Form 5500-SF	Short Form Annu	•	ort of Small Emplo	oyee	0	MB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Pla		-	2	2015
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		This Fo	m is Open to Inspection
Pension Benefit Guaranty Corporation	Complete all entries in		nstructions to the Form 55	00-SF.		
Part IAnnual RepoFor calendar plan year 2015 or	rt Identification Information		and ending 12	2/31/2015		
A This return/report is for:	a single-employer plan		er plan (not multiemployer) g employer information in ac		0	
B This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 mo	onths)		
C Check box if filing under:	Form 5558	automatic extensi	on		FVC progra	n
Part II Basic Plan In	formation—enter all requested in					
1a Name of plan LAW OFFICE OF CATHERINE				(PN)	umber	001
					01/01/2	
Mailing address (include ro	bloyer, if for a single-employer plan) bom, apt., suite no. and street, or P.4 nce, country, and ZIP or foreign pos		instructions)	(EIN)	20-475	
HE LAW OFFICE OF CATHER			,		sor's telepho 206-838	-2528
200 6TH AVENUE, SUITE 1250 EATTLE, WA 98121)			20 Busine	ess code (se 54111	e instructions)
3a Plan administrator's name	and address XSame as Plan Spor	sor.		3b Admin	istrator's Ell	N
				3c Admin	istrator's tel	ephone number
4 If the name and/or EIN of	the plan sponsor has changed since	the last return/report fil	ed for this plan, enter the	4b EIN		
name, EIN, and the plan r a Sponsor's name	number from the last return/report.			4c PN		
5a Total number of participar	ts at the beginning of the plan year.			5a		5
	ts at the end of the plan year			5b		2
	th account balances as of the end of			5c		2
	participants at the beginning of the p			5d(1)		1
d(2) Total number of active	participants at the end of the plan ye	ear		5d(2)		1
than 100% vested	at terminated employment during th			5e		0
Under penalties of perjury and	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, molete.	ctions, I declare that I h	ave examined this return/rep	oort, including	g, if applicat	
	ed/valid electronic signature.	05/21/2016	CATHERINE CLARK			
HERE Signature of plan	administrator	Date	Enter name of individu	ual signing as	s plan admir	istrator
SIGN HERE Signature of emr	bloyer/plan sponsor	Date	Enter name of individu	ial signing or	s employer (or plan sponsor
	n name, if applicable) and address (i			Preparer's t		
For Panerwork Peduction Act No	tice and OMB Control Numbers, see th	a instructions for Form A	500-SE		Fr	orm 5500-SF (2015)

b Are unde	re all of the plan's assets during the plan year invested in eligib you claiming a waiver of the annual examination and report of er 29 CFR 2520.104-46? (See instructions on waiver eligibility ou answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public a tions.)	ccount	ant (IQ	PA)		
-	plan is a defined benefit plan, is it covered under the PBGC in							No Not determined
Part III	Financial Information	-	_					
7 Plan	Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
a Tota	l plan assets	7a		26	880			19422
b Tota	l plan liabilities	7b						
C Net	plan assets (subtract line 7b from line 7a)	7c		26	880			19422
8 Inco	me, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) Total
	tributions received or receivable from:	- (1)		1	032			
	Employers	8a(1)			032	_		
	Participants	8a(2)				_		
	Others (including rollovers)	8a(3)			000			
	er income (loss)	8b		-1	293	_		001
	l income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		-261
	efits paid (including direct rollovers and insurance premiums ovide benefits)	8d		7	197			
e Certa	ain deemed and/or corrective distributions (see instructions)	8e						
f Adm	inistrative service providers (salaries, fees, commissions)	8f						
g Othe	er expenses	8g						
h Tota	l expenses (add lines 8d, 8e, 8f, and 8g)	8h						7197
i Neti	income (loss) (subtract line 8h from line 8c)	8i						-7458
j Tran	sfers to (from) the plan (see instructions)	8j						
Part IV	Plan Characteristics							
	e plan provides pension benefits, enter the applicable pension A 2E 2F 2G 2J 2K 3B 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in	the instructions:
B If th	e plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Coo	les in th	he instructions:
Part V	Compliance Questions							
10 Du	ring the plan year:				Yes	No	N/A	Amount
	as there a failure to transmit to the plan any participant contribu							
	escribed in 29 CFR 2510.3-102? (See instructions and DOL's V rogram)	,	,	10a		х		
	ere there any nonexempt transactions with any party-in-interest			IVU				
rep	ported on line 10a.)			10b		Х		
C Wa	as the plan covered by a fidelity bond?			10c		Х		
	I the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty?			10d		х		
car	ere any fees or commissions paid to any brokers, agents, or oth rrier, insurance service, or other organization that provides som plan? (See instructions.)	ne or all of	the benefits under	10e		X		
f Ha	s the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g Dic	the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		
	his is an individual account plan, was there a blackout period? 20.101-3.)			10h		х		
	Oh was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.10			10i				
j Dic	the plan trust incur unrelated business taxable income?			10j			х	
Part VI	Pension Funding Compliance			- ,	1		1	

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule 5500) and line 11a below)				Yes	X No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	302 of E	RISA?		Yes	X No

ls	this a defined contribution	plan subject to th	ie minimum funding	j requirements of a	section 412 of	the Code or section	າ 302 of ERIS
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(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 granting the waiver								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	2 =							
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							
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?		X Yes	No					
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?	ontrol		Yes 🗙	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.))							
13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)				
Part VIII Trust Information								
14a Name of trust LAW OFFICE OF CATHERINE C. CLARK, PLLC 401(K) PLAN	14b Trust's EIN 273218740							
14c Name of trustee or custodian CATHERINE C. CLARK	14d Trustee's or custodian's telephone number							
Part IX IRS Compliance Questions		200	-838-2528)				
15a Is the plan a 401(k) plan?	Ye	s	No					
	De	esign-						
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	based safe harbor method		ADF test	P/ACP				
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Ye	s	No					
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		atio ercentage st	Average benefit test					
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Ye	S	No					
17a Has the plan been timely amended for all required tax law changes?	Ye	s	No	N/A				
17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter the a for tax law changes and codes).	oplicable	e code	_ (See ins	tructions				
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter/ and the letter's serial number	ct to a fa	vorable IR	S opinion	or				
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter/	the plar	n's last fav	orable					
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes	3	No					
19 Were in-service distributions made during the plan year?	Ye	s	No					
If "Yes," enter amount	19							
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	Ye	S	No	N/A				

Form 5500-SF	Short Form Annual	Return/Report of Benefit Plan	Small Employee	e	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be	filed under sections 104 and	4065 of the Employee		2015		
Department of Labor Employee Benefits Security Administration	 Retirement Income Security A 	act of 1974 (ERISA), and sec ternal Revenue Code (the Co	tion 6057(b) and 6058(a)	of This Fo	rm is Open to Public Inspection		
Pension Benefit Guaranty Corporation	Complete all entries in ac	cordance with the instruct	ions to the Form 5500-S	5F.	· · · · · · · · · · · · · · · · · · ·		
Part I Annual Report	dentification Information	01/01/2015	and ending	12/31/201	5		
For calendar plan year 2015 or fisc			n (not multiemployer) (File				
A This return/report is for:B This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating em a foreign plan the final return/report	ployer information in acco	ordance with the	e form instructions)		
C Check box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC pr	ogram		
1a Name of plan	rmation enter all requested erine C. Clark, PLLC 40			1b Three-digit plan numbe (PN) ►			
				1c Effective da 01/01/2			
2a Plan sponsor's name (emplo Mailing Address (include roo	m ant cuite no and street or H L	D. Box)			dentification Number -4758077		
City or town, state or provinc	country, and ZIP or foreign pos Catherine C. Clark, PLI	tai code (il loreign, see insur			telephone number 38–2528		
2200 6th Avenue, Su	11te 1250			2d Business of 541110	ode (see instructions)		
US Seattle WA 98121	nd address 🗴 Same as Plan Sp	oonsor Name		3b Administra	tor's EIN		
Ja Plan automistrator s hame a							
				3c Administra	tor's telephone number		
4 If the name and/or EIN of th	e plan sponsor has changed since mber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN			
a Sponsor's name				4c PN			
	at the beginning of the plan year	*******	****	5a	5		
b Total number of participants	s at the end of the plan year	************	*****	5b	2		
c Number of participants with	account balances as of the end of	f the plan year (defined bene	fit plans do not	5c	2		
	rticipants at the beginning of the p		******	5d(1)	1		
••				5d(2)	1		
Number of participants that	rticipants at the end of the plan ye terminated employment during the	e plan year with accrued ben		5e	0		
	e or incomplete filing of this retu		uniess reasonable caus	se is establishe	ed.		
	other penalties set forth in the instr and signed by an enrolled actuary	wetteen I declare that I have	examined this return/rep	ort, including, it	applicable, a Scheuule		
	•	6.21.2026	Catherine Clark				
HERE Signature of plan ad	ministrator	Date	Enter name of individua	I signing as plar	administrator		
HERE Signature of plan ad	mmasuator	5.21.2016	Catherine Clark				
SIGN HERE Signature of employ	er/plan sponsor	Date	Enter name of individua	I signing as emp	ployer or plan sponsor		
Preparer's name (including firm	n name, if applicable) and address		er	Preparer's tele	phone number		
L		have any the instructions f	or Form 5500-SF		Form 5500-SF (2015)		

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6a w	ere all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)						Yes	No
bΑ	e you claiming a waiver of the annual examination and report of a	n independ	ent qualified public accoun	itant (IQPA))		5		INIA
u	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility at	nd conditio	ns.)					······	(Yes	INO
If	you answered "No" to either line 6a or line 6b, the plan canno the plan is a defined benefit plan, is it covered under the PBGC ins	t use rom	1 2200-2E and must mate	ad u: 4021	se roi		TYes		Not deter	mined
c If		surance pro								
Par	III Financial Information		() Destautes of					(b) End of `		
	an Assets and Liabilities	10.980.04-05-	(a) Beginning of				((D) Enu 01	19,42	
	otal plan assets	7a	2	6,88	0				19,42	
	otal plan liabilities	. 7b							19,42	
	et plan assets (subtract line 7b from line 7a)	, 7c		6,88	0			(b) Tota		<u></u>
	come, Expenses, and Transfers for this Plan Year ontributions received or receivable from:		(a) Amount				190 <i>1611</i> 9	(2)		
) Employers	. 8a(1)		1,03	2		carle ne			WW Store
	2) Participants	. 8a(2)						1999 - C. 1999 - 1989 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999		
	Others (including rollovers)	. 8a(3)				68.88	2.200			
	ther income (loss)	. 8b	(1	,293	3)	(sride				0.00000000
ст	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				20000000			(261	L)
t	enefits paid (including direct rollovers and insurance premiums provide benefits)	. 8d		7,19	7		0.0			
e	ertain deemed and/or corrective distributions (see instructions)	. <u>8e</u>							<u>66090-80-80</u>	
f ∕	dministrative service providers (salaries, fees, commissions)	- 8f					rog di che a se		91644 (J. 401 (M)	
g	other expenses	. 8g		98331674	10570155		1991 2000		7 1(<u></u>
	otal expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							7,19	
	let income (loss) (subtract line 8h from line 8c)	<u>. 8i</u>				1	weater al		(7,430	
j	ransfers to (from) the plan (see instructions)	. 8j	<u> </u>			10.000	1.1.164.5.184	<u></u>		
Pa	t IV Plan Characteristics									
9a	the plan provides pension benefits, enter the applicable pension f	eature cod	es from the List of Plan Ch	aracte	eristic	Code	es in the	e instruction	S:	
_	2A 2E 2F 2G 2J 2K 3B 3D									
b	f the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Cha	racte	ristic (Codes	in the i	instructions	;	
Pa	t V Compliance Questions						2007			
<u>10</u>	During the plan year:		. the time period		Yes	No	N/A	<u> </u>	mount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	utions within Jolupton/ Fi	n the time pendo							
				10a		x				
b	Program)									
	reported on line 10a.)	******	************	10b		X				
c	Was the plan covered by a fidelity bond?		******	10c		x				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	*******		10d		x				
е	Were any fees or commissions paid to any brokers, agents, or of	ther person	s by an insurance							
	carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of	the benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan			10f		x	15.204.53 17.254 (A			
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g		x				
<u>9</u> 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 exceptions to providing the notice applied under 29 CFR 2520.1	01-3		10i						
j	Did the plan trust incur unrelated business taxable income?		***************************************	10j			x			
Pa	t VI Pension Funding Compliance			<u>.</u>				/[
11	Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	***************	*****************	*******		********	T	(rom	Ves 🗌	X No
11	a Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 4	10 .	******		11a			1
12		g requirem	ents of section 412 of the (Code	or sec	tion 3	302 of E	RISA?	∐ Yes	X No

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Form 5500-SF 2015 Pag	e 3-							
(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 granting the waiver.		wonu	ctions, andD	enter the ay	e date of t Yes	ne letter ru ar	ung 	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and s				401				
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 minu negative amount)	*******	*********	*********	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes L	No L	_ N/A	
Part VII Plan Terminations and Transfers of Assets				·				
13a Has a resolution to terminate the plan been adopted in any plan year?		*********	******	XY	es LIN	0		
If "Yes," enter the amount of any plan assets that reverted to the employer this year				13a			0	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another of the PBGC?	************	***********	**************	*****		Yes [X No	
 C If during this plan year, any assets or liabilities were transferred from this plan to another p which assets or liabilities were transferred. (See instructions.) 	olan(s), ide	entify th	e plan(s) to					
13c(1) Name of plan(s):			13	c (2) EIN	(s)	13c(3)	PN(s)	
Part VIII Trust Information (optional)								
14a Name of trust				1401	Frust's EIN	l		
Law Office of Catherine C. Clark, PLLC 401(k) Plan				27-3218740				
14c Name of trustee or custodian				14d Trustee or custodian's telephone number (206) 838-2528				
Catherine C. Clark				(20)	0, 000			
Part IX IRS Compliance Questions						[]] N.		
15a is the plan a 401(k) plan:				Vi N		No No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employe matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	e deferral	s and e	mployer				ADP/ACP test	
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a) 2(a)(2)(ii))?	"current y (2)(ii) and	ear 1.401(i	n)-	□ Y	Yes No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirement				Ll P	Ratio Percentage Ave Test Ben			
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 40 this plan with any other plans under the permissive aggregation rules?	1(a)(4) by	combir	ling		es	No No		
17a Has the Plan been timely amended for all required law changes?		**********				No No	N //	
17b Date of the last plan amendment/restatement for the required tax law changes was adopt instructions for tax law changes and codes).		/			cable code			
 17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume s advisory letter, enter the date of that favorable letter / / and the let 17d If the plan is an individually-designed plan and recieved a favorable determination letter find the plan is an individually-designed plan and recieved a favorable determination letter find the plan is an individually-designed plan and recieved a favorable determination letter find the plan is an individually-designed plan and recieved a favorable determination letter find the plan is an individually-designed plan and recieved a favorable determination letter find the plan is an individually designed plan and recieved a favorable determination letter find the plan is an individually designed plan and recieved a favorable determination letter find the plan is an individually designed plan and recieved a favorable determination letter find the plan is an individually designed plan and recieved a favorable determination letter find the plan is an individually designed plan and recieved a favorable determination letter find the plan is an individually designed plan and recieved a favorable determination letter find the plan is an individual for the plan is an individual for the plan is an individual for the plan and recieved a favorable determination letter find the plan is an individual for the plan is an individual for the plan is a plan the plan t	tter s sena	8 1105110	Ε.					
 determination letter / / Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section ade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the section of the Northern Mar	tion 1022(he U.S. V	i)(2) ha irgin Isl	s been ands)?	ΠY	´es	No		
19 Were in-service distributions made during the plan year?				ΠY	es	🗌 No		
If Yes, enter amount	*****			19				
20 Were minimum required distributions made to 5% owners who have attained age 70 ½ (re not retired) as required under section 401(a)(9)?	egardless	of whet	her or	. 🗆 Y	′es	No No	□ N//	