## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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## 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

	arti		t identification information	n										
Fo	or calendar plan year 2015 or fiscal plan year beginning 01/01/2016 and ending 01/28/2016													
Α	This retu	urn/report is for:	<ul><li>X a single-employer plan</li><li>☐ a one-participant plan</li></ul>	lis		an (not multiemployer)  ployer information in acc		-						
В	This retu	rn/report is	the first return/report an amended return/report	X the	final return/report	/report (less than 12 mc	onths)							
_					more plan your rotain	roport (1000 triair 12 me	2 monda)							
С	Check b	oox if filing under:	Form 5558 special extension (enter desc	automatic extension DFVC program										
P	art II	Rasic Plan Info	ormation—enter all requested in		on.									
1a	Name o			1b	Three-digit plan number (PN)	001								
							1c Effective date of plan 01/01/2010							
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)							<b>2b</b> Employer Identification Number (EIN) 20-4758077							
HE		FICE OF CATHERIN	ce, country, and ZIP or foreign pos NE C. CLARK, PLLC	stal code	(if foreign, see instru	ictions)	2c Sponsor's telephone number 206-838-2528							
2200	) 6TH AV	ENUE, SUITE 1250					2d	Business code (	see instructions)					
SEA	TTLE, W	'A 98121						5411	110					
3a	Plan ac	dministrator's name a	and address XSame as Plan Spor	nsor.			3b	Administrator's	EIN					
							3c	Administrator's t	elephone number					
4	If the n	ame and/or EIN of th	ne plan sponsor has changed since	e the last	return/report filed fo	r this plan, enter the	4b	EIN						
_		·	umber from the last return/report.											
	•	or's name					4c		2					
			s at the beginning of the plan year			Ī	5		0					
b			s at the end of the plan year  account balances as of the end o			Ť	5b 5c							
	comple	ete this item)						0						
d(1) Total number of active participants at the beginning of the plan year														
d(2) Total number of active participants at the end of the plan year							5d(	(2)	0					
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested							<b>5e</b> 0							
			or incomplete filing of this retu											
SE	or Sche		other penalties set forth in the instru and signed by an enrolled actuary, aplete.											
SIC	GN	Filed with authorized	d/valid electronic signature.		05/24/2016	CATHERINE CLARK								
HERE		Signature of plan	administrator		Date	Enter name of individu	vidual signing as plan administrator							

Date 1

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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<ul> <li>Were all of the plan's assets during the plan year invested in eliginary between the plan's assets during the plan year invested in eliginary between the plan year invested in eliginary</li></ul>	f an independ and condition	dent qualified public a	ccount	ant (IQ	PA)			X	Yes Yes	No No
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	determ	nined
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Ye	ear	
a Total plan assets	7a		19	422						0
<b>b</b> Total plan liabilities				0						0
C Net plan assets (subtract line 7b from line 7a)	., 7с			422						0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total		
(1) Employers	8a(1)			0						
(2) Participants	8a(2)			0						
(3) Others (including rollovers)	8a(3)			0						
<b>b</b> Other income (loss)	8b			978						
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-97	78
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		18	444						
Certain deemed and/or corrective distributions (see instructions)	1 1									
f Administrative service providers (salaries, fees, commissions)										
g Other expenses										
h Total expenses (add lines 8d, 8e, 8f, and 8g)									1844	14
i Net income (loss) (subtract line 8h from line 8c)	8i								-1942	22
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension	n feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in t	the instr	uctions	:	
B If the plan provides welfare benefits, enter the applicable welfare	foature code	os from the List of Pla	n Char	octorict	ic Coc	loc in th	o inetru	ctions:		
in the plan provides welfare benefits, effer the applicable welfare	reature code	es nom the List of Fia	ii Cilaia	acterist	ic Coc	162 111 111	ie iristiu	CHOHS.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X					
<b>b</b> Were there any nonexempt transactions with any party-in-interest					V					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		Х					
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		Χ					
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pl			10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amount					X					
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g		X					
i If 10h was answered "Yes," check the box if you either provided	the required	notice or one of the	10h							
exceptions to providing the notice applied under 29 CFR 2520.1			10i			X				
Part VI Pension Funding Compliance			10j	<u> </u>	]	^				
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)									Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a		··	. 55	140
12 Is this a defined contribution plan subject to the minimum fundin							RISA?.	Г	Yes	X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	s applicable.)					
а	a If a waiver of the minimum funding standard for a prior year is being			_			ing
If	granting the waiver			Day	Y	'ear	
	<b>b</b> Enter the minimum required contribution for this plan year			12b			
				12c			
	C Enter the amount contributed by the employer to the plan for this plan			120			
a	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?			Yes	No	N/A
Part	rt VII Plan Terminations and Transfers of Assets						
13a	<b>a</b> 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 em	ployer this year		13a			(
b	Were all the plan assets distributed to participants or beneficiaries, to the PBGC?				X	Yes 🔲 I	No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another plan(s), identi	fy the plan(s) to				
	13c(1) Name of plan(s):		13c(2)	EIN(s)		<b>13c(3)</b> P	N(s)
Part	rt VIII Trust Information						
	Name of trust     W OFFICE OF CATHERINE C. CLARK, PLLC 401(K) PLAN				ust's EIN 218740		
	C Name of trustee or custodian THERINE C. CLARK				rustee's o		
Par	art IX IRS Compliance Questions					000 2020	
	· ·			Yes		No	
158	a Is the plan a 401(k) plan?				sign-	Пио	
15b	<b>b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requestion matching contributions (as applicable) under sections 401(k)(3) and				ed safe bor	ADP test	/ACP
15c	C If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP to testing method for nonhighly compensated employees (Treas. Reg 2(a)(2)(ii))?	sections 1.401(k)-2(a)(2)(ii) and 1.4		Yes		No	
	a Check the box to indicate the method used by the plan to satisfy the			Rat perd test	centage		rage efit test
16b	b Does the plan satisfy the coverage and nondiscrimination tests of se this plan with any other plans under the permissive aggregation rules			Yes		No	
17a	<b>a</b> Has the plan been timely amended for all required tax law changes?			Yes		No	N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the approximate tax law changes and codes).						(See inst	
17c	C If the plan sponsor is an adopter of a pre-approved master and proto advisory letter, enter the date of that favorable letter//	type (M&P) or volume submitter pla / and the letter's serial r		t to a fav	orable IRS	opinion (	or
17d	'd If the plan is an individually-designed plan and received a favorable determination letter/			the plan's	s last favo	rable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no elec made), American Samoa, Guam, the Commonwealth of the Northern			Yes		No	
19	Were in-service distributions made during the plan year?			Yes		No	
	If "Yes," enter amount			19			
20	Were required minimum distributions made to 5% owners who have retired), as required under section 401(a)(9)?			Yes		No	N/A

## 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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	► Complete all entries in ac	cordance with the instruc	tions to the Form 5500-	SF.				
Part	Annual Report I	dentification Information							
For calend:	ar plan year 2015 or fisc		01/01/2016	and ending	01/28/20	16			
	turn/report is for: turn/report is:	a single-employer plan  a one-participant plan the first return/report  an amended return/report	a list of participating el a foreign plan the final return/report	an (not multiemployer) (Fi mployer information in acc n/report (less than 12 mor	cordance with th				
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension			orogram			
Dawn.	Pagia Plan Info	rmation enter all requested	information						
Part II		rillation enter all requested	Instruction		1b Three-dig	it			
	•	rine C. Clark, PLLC 40	1/k) Plan		plan numi				
Iretw	Ollice of Carie	TIME C. CLAIR, FING 40	1 (1/ 12411	_	(PN) ►  1c Effective ( 01/01/2				
Mailir City c	ng Address (include rooi or town, state or provinc	yer, if for a single-employer plan) n, apt., suite no. and street or P.C e, country, and ZIP or foreign post	al code (if foreign, see instr	uctions)	2b Employer Identification Number (EIN) 20-4758077  2c Sponsor's telephone number				
rne	Law Office of C	atherine C. Clark, PLL	C		(206) 838-2528  2d Business code (see instructions)				
2200	) 6th Avenue, Su	ite 1250			541110				
US Se	eattle WA 98121								
		id address 🗴 Same as Plan Sp	onsor Name		3b Administr	ator'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				
		nber from the last return/report.			4c PN				
	sor's name	at the beginning of the plan year			5a	2			
		at the end of the plan year			5b	0			
C Numl	ber of participants with a	account balances as of the end of	the plan year (defined bene	fit plans do not	5c	0			
d(1) Tot	tal number of active part	ticipants at the beginning of the pl	an year	************************	5d(1)	1			
, -		ticipants at the end of the plan yea		***************************************	5d(2)	0			
Numi		erminated employment during the		1.	5e	o			
		or incomplete filing of this retu	m/report will be seeseed	unless reasonable caus	se is establish	ed.			
Under pe SB or Sc	nalties of periury and of	ther penalties set forth in the instrund signed by an enrolled actuary,	ictions, I declare that I have	examined this return/rep	ort, including, if	applicable, a Schedule			
SIGN	(n/1!/)		5.242076	Catherine C. Cla	rk				
0.0000000000000000000000000000000000000	Signature of plan adm	Enter name of individual	signing as plar	n administrator					
100000000000000000000000000000000000000	12/14		Date <i>5.</i> 74.70 <i>i</i> 6						
SIGN -	Signature of employe	Enter name of individual	signing as em	ployer or plan sponsor					
12.3676599765977651	's name (including firm			phone number					

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	Nere all of the plan's assets during the plan year invested in eligible						***********	[	X Yes	No
b /	Are you claiming a waiver of the annual examination and report of a	n independ						1	X Yes	٦No
- 1	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a f you answered "No" to either line 6a or line 6b, the plan cannot contain the container of	t use Forn	n 5500-SF and must inste	ead u	se Fo	rm 5	500.	•		
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section	4021	): •	<b></b>		[1,40 [		- Interes
Pa	t III Financial Information	To the obstances				1				<del></del>
7	Plan Assets and Liabilities	1500 1500 1500	(a) Beginning of		•	-	- (	b) End of	Year	
	Total plan assets	. 7a	1:	9,42		+				0
	Total plan liabilities	. 7b			0	-				0
	Net plan assets (subtract line 7b from line 7a)	. 7c		9,42	:2	+-		(b) Tot	al	0
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			255	38-200	(5) 101	<b>0</b> 1	
	(1) Employers	. 8a(1)			0	0.742				
	(2) Participants	. 8a(2)			0	74-15620 10-2410				
	(3) Others (including rollovers)	. 8a(3)			0	188	in established	6,0000		100.4
b	Other income (loss)	. 8b		(978	3)	50000		50.5500000000		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		A Ca			na na angana na antibo		(97	8)
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1	8,44	14					
	Certain deemed and/or corrective distributions (see instructions)	. 8e		· · · · · · · · · · · · · · · · · · ·					30.000	
	Administrative service providers (salaries, fees, commissions)	. 8f				788664		77 (17 (17 (17 (17 (17 (17 (17 (17 (17 (		
-	Other expenses					14.86	S 90.9	4 6 6	8000	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	T		60.5%	8.19 y S				18,4	44
	Net income (loss) (subtract line 8h from line 8c)	. 8i			(10. V.5) (10. V.5)				(19,42	2)
	Transfers to (from) the plan (see instructions)	. 8j					30.00	4.65%		
600.0000000	rt.IV Plan Characteristics									
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	s from the List of Plan Cha	racte	istic (	Codes	s in the i	nstructions		
Pa	rt V Compliance Questions						Leosupus			
<u>10</u>	During the plan year:				Yes	No	N/A	A	mount	
а	Was there a failure to transmit to the plan any participant contribu									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			400		х				
	Were there any nonexempt transactions with any party-in-interes			10a			2000			
IJ	reported on line 10a.)			10b		x				
С	Was the plan covered by a fidelity bond?		***************************************	10c		х	24243			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the pla			10f		х				
g	7			10g		х	2 032 07			
<del>9</del>							1000			
	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 2520.10	)1-3	***************************************	10i		ļ				
j	Did the plan trust incur unrelated business taxable income?		***************************************	10j		<u> </u>	х			
Pa	rt VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If "	Yes," see instructions and	comp	lete S	Sched	ule SB (	Form	Yes	X No
11	a Enter the unpaid minimum required contribution for current year	from Sched	ule SB (Form 5500) line 40	) <u></u>	*******	•••••	11a			
12	Is this a defined contribution plan subject to the minimum funding	ı requireme	nts of section 412 of the C	ode o	or sec	tion 3	02 of EF	RISA?	Yes	X No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable	:-)					<u>.</u>	
a If a waiver of the minimum funding standard for a prior year is being amortized granting the waiver.	in this plan year, see inst Mont	ructions, and e h Da	enter the ay	date of th Yea	ne letter ruli ır	ng	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5	500), 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 (er negative amount)	12d						
e Will the minimum funding amount reported on line 12d be met by the funding de	adline?	***************		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 Ye	s N	0				
If "Yes," enter the amount of any plan assets that reverted to the employer this	/ear	*******	13a			0	
b Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?			ntrol	[	X Yes [	] No	
C If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), identify	the plan(s) to			<b></b>		
13c(1) Name of plan(s):		13c	(2) EIN(	s)	13c(3) P	N(s)	
						****	
Part VIII Trust Information (optional)							
14a Name of trust			<b>14b</b> ⊤r	ust's EIN			
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			(206	0.00-2	2528	<del></del>	
Part IX IRS Compliance Questions							
15a is the plan a 401(k) plan:	***************************************	*****************	Yes		☐ No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			bas bar	sign- ed safe bor thod	ADP/A	CP	
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year testing method" for nonhighly compensated employees (Treas. Reg. section 1.4 2(a)(2)(ii))?	01(k)-2(a)(2)(ii) and 1.401		Yes No				
16a Check the box to indicate the method used by the plan to satisfy the coverage r			Rat Per Tes	centage	Averag	, -	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 4100 this plan with any other plans under the permissive aggregation rules?	b) and 401(a)(4) by comb		Yes	}	□ No		
17a Has the Plan been timely amended for all required law changes?	-447442472644664666666666666666666666666	***************************************	☐ Yes	3	☐ No	□ N/A	
17b Date of the last plan amendment/restatement for the required tax law changes instructions for tax law changes and codes).		<del></del>	• • •		(See		
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or advisory letter, enter the date of that favorable letter / /	and the letter's serial num	per.					
17d if the plan is an individually-designed plan and recieved a favorable determination letter / /	on letter from IRS, please	enter the date	of plan	s last favo	orable		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under E made), American Samoa, Guam, the Commonwealth of the Northern Mariana Is	RISA section 1022(i)(2) hallands or the U.S. Virgin Is	as been lands)?	☐ Ye	\$	☐ No		
To The transfer of the transfe	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	*****************	Ye:	3	☐ No		
If Yes, enter amount		****************	19				
20 Were minimum required distributions made to 5% owners who have attained ag not retired) as required under section 401(a)(9)?			☐ Ye	3	☐ No	□ N/A	