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

Part	I Annual Report	Identification Informatio	n				
For cal	lendar plan year 2013 or f	iscal plan year beginning 01/0	01/2013	and ending	12/31/2	2013	
A Thi	s return/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-particip	pant plan
B Thi	s return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12)	months))	
C Ch	eck box if filing under:	X Form 5558	automatic extension			DFVC progra	am
	-	special extension (enter des	scription)			_	
Part	II Basic Plan Info	ormation—enter all requested i	information				
	ame of plan				1b	Three-digit	
	•	. CLARK, PLLC 401(K) PLAN				plan number	
						(PN) •	001
					1c	Effective date o	•
22 DI	an anangar's name and a	ddress; include room or suite num	shor (ampleyor if for a single	omployor plan)	26	01/01	
	FFICE OF CATHERINE C		iber (employer, ir for a single-	employer plan)	20	Employer Identi (EIN) 20-47	158077
					2c	Sponsor's telep	hone number
701 FIF	TH AVENUE, SUITE 4105	5				206-838	
	E, WA 98104	•			2d	Business code ((see instructions)
						54111	10
3a Pl	an administrator's name a	and address XSame as Plan Spo	nsor Name Same as Plar	Sponsor Address	3b	Administrator's	EIN
					30	Administrator's	telephone number
						, tarrimotrator 5	telephone namber
	the name and/or FINI of th						
			e the last return/report filed for	or this plan, enter the	4b	EIN	
na	ame, EIN, and the plan nu	ne plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed fo	or this plan, enter the			
n: a Sp	ame, EIN, and the plan nu ponsor's name	ımber from the last return/report.		· 	4c	PN T	4
a Sp 5a To	ame, EIN, and the plan nu consor's name otal number of participants	amber from the last return/report.	r		4c 5a		4
a Sp 5a To b To	ame, EIN, and the plan nu consor's name otal number of participants otal number of participants	amber from the last return/report. s at the beginning of the plan year s at the end of the plan year	r		4c 5a		4
a Sp 5a To b To c No	ame, EIN, and the plan nu consor's name otal number of participants otal number of participants umber of participants with	amber from the last return/report.	of the plan year (defined bene	fit plans do not	4c 5a 5b		•
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a Sp 5a To b To c N cc 6a W b A	ame, EIN, and the plan nucleonsor's name otal number of participants otal number of participants umber of participants with omplete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in of the annual examination and rep	of the plan year (defined bene n eligible assets? (See instructor of an independent qualifie	rfit plans do not tions.)tions.) film public accountant (I	4c 5a 5b 5c	PN	4 4 X Yes No
6a W	ame, EIN, and the plan nucleonsor's name otal number of participants otal number of participants umber of participants with omplete this item) Vere all of the plan's assert re you claiming a waiver of onder 29 CFR 2520.104-46	s at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the during the plan year invested in of the annual examination and rep (See instructions on waiver elig	of the plan year (defined bene n eligible assets? (See instructor of an independent qualifier pibility and conditions.)	rfit plans do not tions.)d public accountant (I	4c 5a 5b 5c QPA)	PN	4
na Sp 5a To b To c N co 6a W b A uii	ame, EIN, and the plan nucleonsor's name otal number of participants otal number of participants umber of participants with omplete this item) Were all of the plan's asset re you claiming a waiver of onder 29 CFR 2520.104-46 you answered "No" to 6	amber from the last return/report. Is at the beginning of the plan year at the end of the plan year account balances as of the end of the driven the driven the plan year invested in of the annual examination and report (See instructions on waiver elignature).	of the plan year (defined bene n eligible assets? (See instruc- nort of an independent qualifie pibility and conditions.)	efit plans do not tions.)d public accountant (I	4c 5a 5b 5c QPA)	PN	4 X Yes No X Yes No
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a Sp 5a To b To c N cc 6a V b A un If C If Cautio Under SB or S belief, SIGN HERE	ame, EIN, and the plan nucleonsor's name otal number of participants otal number of participants umber of participants with omplete this item) Were all of the plan's asser re you claiming a waiver of onder 29 CFR 2520.104-46 you answered "No" to e the plan is a defined beneficial to be penalties of perjury and o Schedule MB completed a it is true, correct, and com Filed with authorized Signature of plan a	an ber from the last return/report. Is at the beginning of the plan year account balances as of the end of the plan year invested in of the annual examination and rep (See instructions on waiver elig either line 6a or line 6b, the plan efft plan, is it covered under the PE or incomplete filing of this retu ther penalties set forth in the instrand signed by an enrolled actuary inplete. Idvalid electronic signature. administrator	of the plan year (defined beneficially and conditions.)	tions.)	4c 5a 5b 5c	5500. Yes No established. Including, if applicate the best of my	4 X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor
a Sp 5a To b To c N cc 6a V b A un If C If Cautio Under SB or S belief, SIGN HERE	ame, EIN, and the plan nucleonsor's name otal number of participants otal number of participants umber of participants with omplete this item) Were all of the plan's asser re you claiming a waiver of onder 29 CFR 2520.104-46 you answered "No" to e the plan is a defined beneficial to be penalties of perjury and o Schedule MB completed a it is true, correct, and com Filed with authorized Signature of plan a	an ber from the last return/report. Is at the beginning of the plan year account balances as of the end of the plan year invested in of the annual examination and rep (See instructions on waiver elig either line 6a or line 6b, the plan efft plan, is it covered under the PE or incomplete filing of this retu ther penalties set forth in the instrand signed by an enrolled actuary inplete. Idvalid electronic signature. administrator	of the plan year (defined beneficially and conditions.)	tions.)	4c 5a 5b 5c	5500. Yes No established. Including, if applicate the best of my	4 X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Reginning of Ver				(b) End	of Vo	or		
	Total plan assets	7a	(a) Beginning of Year				(b) Ella (aı 24714		
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	1778	17783			24714				
	Income, Expenses, and Transfers for this Plan Year	70									
	Contributions received or receivable from:		(a) Amount				(b) To	otai			
	(1) Employers	8a(1)	400	9							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	299	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7000		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6	9							
е	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							69		
i	Net income (loss) (subtract line 8h from line 8c)	8i							6931		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruction	ns:			
Dor	V Compliance Ougations										
Par					V	NI-	1	_			
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono withi	n the time period described in		Yes	No		Amo	unt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X					
N	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
				10-	Χ					100	000
				10c						100	J00
d	or dishonesty?	······································		10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10q		Χ					
h		(See instru	uctions and 29 CFR	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	ne required	d notice or one of the	10i							
Part		1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem								Voc	V	No
	5500) and line 11a below)							_Ц	Yes	^	No
	Enter the unpaid minimum required contribution for current year fr		,			11a	<u> </u>		.,		<u></u>
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_4! - ·			a det : :				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day		ie leti Year		ng	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1		1				
b	Enter the minimum required contribution for this plan year					12b					

Page 3	3 -	1
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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						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A			
Part	art VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	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 confidence of the PBGC?	control		Yes	X No			
С	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.)							
	3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3)	PN(s)			
Part	VIII Trust Information (optional)							
	Name of trust OFFICE OF CATHERINE C. CLARK PL		rust's EIN 73218740					

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

2013

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/2013				
Α	This return/report is for: x a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-participant plan				
В	This return/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)				
С	Check box if filing under: 🕱 Form 5558	automatic extension		DFVC pro	ogram			
	special extension (enter descrip	tion)						
Ð	art II Basic Plan Information enter all requested in	formation						
	Name of plan	IOITIALIOIT		1b Three-digit				
	·							
	Law Office of Catherine C. Clark, PLLC 401		(PN) ► 1c Effective da	to of plan				
				01/01/20	•			
2a	Plan sponsor's name and address; include room or suite number Law Office of Catherine C. Clark, PLLC	(employer, if for a single-	employer plan)	2b Employer id (EIN) 20-	lentification Number			
	>				elephone number			
	701 Pisth 3 Out to 4705 (1125			(206) 83				
	701 Fifth Avenue, Suite 4785 4105			2d Business co	ode (see instructions)			
υs	Seattle WA 98104			541110				
3a	Plan administrator's name and address X Same as Plan Spon	sor Name 🔲 Same as F	Plan Sponsor Address	3b Administrat	or's EIN			
				3- 41	- 4- 4-1			
				3C Administrat	or's telephone number			
<u>-</u>	If the name and/or EIN of the plan sponsor has changed since th	e last return/report filed for	or this plan, enter the	4b EIN				
-	name, EIN, and the plan number from the last return/report.		, ,					
<u>a</u>	Sponsor's name			4c PN				
5a	Total number of participants at the beginning of the plan year		***************************************	5a	4			
b	Total number of participants at the end of the plan year			5b	4			
С	Number of participants with account balances as of the end of the complete this item)			5c	4			
6a	Were all of the plan's assets during the plan year invested in elig	ible assets? (See instruct	ions.)		. X Yes ☐No			
b	Are you claiming a waiver of the annual examination and report of	of an independent qualifie	d public accountant (IQF	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibilit		***************************************		X Yes ☐ No			
	If you answered "No" to either line 6a or line 6b, the plan car							
С	If the plan is a defined benefit plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	Yes _	No Not determined			
Ca	aution: A penalty for the late or incomplete filing of this return	report will be assessed	uniess reasonable cau	use is established	l			
SE	nder penalties of perjury and other penalties set forth in the instruct 3 or Schedule MB completed and signed by an enrolled actuary, as lief, it is true, corrects and complete.							
	1	10:14:14	Catherine Clark					
	IGN	1,5 1,7						
	ERE Signature of plan administrator	Date	Enter name of individua		administrator			
	ign ()	10:14:14	Catherine Clark					
24.05	Signature of employer/plan sponsor	Date	Enter name of individua	 				
Pr	eparer's name (including firm name, if applicable) and address; inc	clude room or suite number	er (optional)	Preparer's teleph	one number (optional)			
					200			

Pa	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
а	Total plan assets	7a	17,78	3	24,714				
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	17,78	3	ļ		24,714		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			Name and the second second	(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	4,00	9					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)					24 S		
b	Other income (loss)	8b	2,99	1					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				and the second second	7,000		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6	9			7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f					Te de la companya de		
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					69		
ī	Net income (loss) (subtract line 8h from line 8c)	8i				naggar aga organisas sanita (1	6,931		
j	Transfers to (from) the plan (see instructions)	8j							
P	art IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Characte	eristic	Code	s in the	e instructions:		
-	2A 2E 2F 2G 2J 3B 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Character	istic (Codes	in the	instructions:		
	Oliana - Otiana								
-	art V Compliance Questions				Yes	No	Amount		
10	During the plan year: Was there a failure to transmit to the plan any participant contribute.	tions within	n the time period described in	Т	162	NO	Alliount		
č	Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fiduces			10a		x			
ŀ	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		х			
	Was the plan covered by a fidelity bond?			10c	х		10,000		
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х			
•	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner person of the ben	s by an insurance carrier, efits under the plan? (See	10e		x			
_	Has the plan failed to provide any benefit when due under the pla			10f		х			
				+	<u> </u>	-			
	Did the plan have any participant loans? (If "Yes," enter amount a			10g	<u> </u>	X			
i	1 If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	en e		
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					
P	nt VI Pension Funding Compliance								
11									
11	a Enter the unpaid minimum required contribution for current year fi				T	11a			
12							RISA? Yes 🗓 No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver	ng amortiz	ed in this plan year, see instruct	ions, nth _	and e		e date of the letter ruling		
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
	D Enter the minimum required contribution for this plan year					12b			
	Enter the filliminant required contribution for this plant year.						Annual Control of the State of		

	Form 5500-SF 2013 Page 3-						
	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			
Parl							
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	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 coof the PBGC?	ntrol		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) to which assets or liabilities were transferred. (See instructions.)						
	13c(1) Name of plan(s):	(2) EIN	(s)	13c(3) PN(s)			
Par	Trust Information (optional)						
14a Name of trust				14b Trust's EIN			
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