-		Short Form Annua		of Small Emplo	OMB Nos. 1210-0 1210-0			
Internal	Revenue Service		under sections 104 and 4				2014	
A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiple-employer plan (not multiple-employer information of participating employer information of participating employer information a foreign plan         B This return/report is       the first return/report       a one-participant plan       a foreign plan         B This return/report is       the first return/report       a short plan year return/report       a short plan year return/report (less         C Check box if filing under:       Form 5558       automatic extension         Image: Special extension (enter description)         Part II       Basic Plan Information—enter all requested information         1a Name of plan       willLIAMSON & LACOMBE, CPA'S, PS 401(K) PLAN & TRUST         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer player (less CPA'S, PS 401(K) PLAN & TRUST         3g27 LAKE WASHINGTON BLVD. NE         KIRKLAND, WA 98033-7867         3a Plan administrator's name and address Same as Plan Sponsor.         A The name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, ename, EIN, and the plan number from the last return/report.         a Sponsor's name         5a Total number of participants at the beginning of the plan year.         b Total number of active participants at the end of the plan year.         c Number of participants that theminated employment during the plan year. <td></td> <td>Interna</td> <td>This F</td> <td>orm is Open to lic Inspection</td>					Interna	This F	orm is Open to lic Inspection	
			cordance with the instr	ructions to the Form 55	00-SF		IC Inspection	
			14	and ending 12/	31/201	4		
For calendar p A This return B This return C Check box Part II E 1a Name of p WILLIAMSON 3 2a Plan spor	plan year 2014 or fisc n/report is for: n/report is x if filing under: Basic Plan Inforn plan & LACOMBE, CPA'S, nsor's name and addr	cal plan year beginning       01/01/201         X       a single-employer plan         a one-participant plan         the first return/report         an amended return/report         Form 5558         special extension (enter descrip)         mation—enter all requested infor         S, PS 401(K) PLAN & TRUST	a multiple-employer pl of participating employ a foreign plan the final return/report a short plan year return automatic extension otion)	lan (not multiemployer) ( yer information in accord n/report (less than 12 mo	(Filers of dance v onths)	checking this bo with the form ins DFVC progra Three-digit plan number (PN) ▶ Effective date or 08/01 Employer Identii	am 001 f plan /2002 fication Number '46654	
		IE				425-82	2-1996 (see instructions)	
3a Plan adm	ninistrator's name and	J address XSame as Plan Sponso	۲.		<b>3b</b> /	Administrator's I		
name, El	IN, and the plan num		e last return/report filed fo	or this plan, enter the	3c / 4b 4c	EIN	telephone number	
					5a		17	
					5b	)	18	
complete	e this item)				5c	;	18	
<b>d(1)</b> Total r	number of active parti	icipants at the beginning of the plan	ו year		5d(1	)	16	
					5d(2	2)	14	
					5e	•	0	
					ise is e	established.		
Under penaltie SB or Schedu belief, it is true	ies of perjury and othe ule MB completed and ie, correct, and comple	er penalties set forth in the instruction d signed by an enrolled actuary, as lete.	ions, I declare that I have well as the electronic ver	examined this return/rep rsion of this return/report,	oort, inc , and to	cluding, if applic		
HERE		E		JEFFREY A. WILLIAM		<u> </u>		
s	Signature of plan ad	ministrator	Date	Enter name of individu	ual sigr	ning as plan adn	ninistrator	
HERE		· .				·	·	
				Enter name of individuer ) (optional)			r or plan sponsor number (optional)	

	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canne	an indeper and condit	ndent qualified public accountations.)	nt (IQ	PA)		 Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in						
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a	26772	249			2815091
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	26772	249			2815091
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:	- (I)	528	04			
	(1) Employers	8a(1)	1645		_		
	(2) Participants	8a(2)	1040	0	_		
	(3) Others (including rollovers)	8a(3)	1319	-			
	Other income (loss)	8b	1518	52	_		0.40000
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		349380
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2115	38			
	Certain deemed and/or corrective distributions (see instructions)	8e		0			
-	Administrative service providers (salaries, fees, commissions)	8f		0			
	Other expenses	8g		0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					211538
· · ·	Net income (loss) (subtract line 8h from line 8c)	8i					137842
	Transfers to (from) the plan (see instructions)	8j		0			
Par		oj		-			
9a b Part	If the plan provides pension benefits, enter the applicable pension in 2E 2J 2K 3D 3H If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the plan provides welfare ben						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
С	Was the plan covered by a fidelity bond?			10c	x		250000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	,		10d		Х	
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 ben	efits under the plan? (See	10e		Х	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g						Х	
h				10g			
	2520.101-3.)					Х	
i 	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
<u>11a</u>	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents 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,	as applic	able.)				

Page 3 - 1

lf	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	120			
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?		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 of the PBGC?	e contro	1	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( which assets or liabilities were transferred. (See instructions.)	i) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
	Name of trust IAMSON & LACOMBE, CPA'S, PS 401(K) TRUST	14b	Trust's EIN 731651922		

Form 5500	5500-SF Short Form Annual Return/Report of Small Empl Benefit Plan					OMB Nos. 1210-0 1210-0		
Department of the Tra Internal Revenue Se		This form is required to be file	4065 of the Employee R	etirement	2014			
Department of La Employee Benefits Security A Pension Benefit Guaranty	Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		Internal	This Form is Open to Public Inspection		
-		Complete all entries in a lentification Information	accordance with the ins	tructions to the Form 55	00-SF.		•	
For calendar plan year			01/01/2014	and ending	12/	31/201	4	
A This return/report is		a single-employer plan	a multiple-employer	plan (not multiemployer) ( oyer information in accord	Filers check	king this b	ox must attach a list	
		a one-participant plan	a foreign plan					
<b>B</b> This return/report is	_	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)			
C Check box if filing u	under:	_ Form 5558	automatic extension			VC progr	am	
	Į.	special extension (enter descr						
	Plan Infor	mation—enter all requested inf	ormation					
<b>1a</b> Name of plan Williamson & 1	LaCombe,	CPA's, PS 401(k) P	lan & Trust		<b>1b</b> Thre plan (PN)	number	001	
					1c Effec			
<b>2a</b> Plan sponsor's na Williamson &		ess; include room or suite numbe CPA's, PS	er (employer, if for a single	e-employer plan)	2b Empl		ification Number	
3927 Lake Was	hington	Blvd. NE			425	-822-1		
Kirkland		WA 98033-786	7		2d Busir 541		(see instructions)	
					<b>3c</b> Admi	nistrator's	telephone number	
		plan sponsor has changed since t per from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN			
a Sponsor's name					4c PN			
5a Total number of p	articipants a	t the beginning of the plan year			5a		17	
<b>b</b> Total number of p	articipants a	t the end of the plan year			5b		18	
•		count balances as of the end of t			5c		18	
<b>d(1)</b> Total number o	of active parti	cipants at the beginning of the pla	an year		5d(1)		16	
• •	-	cipants at the end of the plan yea			5d(2)		14	
		ninated employment during the p			5e		0	
Caution: A penalty fo Under penalties of per SB or Schedule MB co	or the late or jury and othe ompleted and	incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, a	/report will be assessed tions, I declare that I have	i unless reasonable cau e examined this return/rep	oort, includir	ng, if applic		
belief, it is true, correct	Λ	Willyt	6/5/15	Jeffrey A. Wil	lliamso	n		
	py A						ministrator	
SIGN	e of plan ad	mmStrator	Date	Enter name of individ	uai signing a	as pian aŭ	ministrator	
HERE	e of employ	er/plan sponsor	Date	Enter name of individ	ual signing a	as employe	er or plan sponsor	
		ne, if applicable) and address (in	clude room or suite numb				number (optional)	

Form 5500-SF 2014

Part VI

Pension Funding Compliance

Page 2

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 (IQPA)
	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 use Form 5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)2

X Yes No

X Yes 🛛 N	0
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nan car	mot	use r	orm	5500	-55	апа	r
PBGC	insu	rance	prog	ram	(see	ERIS	5,

Х

10h

10i

## ee ERISA section 4021)? ..... Yes No Not determined Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets ..... 2677249 2815091 7a b Total plan liabilities ..... 7b C Net plan assets (subtract line 7b from line 7a) ..... 2677249 2815091 7c 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total а Contributions received or receivable from: 52894 8a(1) (1) Employers ..... (2) Participants ..... 8a(2) 164554 (3) Others (including rollovers) ..... 0 8a(3) b Other income (loss) ..... 131932 8b **C** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... 349380 8c Benefits paid (including direct rollovers and insurance premiums d 211538 to provide benefits) ..... 8d 0 e Certain deemed and/or corrective distributions (see instructions) .... 8e f 0 Administrative service providers (salaries, fees, commissions) ...... 8f 0 g Other expenses..... 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) ..... 8h 211538 i. Net income (loss) (subtract line 8h from line 8c) ..... 137842 8i Transfers to (from) the plan (see instructions)..... i 0 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 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 described in Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ..... 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х on line 10a.)..... 10b C Was the plan covered by a fidelity bond?..... Х 250000 10c Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х or dishonesty? ..... 10d 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 Х 10e instructions.) ..... f Has the plan failed to provide any benefit when due under the plan? ..... Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... Х 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes No 5500) and line 11a below) ..... 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39...... 11a 12 Yes No Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 

2520.101-3.) ..... 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 .....

Form 5500-SF 2014	Page <b>3</b> -					
If you completed line 12a, complete lines 3, 9, and 10 of S	chedule MB (Form 5500), ar	d skip to line 13.		•	· · · · · · · ·	<b>.</b>
<b>b</b> Enter the minimum required contribution for this plan year.				12b		
c Enter the amount contributed by the employer to the plan f	or this plan year			12c		
d Subtract the amount in line 12c from the amount in line 12t negative amount)	o. Enter the result (enter a mi	nus sign to the left o	fa	12d		
e 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 As	sets					
13a Has a resolution to terminate the plan been adopted in any plan	n 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 benef of the PBGC?					Yes	X No
C If during this plan year, any assets or liabilities were transfered. (See instruction which assets or liabilities were transferred. (See instruction)	erred from this plan to anothe				5	
13c(1) Name of plan(s):			13	Ic(2) El	N(s) 13c(3)	PN(s)
Part VIII Trust Information (optional)						
14a Name of trust				<b>14b</b> Tr	ust's EIN	
Williamson & LaCombe, CPA's, PS 401	(k) Trust				73-1651922	
· · ·					,	

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