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

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

Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

Part I		rt Identification Information				
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12	2/31/2014	
A This re	eturn/report is for:	a single-employer plan		r plan (not multiemployer) ployer information in accord		
		a one-participant plan	a foreign plan			
B This ref	turn/report is	X the first return/report	the final return/repo	rt		
		an amended return/report	a short plan year re	turn/report (less than 12 m	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension	n	DFVC p	orogram
	3	special extension (enter des	cription)			
Part II	Basic Plan In	formation—enter all requested in	nformation			
1a Name	e of plan				1b Three-digi	
ARMOUR \	VICKERMAN, PLLC	101(K) PLAN			plan numb	oer 001
					(PN) 1C Effective of	
						01/01/2014
	sponsor's name and a	address; include room or suite num	ber (employer, if for a sing	le-employer plan)		Identification Number 26-1195933
						telephone number
	EROCK ROAD SW					60-570-9933
TUMWATER	R, WA 98512-7246					code (see instructions) 541211
3a Plan a	administrator's name	and address XSame as Plan Spor	nsor.		3b Administra	
		—				
					2-	
					3c Administra	itor's telephone number
		the plan sponsor has changed since	e the last return/report file	d for this plan, enter the	3c Administra 4b EIN	ator's telephone number
name		the plan sponsor has changed since number from the last return/report.	e the last return/report filed	d for this plan, enter the		ator's telephone number
name a Spons	e, EIN, and the plan r sor's name				4b EIN	ator's telephone number
a Spons 5a Total	e, EIN, and the plan r sor's name number of participar	number from the last return/report.			4b EIN 4c PN	9
a Spons 5a Total b Total c Numl	e, EIN, and the plan r sor's name number of participar number of participar ber of participants wit	ts at the beginning of the plan year ts at the end of the plan year	f the plan year (defined be	enefit plans do not	4b EIN 4c PN 5a	9
a Spons 5a Total b Total c Numl	e, EIN, and the plan r sor's name number of participar number of participar ber of participants wit lete this item)	ts at the beginning of the plan year	f the plan year (defined be	enefit plans do not	4b EIN 4c PN 5a 5b 5c	9
a Spons 5a Total b Total c Numl comp d(1) To	e, EIN, and the plan r sor's name number of participar number of participar ber of participants wit lete this item)	ts at the beginning of the plan year ts at the end of the plan yearh account balances as of the end o	f the plan year (defined be	enefit plans do not	4b EIN 4c PN 5a 5b	9999
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb	e, EIN, and the plan resor's name number of participar number of participar ber of participants with plete this item)	ts at the beginning of the plan year at the end of the plan year	f the plan year (defined be plan yearearearear with accrued be	enefit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	9 9
name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less th	e, EIN, and the plan resor's name number of participar number of participar ber of participants with plete this item)	ts at the beginning of the plan year its at the end of the plan year	olan year (defined be blan yearearear	enefit plans do not enefits that were	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	99999
name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch	e, EIN, and the plan resor's name number of participar number of participar ber of participants with plete this item)	ts at the beginning of the plan year its at the end of the plan year	olan yearplan year with accrued be plan year with accrued be properties.	enefit plans do not enefits that were ed unless reasonable cau	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	9 9 9 8 8 0
name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch	e, EIN, and the plan resor's name number of participar number of participar ber of participants with plate this item)	ts at the beginning of the plan year its at the end of the plan year	olan yearplan year with accrued be plan year with accrued be properties.	enefit plans do not enefits that were ed unless reasonable cau	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	9 9 9 8 8 0
name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less th Caution: Under per SB or Sch belief, it is	e, EIN, and the plan resor's name number of participar number of participar ber of participants with plate this item)	ts at the beginning of the plan year its at the end of the plan year	olan year	enefit plans do not enefits that were ed unless reasonable cau ve examined this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establishe port, including, if a t, and to the best	9 9 9 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan resor's name number of participar number of participar ber of participants with the plan in	ts at the beginning of the plan year ts at the end of the plan year	f the plan year (defined be color year	enefit plans do not enefits that were enefits tha	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if att, and to the best dual signing as plantage in the signing as emission and signing as em	9 9 9 9 8 8 0 0 applicable, a Schedule of my knowledge and administrator
name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan resor's name number of participar number of participar ber of participants with the plan in	ts at the beginning of the plan year ts at the end of the plan year	f the plan year (defined be color year	enefit plans do not enefits that were enefits tha	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if att, and to the best dual signing as plantage in the signing as emission and signing as em	9 9 9 9 8 0 8 0 0 applicable, a Schedule of my knowledge and
name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan resor's name number of participar number of participar ber of participants with the plan in	ts at the beginning of the plan year ts at the end of the plan year	f the plan year (defined be color year	enefit plans do not enefits that were enefits tha	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if att, and to the best dual signing as plantage in the signing as emission and signing as em	9 9 9 9 8 8 0 0 applicable, a Schedule of my knowledge and administrator
name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan resor's name number of participar number of participar ber of participants with the plan in	ts at the beginning of the plan year ts at the end of the plan year	f the plan year (defined be color year	enefit plans do not enefits that were enefits tha	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if att, and to the best dual signing as plantage in the signing as emission and signing as em	9 9 9 9 8 8 0 0 applicable, a Schedule of my knowledge and administrator

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b	Were all of the plan's assets during the plan year invested in eligible 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 lift you answered "No" to either line 6a or line 6b, the plan cannot be a contracted to the plan cannot are the plan cannot be a contracted to the plan cannot	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40)21)? .		Yes	No Not determined
Par	t III Financial Information		1				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
a	Total plan assets	7a		0			258930
	Total plan liabilities	7b			_		
С	Net plan assets (subtract line 7b from line 7a)	7c		0	_		258930
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)	178	862			
	2) Participants	8a(2)	849	965			
		8a(3)	1463				
	3) Others (including rollovers)	8b		763			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)		<u>.</u>				258930
	Benefits paid (including direct rollovers and insurance premiums	8c					230330
	o provide benefits)	8d		0			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
h	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
	Net income (loss) (subtract line 8h from line 8c)	8i					258930
	Fransfers to (from) the plan (see instructions)	8j					
Par	IV Plan Characteristics	٥					
b Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Charad	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
a b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'	ıciary Cor	rection Program)	10a		X	
	on line 10a.)	·····	'	10b		X	
c	Was the plan covered by a fidelity bond?			10c	X		20000
d 	Did the plan have a loss, whether or not reimbursed by the plan's 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 ber	efits under the plan? (See	10e	X		170
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 as	s of year	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	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 2520.101			10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from					11a	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes 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 bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th Day	

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lf :	ou 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)	-	1 124		
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?		🔲 Y	′es X 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 the PBGC?		inder the 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), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

A STATE OF THE STA	rt identification information	/ / / /		10/21/0	0.1.4
For calendar plan year 2014 or		01/01/2014	and ending	12/31/2	
A This return/report is for:	X a single-employer plan		an (not multiemployer) (i er information in accord		
	a one-participant plan	a foreign plan			
B This return/report is	X the first return/report	the final return/report			
	an amended return/report	a short plan year return	/report (less than 12 mo	onths)	
C Check box if filling under:	Form 5558	automatic extension		DFVC pro	gram
	special extension (enter descri	ription)			
Part II Basic Plan In	formation—enter all requested in	formation		H-1-	
1a Name of plan				1b Three-digit	
Armour Vickerman,	PLLC 401(k) Plan			plan number	001
				1c Effective dat	e of plan
				01/01/20	
2a Plan sponsor's name and Armour Vickerman,	address; include room or suite numb PLLC	er (employer, if for a single-	employer plan)	2b Employer Ide (EIN) 26-1	entification Number .195933
	1 000			2c Sponsor's te	
6945 Littlerock Ro	ad SW			360-570-	
Tumwater	WA 98512-724	.6		2d Business co 541211	de (see instructions)
	and address XSame as Plan Spon			3b Administrato	r's EIN
4 If the name and/or EIN of	the plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN	
	number from the last return/report.			4c PN	
	nts at the beginning of the plan year.			5a	
b Total number of participar	nts at the end of the plan year			5b	9
	th account balances as of the end of			5c	
	participants at the beginning of the p			5d(1)	
d(2) Total number of active	participants at the end of the plan ye	ar		5d(2)	
	t terminated employment during the			5e	
Caution: A penalty for the la	te or incomplete fillng of this retur	n/report will be assessed	uniess reasonable cau	se is established	
Under penalties of periury and	other penalties set forth in the instru I and signed by an enrolled actuary,	ctions, I declare that I have	examined this return/rep	oort, including, if ap	plicable, a Schedule
SIGN SIGN		-7/23 lu	SAM ARMOUR	WE VALUE	RMAN
HERE Signature of plan	n administrator	Date	Enter name of individ	4/04/2004/2004	
SIGN		33.1			
HERE	ployer/plan sponsor	Date	Enter name of individ	ual signing as emo	loyer or plan sponsor
Preparer's name (including firm	n name, if applicable) and address (i				one number (optional)
For Paperwork Reduction Act N	otice and OMB Control Numbers, see th	ne instructions for Form 5500-	SF.		Form 5500-SF (2014)

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b Are you claiming under 29 CFR 2	plan's assets during the plan year invested in eligibg a waiver of the annual examination and report of 520.104-46? (See instructions on waiver eligibility d "No" to either line 6a or line 6b, the plan cann	an independ and conditio	lent qualified public accounta	nt (IQI	PA)			_	Yes Yes		No No
C If the plan is a d	efined benefit plan, is it covered under the PBGC ir	nsurance pro	ogram (see ERISA section 40	21)? .		Yes	No	Not	deterr	nine	.d
Part III Finan	cial Information										
7 Plan Assets and	Liabilities	1277	(a) Beginning of Yea	г			(b) End	of Ye	ar		
a Total plan asset	S	. 7a			0				2	58	930
b Total plan liabilit	ties	7b									
C Net plan assets	(subtract line 7b from line 7a)	7c			0				2	58	930
8 Income, Expens	es, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
	ceived or receivable from:	0.4		1786	2						
busine and supplied the second	······································	8a(1)		3496	-			-		II's	
				1634	_			. 107			
	uding rollovers)		Τ,	976	_			VT.			- 10
	oss)dd lines 8a(1), 8a(2), 8a(3), and 8b)			770	3		541.05.5	160	2	5.8	930
	cluding direct rollovers and insurance premiums	8c				14.0	10,750			20	930
	fits)	. 8d			0				LV.Y		
e Certain deemed	and/or corrective distributions (see instructions)	8e			0			ij.	- 100		
f Administrative s	ervice providers (salaries, fees, commissions)	. 8f			0	7-0			-		
g Other expenses		. 8g			0		10 -10	300		Ų,	ű.
h Total expenses	(add lines 8d, 8e, 8f, and 8g)	8h									(
i Net income (los	s) (subtract line 8h from line 8c)	. 8i							2	58	930
j Transfers to (fro	om) the plan (see instructions)	- 8j									
b If the plan prov	ides pension benefits, enter the applicable pension 2K 2F 2G 3D ides welfare benefits, enter the applicable welfare f										
Part V Compli	ance Questions										
10 During the pla					Yes	No		Amo	ount		
29 CFR 2510	allure to transmit to the plan any participant contributions and DOL's Voluntary Fid	uciary Corre	ction Program)	10a		Х					
	y nonexempt transactions with any party-in-interes			10b		Х					
	covered by a fidelity bond?			10c	X					20	000
	ave a loss, whether or not reimbursed by the plan's			10d		Х	1				
insurance serv	s or commissions paid to any brokers, agents, or ot vice, or other organization that provides some or all	l of the bene	fits under the plan? (See	10e	Х						170
f Has the plan f	ailed to provide any benefit when due under the pla	an?		10f		Х					
g Did the plan h	ave any participant loans? (If "Yes," enter amount	as of year er	nd.)	10g		Х					
	lividual account plan, was there a blackout period?	•		10h		Х	-733.	4.			
i If 10h was ans	swered "Yes," check the box if you either provided providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i				W		E	
Part VI Pensio	n Funding Compliance										
11 Is this a define	d benefit plan subject to minimum funding requirer 11a below)								Yes	П	No
	aid minimum required contribution for current year					11a					
12 Is this a define	ed contribution plan subject to the minimum funding	g requiremen	nts of section 412 of the Code	e or se	ction	302 of	ERISA?		Yes	X	No

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

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

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lfy	ou 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		
		12c		
<u>C</u>	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?	\ \ \ Y	es X No	1
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13а		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to the PBGC?			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.)	(s) to		
- 1	3c(1) Name of plan(s):	13c(2) El	N(s)	13c(3) PN(s)
	VIII Trust Information (optional)	441		
14a	Name of trust	14b Tı	rust's EIN	