## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

## **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** 

For calend	lar plan year 2014 or fi	scal plan year beginning 01/01/2	2014	and ending 12	/31/2014			
A This re	turn/report is for:	a single-employer plan		an (not multiemployer)				
		a one-participant plan	a foreign plan			,		
<b>B</b> This ret	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)			
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	gram		
		special extension (enter desc	ription)					
Part II	Basic Plan Info	prmation—enter all requested in	formation					
1a Name		onioi an roquosica m			<b>1b</b> Three-digit			
LAW OFFIC	E OF CATHERINE C.	CLARK, PLLC 401(K) PLAN			plan number			
					(PN)	001		
					1c Effective date 01	e of plan /01/2010		
<b>2a</b> Plan s THE LAW O	ponsor's name and ac FFICE OF CATHERIN	Idress; include room or suite numb E C. CLARK, PLLC	er (employer, if for a single-	employer plan)		entification Number -4758077		
704 FIFTU A	VENUE CUITE 4705				2c Sponsor's te	lephone number		
SEATTLE, W	VENUE, SUITE 4785 VA 98104				2d Business code (see instruction			
					54	1110		
3a Plan a	administrator's name a	nd address XSame as Plan Spon	sor.		<b>3b</b> Administrator	's EIN		
					<b>3c</b> Administrator	's telephone number		
						•		
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN			
		mber from the last return/report.			Ac DN			
	or's name	at the beginning of the plan year.			4c PN 5a			
_		at the end of the plan year			5a 5b	4		
		account balances as of the end of				3		
					5c	5		
<b>d(1)</b> Tot	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	1		
<b>d(2)</b> Tot	tal number of active pa	urticipants at the end of the plan ye	ar		5d(2)	1		
		erminated employment during the			5e	0		
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	use is established.			
Under pen SB or Sche	alties of perjury and ot edule MB completed a	her penalties set forth in the instru nd signed by an enrolled actuary,	ctions, I declare that I have	examined this return/rep	port, including, if app			
SIGN	Filed with authorized	plete. /valid electronic signature.	<u> </u>	1				
HERE	Signature of plan a		Date	Enter name of individ	ual signing as plan	administrator		
CICH	Signature or plan a	iummistrator	Date	Litter name or mulvio	uai siyiiiiy as piali i	auminional01		
SIGN HERE								
	Signature of emplo	pyer/plan sponsor name, if applicable) and address (i	Date	Enter name of individ		oyer or plan sponsor one number (optional)		
1 Topalei S	name (moluding illiii)	iamo, ii appiioabie) and addiess (ii	norado room or suite numbe	i , (optional)	i ropaior s telepho	no number (optional)		

	Form 5500-SF 2014		Page <b>2</b>							
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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the control of th	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d <b>d use</b>	PA) Form	5500.		X	Yes [	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	)21)?		Yes	No	Not c	leterm	ined
Par –					1					
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End	of Yea	ar 26880	0
	Total plan assets	7a	247	14	-				20000	J
	Total plan liabilities	7b	247	714					26880	0
	Net plan assets (subtract line 7b from line 7a)	7c		•			(b) T	otal	2000	
	Contributions received or receivable from:		(a) Amount				(b) T	Otai		
	(1) Employers	8a(1)	38	310						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	-16	644						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2166	5
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
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								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							2166	3
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b		eature cod	es from the List of Plan Charac	cterist			he instructi	ons:		
10	During the plan year:				Yes	No		Amou	ınt	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X				
	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					10000
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 ben	efits under the plan? (See	10e		X				
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 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	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (	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 beir granting the waiver.	-			, and e	enter tl Day		he lett Year	er rulir	ng 

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lf :	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)	`	of a	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?			Y	'es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer t	his year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?		under the co	ntrol		Ye	s X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the	ne plan(s) to				
1	3c(1) Name of plan(s):		130	( <b>2)</b> EI	N(s)	13c(	<b>3)</b> PN(s)
Part	VIII Trust Information (optional)						

**14b** Trust's EIN 273218740

14a Name of trust LAW OFFICE OF CATHERINE C. CLARK PL

## 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).

2014

OMB Nos. 1210-0110

1210-0089

2014

the Internal Revenue Code (the Code).

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

This Form is Open to Public Inspection

		rt Identification Information					0/01/0014			
For	r calendar plan year 2014 or f			01/01/2014	and ending		2/31/2014			
Α	This return/report is for:	🕱 a single-employer plan	∐ a n	nultiple-employer pl participating employ	an (not multiemployer) (l yer information in accord	Filers of lance v	checking this box vith the form inst	k must attach a list tructions)		
		a one-participant plan	here!	foreign plan						
В	This return/report is:	the first return/report	닐	e final retum/report						
		an amended return/report	∐ a s	short plan year retur	n/report (less than 12 m	onths)				
С	Check box if filing under:	x Form 5558	ليا	tomatic extension		[	DFVC progra	.m		
es con		special extension (enter descri								
		formation enter all requested in	informat	tion		1 46	1774			
1a	Name of plan						Three-digit plan number			
	Law Office of Catl	herine C. Clark, PLLC 401	1(k) !	Plan			(PN) ►	001		
						1c	Effective date of 01/01/2010	fplan		
2a		address; include room or suite numbe Catherine C. Clark, PLLC		loyer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 20-4758077				
						2c	Sponsor's telepi			
	701 Fifth Avenue, Suite	e 4785				2d	Business code (	(see instructions)		
	US Seattle WA 98104						541110			
3a		and address X Same as Plan Spo	nsor Na	ame		3b Administrator's EIN				
						3c	Administrator's	telephone number		
4		the plan sponsor has changed since the things of the plan sponsor has changed since the plant of the plant in	he last i	return/report filed fo	r this plan, enter the	4b	EIN			
а	Sponsor's name	Tunel tout the last letermichor.				4c	PN			
		ts at the beginning of the plan year .	•••••	***********************	************	5a	1	4		
b		ts at the end of the plan year				5b	)	5		
C		h account balances as of the end of th				5c	;	5		
d(	(1) Total number of active pa	articipants at the beginning of the plar	n year	************************	422044221224422444444444444444444444	5d(	1)	1		
d(	(2) Total number of active pr	articipants at the end of the plan year	* *****	************************	******************************	5d(	2)	1		
e		t terminated employment during the p	olan yea			56	а	0		
Cz	aution: A penalty for the lat	te or incomplete filing of this return	n/report	t will be assessed	uniess reasonable cav	ise is	established.			
Un SE	der nenalties of manual and	other penalties set forth in the instruction and signed by an enrolled actuary, a	tions I	declare that I have	examined this return/rep	oort, in	cluding, if applic	able, a Schedule knowledge and		
2282C	CONTRACT A TOTAL A TOT	)			Catherine Clark					
	ign 9		-	Date	Enter name of individua		ng as plan admir	nistrator		
	ERE Signature of plan add	ministrator			Catherine Clark		ig ao pian co	nou aco:		
		a or recommendation of electric	<del>-  </del> -				se employer			
<b>3</b>	ERE Signature of employe	er/plan sponsor			Enter name of individua			number (optional)		
Pre	∍parer's name (including πm	n name, if applicable) and address; ind	Clube 10	JOM Of Suite Humbe	т (Орионан		ilei a caepiona	Tullibor (opaorial)		

	Form 5500-SF 2014		Page 2						
6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
	Are you claiming a waiver of the annual examination and report of a			(IQP/	4)				
	•				-7 :	******	*******	X Yes	□No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either line 6a or line 6b, the plan canno	t use For	n 5500-SF and must instead u	ise Fo	orm 5	500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section 402	1)?	[	] Ye	s No [	Not de	etermined
Com victor	intill Financial Information								
			(a) Beginning of Year		T		(b) End of	Year	
7_	Plan Assets and Liabilities	7a	24,7		+		(2) 2		880
_	Total plan assets	7b	24; 7.		+			20,	
		7c	24,7	1.4	<del> </del>			26	880
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year		(a) Amount		1		(b) To		000
	Contributions received or receivable from:		(4) / 41104111						
	(1) Employers	8a(1)	3,8:	10		340			
	(2) Participants	8a(2)							Selection.
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	(1,64	4)	<b>新華</b>				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			S CONTROL OF	Market Street	e e e e e e e e e e e e e e e e e e e	2,	166
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f				-10-14	100		
	Other expenses	8g	· · · · · · · · · · · · · · · · · · ·						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			2	, red to day.	PSAM COSSISSAMONS		against waxyes
	Net income (loss) (subtract line 8h from line 8c)	81						2,	166
	Transfers to (from) the plan (see instructions)	8)	A CASCAGO AND COMPANY AND A CASTALL AND AND AND A CASTALL	4-1-1-1-1-1-1-1					
LANGUAGE P	TIV Plan Characteristics				Intraction				
	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Characte	eristic	Code	s in th	e instruction	s:	
34	2A 2E 2F 2G 2J 3B 3D								
+	If the plan provides welfare benefits, enter the applicable welfare fea		from the List of Plan Character	rictio (	Podos	in the	instructions		
b	If the plan provides wellare benefits, effer the applicable wellare lea	iula codes	I WORK WIS LIST OF FRAN CHARACTER	iouo (	J0063	111 010	mist acacits	'	
NA.	Compliance Questions					-			
					Yes	No	Δ	nount	
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contributi	ions within	the time period described in	Ι	163	- 140		Hount	
-	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	lary Correc	ction Program)	10a		х			
b						7.5			
	on line 10a.)			10b		Х			
<u>c</u>				10c	х				10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f	idelity bon	d, that was caused by fraud	10d		x			
e		er persons	by an insurance carrier.						
•	insurance service, or other organization that provides some or all of	of the bene	fits under the plan? (See						
	instructions.)		<del>*                                      </del>	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	id.)	10g		x			
h	If this is an individual account plan, was there a blackout period? (S	See instruc	tions and 29 CFR						
	2520.101-3.)	************	***************************************	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the	e required	notice or one of the	40.					
SERVICE CO.	exceptions to providing the notice applied under 29 CFR 2520.101	-3		10i				10.10.0	
Par	Pension Funding Compliance						— Т	· · · · ·	
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Y	es," see instructions and comp	ete S	chedu	le SB	(Form	☐Yes	X No
11a	Enter the unpaid minimum required contribution for current year fro			*******	****				
12	Is this a defined contribution plan subject to the minimum funding re			sect	on 30:	2 of E	RISA?	Yes	X No
	(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	a amortize	d in this plan year, see instructi	ons, a	nd en	ter the	date of the	letter rul	ing
•	granting the waiver	_ 	Mor	ith _		_ Da	<u> </u>	Year _	

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Form 5500-SF 2014 Page <b>3-</b>				
If 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			
		·		
C 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?		Yes No NA		
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes	s 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 beneficiarles, transferred to another plan, or brought under the con	trol	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.)				
	2) EIN(s	s) 13c(3) PN(s)		
Part VIII Trust Information (optional)				
	<b>14b</b> Tro	ust's EIN		
LAW OFFICE OF CATHERINE C. CLARK PL	27-3218740			

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