For	m 5500-SF	Short Form Annual F	OMB Nos. 1210-011 1210-008						
	tment of the Treasury nal Revenue Service	This form is required to be file	е	2012					
Employee Be	partment of Labor enefits Security Administration	Retirement Income Security Act of the Intern	58(a) of This Form is		s Open to Public				
Pension Be	nefit Guaranty Corporation	0-SF.	Inspection I-SF.						
Part I		entification Information			0/0//				
For calenda	ar plan year 2012 or fisca		12	and ending 1	2/31/	2012			
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	pant plan		
B This ret	urn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths)			
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	ım		
		special extension (enter description	on)						
Part II	Basic Plan Inform	nation—enter all requested inform	nation						
1a Name	•				1b	Three-digit			
LAW OFFICE	E OF CATHERINE C. CL	ARK, PLLC 401(K) PLAN				plan number (PN) ▶	001		
					10	Effective date or			
					10	01/01	•		
	oonsor's name and addre E OF CATHERINE C. CI	ess; include room or suite number (_ARK, PLLC	employer, if for a single-	employer plan)	2b	Employer Identi			
701 FIFTH A	VENUE. SUITE 4785				2c	Sponsor's telep 206-838			
SEATTLE, V					2d	Business code (54111	,		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's	EIN		
		lan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b	EIN			
name, a Sponso		er from the last return/report.			4c	PN			
<u> </u>		the beginning of the plan year			5a		4		
b Total r	number of participants at	the end of the plan year			5b		4		
		count balances as of the end of the			0.0				
				•	5c		4		
b Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (uring the plan year invested in eligi e annual examination and report of See instructions on waiver eligibility er line 6a or line 6b, the plan can	an independent qualifie and conditions.)	d public accountant (IQ	PA)		X Yes No		
		incomplete filing of this return/re							
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instruction signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/rep	oort, ii	ncluding, if applic			
SIGN	Filed with authorized/va	lid electronic signature.	10/15/2013	CATHERINE CLARK	<				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature. 10/15/2013 CATHERINE CLARK								
HERE	Signature of employe		Date		vidual signing as employer or plan sponsor				
Preparer's	name (including firm nan	ne, if applicable) and address; inclu	de room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)		

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year			
a Total plan assets	7a		15238			17783		
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	1523	8			17783		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
a Contributions received or receivable from:			_					
(1) Employers	8a(1)	3290						
(2) Participants	8a(2)	48	7	_				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b	150	2	_				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		5279		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	273	2734					
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					2734		
Net income (loss) (subtract line 8h from line 8c)	8i					2545		
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics	9							
 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3B 3D b If the plan provides welfare benefits, enter the applicable welfare for the applicable welfare benefits. 								
			JIENSI					
Part V Compliance Questions								
Part V Compliance Questions 10 During the plan year:				Yes	No	Amount		
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	tions within t uciary Correc	he time period described in tion Program)	10a					
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution	tions within t uciary Correc ? (Do not inc	he time period described in tion Program)			No			
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest	tions within t uciary Correc ? (Do not inc	he time period described in tion Program) lude transactions reported	10a		No X	Amount		
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Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of the plan have a loss.	tions within t uciary Correc ? (Do not inc fidelity bond ner persons t of the benefit	he time period described in tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes	No X X X X	Amount		
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Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within t uciary Correc ? (Do not inc fidelity bond ner persons b of the benefit n? s of year end (See instruct ne required n 1-3	he time period described in ttion Program)	10a 10b 10c 10d 10f 10g 10h 10i	X	No X X X X X X X X X X Ulle SB (Amount 1000 (Form		
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d		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?	. 🗌 Y	res 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 of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to		
1	I 3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust OFFICE OF CATHERINE C. CLARK PL		rusťs EIN 73218740	

Form 5500-SF Short Form Annual Return/Report of Small Emp	loyee	Yee OMB Nos. 1210-1 1210-1					
Department of the Treasury Internal Revenue Service	í	2012					
Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6			is Open to Public				
Employee Benefits Security Administration the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form	5500-SF	Inspection					
Part I Annual Report Identification Information	5500-51.						
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending	1:	2/31/2012					
A This return/report is for: x a single-employer plan a multiple-employer plan (not multiemploy	yer)	a one-particip	pant plan				
B This return/report is:							
an amended return/report a short plan year return/report (less than	12 months)						
C Check box if filing under: X Form 5558 automatic extension		DFVC program					
special extension (enter description)							
Part II Basic Plan Information enter all requested information							
1a Name of plan	1b	Three-digit					
Law Office of Catherine C. Clark, PLLC 401(k) Plan		plan number (PN) ►	001				
haw office of catherine C. Clark, Find Work, Fian	1c	Effective date o					
		01/01/2010	. F				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	2b	Employer Identi					
Law Office of Catherine C. Clark, PLLC		(EIN) 20-47	58077				
	2c	2c Sponsor's telephone number (206) 838-2528					
701 Fifth Avenue, Suite 4785	2d		(see instructions)				
US Seattle WA 98104		541110					
3a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Addre	ss 3b	3b Administrator's EIN					
	3c	Administrator's	telephone number				
	/h						
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter th name, EIN, and the plan number from the last return/report.	e 40	EIN	4b EIN				
	4c	PN					
a Sponsor's name	-	PN	4				
	5a	PN	4				
 a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not 	5a 5b	PN	4				
a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5a 5b	PN	4				
a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	5a 5b 5c	PN	4				
a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant	5a 5b 5c (IQPA)		4				
a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	5a 5b 5c (IQPA)		4 4 XYes No				
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 a Sponsor's name 5a Total number of participants at the beginning of the plan year	5a 5b 5b 5c : (IQPA) use Form 5 e cause is rn/report, in	5500. established.	4 <u>4</u> XYes No XYes No able, a Schedule				
 a Sponsor's name 5a Total number of participants at the beginning of the plan year	5a 5b 5c : (IQPA) use Form 5 e cause is rn/report, in	5500. established.	4 <u>4</u> XYes No XYes No able, a Schedule				
 a Sponsor's name 5a Total number of participants at the beginning of the plan year	5a 5b 5c (IQPA) use Form § e cause is rn/report, in eport, and f	5500. established.	4 <u>4</u> XYes No XYes No able, a Schedule				
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a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead to Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/rebelief, it is true, correct, and complete. SIGN ID · IM · TOP3 Catherine C1 HERE Signature of plan administrator Date Enter name of indi	5a 5b 5c i: (IQPA) use Form 5 e cause is rn/report, in eport, and f ark	5500. established. icluding, if applic to the best of my	4 <u>A</u> XYes No XYes No able, a Schedule knowledge and				
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Form 5500-SF 2012

Page 2

Partilli Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year		
а	Total plan assets				17,783			
b	Total plan liabilities	7b	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	7c 15,23				17,783	
	Income, Expenses, and Transfers for this Plan Year	HERE	(a) Amount			(b) Total		
	Contributions received or receivable from: (1) Employers	8a(1)	3,29	90				
	(2) Participants	8a(2)				机场和会演会会和 把引起		
	(3) Others (including rollovers)							
	Other income (loss)	8b						
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d	2,734				5,279	
	Certain deemed and/or corrective distributions (see instructions)	8e			Table of			
		8f			360			
	Administrative service providers (salaries, fees, commissions)							
	Other expenses	8g		我们的	***			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1996 - 1 1992 -	2,73			
	Net income (loss) (subtract line 8h from line 8c)	81					2,545	
Cald Incide di	Transfers to (from) the plan (see instructions)	8j						
	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:	
\rightarrow	2A 2E 2F 2G 2J 3B 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	istic (Codes	in the	instructions:	
Pa	rt V Compliance Questions		······································					
<u>10</u>	During the plan year:				Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contribut 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? on line 10a.)			10b		x		
C	Was the plan covered by a fidelity bond?			10c	x		10,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?			10d		x		
	insurance service or other organization that provides some or all o instructions.)	f the bene	fits under the plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the plan			10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		x		
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		x		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i				
Part VIE Pension Funding Compliance								
11								
11	a Enter the amount from Schedule SB line 39 11a							
12	Is this a defined contribution plan subject to the minimum funding r			r sect	ion 30	2 of E	RISA? Yes 🗶 No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ble.)					
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver					e date of the letter ruling y Year		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forn	n 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year		*****			12b		

Form 5500-SF 2012

Page 3-

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				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	🖸 Ye	s 🗌 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?	Yes 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 con of the PBGC?	ntrol	Yes 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.)						
1	3c(1) Name of plan(s): 13c((2) EIN(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)					
14a	lame of trust	14b Trust's EIN				
I	AW OFFICE OF CATHERINE C. CLARK PL	27-3218740				