B) PN(s)
						1	

**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

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 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

For calendar plan year 2014 or	ort Identification Information	1							
or caloridat plan your 2017 of	r fiscal plan year beginning	01/01/2015	and ending	02/04/2015					
A This return/report is for:  B This return/report is:	a single-employer plan  a one-participant plan  the first return/report  an amended return/report		r information in accor	er) (Filers checking this box must attach cordance with the form instructions) 2 months)					
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC pro	gram				
Part II Basic Plan Ir	nformation enter all requested	information							
1a Name of plan  JULIN & MCBRIDE,	1b Three-digit plan number (PN) ► 001  1c Effective date of plan 01/01/1990								
2a Plan sponsor's name and JULIN & MCBRIDE,	2b Employer Identification Number (EIN) 91-2067982  2c Sponsor's telephone number								
16088 NE 85TH STREET	(425) 885-4066  2d Business code (see instructions) 541110								
3a Plan administrator's name		3b Administrator's EIN							
	f the plan sponsor has changed since	e the last return/report filed for	this plan, enter the	4b EIN	r's telephone number				
a Sponsor's name	number from the last return/report.			4c PN					
	nts at the beginning of the plan year				7				
	nts at the end of the plan year								
					0				
	ith account balances as of the end of			5c	0				
complete this item)		************************************		5c					
complete this item)d(1) Total number of active d(2) Total number of active	participants at the beginning of the p	lan yearar		5c 5d(1)	0				
complete this item) d(1) Total number of active d(2) Total number of active  Number of participants the less than 100% vested	participants at the beginning of the p	lan yearareplan year with accrued benef	its that were	5c 5d(1) 5d(2) 5e	0 5 0				

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**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

2014

OMB Nos. 1210-0110

1210-0089

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the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Short Form Annual Return/Report of Small Employee

F	Part I	Annual Repor	t Identification Information			•					
Fo	r calen	idar plan year 2014 or f	iscal plan year beginning	01/01/2015	and ending	02/04/2015					
		return/report is for:	a one-participant plan a foreign plan								
D	i nis r	return/report is:	the first return/report	=	the final return/report						
			an amended return/report	x a short plan year retu	urn/report (less than 12 m	onths)					
С	Check	k box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC pro	gram				
	\4 II	Desir Bleede	` ` ` `	· ,							
_	Part II	Basic Plan Inf ne of plan	ormation enter all requested	information		<b>1b</b> Three-digit					
JULIN & MCBRIDE, PS 401(K) PLAN						plan number (PN) ▶	001				
						1c Effective dat 01/01/19					
2a		n sponsor's name and a	address; include room or suite numbers	er (employer, if for a single	e-employer plan)		entification Number				
	1608	88 NE 85TH STREET				2c Sponsor's te (425) 88					
		REDMOND WA 98052				2d Business co 541110	de (see instructions)				
38	Plar	n administrator's name	and address 🗓 Same as Plan Spo	onsor Name		3b Administrator's EIN					
4			ne plan sponsor has changed since t	the last return/report filed	for this plan, enter the	4b EIN					
•		ie, ⊵iiv, and the pian nt insor's name	umber from the last return/report.			4c PN					
_	•		s at the beginning of the plan year			5a	7				
b			s at the end of the plan year			5b	0				
С	Nun	nber of participants with	account balances as of the end of t	he plan year (defined ben	efit plans do not	5c o					
d	(1) To	otal number of active pa	articipants at the beginning of the pla	n year	••••••	5d(1)	5				
d	( <b>2)</b> To	otal number of active pa	articipants at the end of the plan year	ſ	••••••	5d(2)	0				
е	Nun		terminated employment during the			5e	0				
c	aution	n: A penalty for the lat	e or incomplete filing of this return	n/report will be assesse	d unless reasonable cau	use is established.					
U	nder p B or So	enalties of perjury and	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/rep	port, including, if ap					
	SIGN				M. Kathrine Jul	in					
	HERE	Signature of plan ad	ministrator	Date	Enter name of individua	al signing as plan ac	ministrator				
	SIGN										
	HERE	Signature of employ	er/plan sponsor	Date	Enter name of individua	al signing as employ	er or plan sponsor				
Р	repare	r's name (including firm	name, if applicable) and address; ir	nclude room or suite numb	er (optional)	Preparer's telepho	ne number (optional)				

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)	•••••	•••••		X Yes No
	Are you claiming a waiver of the annual examination and report of ar						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	d condition	ins )	•••••	••••••	•••••	XYes No
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Forr	n 5500-SF and must instead u	se Fo	orm 55	500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pr	ogram (see ERISA section 4021	)? .		Yes	No Not determined
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
а	Total plan assets	7a	1,455,32	27			0
b	Total plan liabilities	7b					0
	Net plan assets (subtract line 7b from line 7a)	7c	1,455,32	27			0
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
а	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	15,07	77			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					15,077
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,469,35	54			
е	Certain deemed and/or corrective distributions (see instructions)	8e	, , , , ,				
_	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	1,05	50			
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,470,404
i	Net income (loss) (subtract line 8h from line 8c)	8i					(1,455,327)
<u>j</u>	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	Code	s in th	e instructions:
_	2E 2F 2G 2J 3D						
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	istic (	Codes	in the	instructions:
	rt V   Compliance Questions						_
10	During the plan year:		Alea Airea marriad dagarilead in		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x	
b	Were there any nonexempt transactions with any party-in-interest?	' (Do not i	nclude transactions reported				
	on line 10a.)			10b		Х	
				10c	Х		100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	•	-	10d		x	
e							
	insurance service, or other organization that provides some or all o			40-	v		893
	instructions.)			10e	Х		693
	Has the plan failed to provide any benefit when due under the plan			10f		Х	
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (3 2520.101-3.)			10h		x	
	If 10h was answered "Yes," check the box if you either provided th			1011			
•	exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Pa	rt VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirement	ante2 (If "\	/es " see instructions and compl	oto S	chadu	SR ما	(Form
	5500) and line 11a below)						Yes X No
11	Enter the unpaid minimum required contribution for current year from the contribution for current year from the contribution for current year.			•••••			•
12	Is this a defined contribution plan subject to the minimum funding r		,	r sect	ion 30	2 of E	RISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•					1
a	If a waiver of the minimum funding standard for a prior year is bein	g amortize	ed in this plan year, see instructi				
	granting the waiver						

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lf y	ou cor	mpleted 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								
С	<b>C</b> Enter the amount contributed by the employer to the plan for this plan year								
d	<b>d</b> 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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						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 🗌 No	0		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						X Yes No			
С		ng this plan year, any assets or liabilities were transferred from this plan to ano assets or liabilities were transferred. (See instructions.)	other plan(s), ider	tify the plan(s) to					
1	3c(1) N	Name of plan(s):		13c	( <b>2)</b> EIN(	s)	<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information (optional)							
14a	Name c	of trust			<b>14b</b> ⊤i	rust's EIN			
J	Julin	& McBride, PS 401(k) Plan				27-4469	0657		