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).

2014

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Part I		Identification Information scal plan year beginning 01/01/2		and ending 12/31	/2014	
	turn/report is for:	a single-employer plan a one-participant plan	a multiple-employer pl	an (not multiemployer) (Fil ver information in accordar	lers checking this	
B This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report		n/report (less than 12 mont	<i>'</i>	
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC prog	gram
Part II	Rasic Plan Info	prmation—enter all requested in				
1a Name		mation—enter an requested in	monnation	1	b Three-digit	
WILLIAMSV	VORKS, INC PROFIT	SHARE PLAN			plan number (PN) ▶	003
				1	C Effective date	of plan 01/2006
2a Plan s WILLIAMSW		ddress; include room or suite numl	ber (employer, if for a single-	employer plan)		ntification Number 1161348
3417 FREMO	ONT AVE N STE 400			2	2c Sponsor's tel	ephone number 706-5979
	VA 98103-3411			2		e (see instructions)
3a Plan a		nd address Same as Plan Spor	nsor. REMONT AVE N STE 400	3	3b Administrator	s EIN 1161348
		SEATTI	LE, WA 98103-3411		206-7	s telephone number 706-5979
name		e plan sponsor has changed since mber from the last return/report.	e the last return/report filed fo		4b EIN 4c PN	
5a Total	number of participants	at the beginning of the plan year			5a	15
		at the end of the plan year			5b	18
		account balances as of the end o		•	5c	11
d(1) Tot	tal number of active pa	articipants at the beginning of the p	olan year		5d(1)	12
		articipants at the end of the plan ye		—	5d(2)	14
		erminated employment during the			5e	0
Under pen SB or Scho	alties of perjury and ot	or incomplete filing of this return ther penalties set forth in the instruction of signed by an enrolled actuary, plete.	uctions, I declare that I have	examined this return/repor	t, including, if app	
SIGN	Filed with authorized	/valid electronic signature.	07/13/2016	WHITNEY WILLIAMS		
HERE	Signature of plan a	dministrator	Date	Enter name of individual	l signing as plan a	dministrator
SIGN HERE						
	Signature of emplo name (including firm r	oyer/plan sponsor name, if applicable) and address (Date include room or suite numbe	Enter name of individual r) (optional)		yer or plan sponsor ne number (optional)
	, °					``

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib 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 cann	an indeper and conditi	ident qualified public accounta	nt (IQ	PA)				<u> </u>	es [No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	21)?		Yes	No	_ N	lot de	ermi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) E	nd of	Year		
<u>a</u>	Total plan assets	. 7a	5185	666					57	3819	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	5185	666					57	3819	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(k) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)	242	290							
	(2) Participants	8a(2)	446	39							
	(3) Others (including rollovers)	8a(3)	44	192							
b	Other income (loss)	8b	262	223							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9	9644	
	Benefits paid (including direct rollovers and insurance premiums	04	380	189							
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e									
	Administrative service providers (salaries, fees, commissions)	8f	63	302							
	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4	4391	
	Net income (loss) (subtract line 8h from line 8c)	8i							5	5253	
j	Transfers to (from) the plan (see instructions)	8j									
b		eature cod	es from the List of Plan Charad	cterist			he instr	uction	is:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	uciary Corr	ection Program)	10a	Χ						1251
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ					
c	Was the plan covered by a fidelity bond?			10c	X					5	6937
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ					
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 a	s of year e	nd.)	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)								ΓΥ	es	No
11a	Enter the unpaid minimum required contribution for current year fr	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 :	302 of	ERISA?	·	Y	es 🔀	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 th Day			letter ear _	rulin	g

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			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		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

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

Annual Report Identification Information

Part I

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).

2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

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

For calendar plan year 2014 or f	_	01/01/2014	and ending	12/31/2014	
A This return/report is for:	x a single-employer plan	of participating employ		(Filers checking this box mudance with the form instruct	
	a one-participant plan	a foreign plan			
B This return/report is	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 filing under:	Form 5558	automatic extension		DFVC program	
		<u> </u>			
	ormation—enter all requested in	formation			
1a Name of plan WILLIAMSWORKS, INC	PROFIT SHARE PLAN			1b Three-digit plan number 0.03 (PN) ▶	}
				1c Effective date of plan 01/01/2006	n
2a Plan sponsor's name and ac WILLIAMSWORKS	Idress; include room or suite numb	per (employer, if for a single-e	employer plan)	2b Employer Identificati (EIN) 26-116134	48
3417 FREMONT AVE N	STE 400			2c Sponsor's telephone 206-706-5979	
SEATTLE	WA 98103-341	11		2d Business code (see 813000	instructions)
3a Plan administrator's name a	nd address Same as Plan Spon	sor.	**	3b Administrator's EIN	
WILLIAMSWORKS	_			26-1161348	
No.				3C Administrator's telep	hone number
3417 FREMONT AVE N	STE 400			206-706-5979	
SEATTLE	WA 98103-3411				
	e plan sponsor has changed since	the last return/report filed for	r this plan enter the	4b EIN	
name, EIN, and the plan nu	mber from the last return/report.	and iddenoted the open med for	this plan, chief the	4D CIN	
a Sponsor's name				4c PN	
	at the beginning of the plan year.				15
	at the end of the plan year			5b	18
	account balances as of the end of			5c	11
d(1) Total number of active pa	rticipants at the beginning of the p	olan year		5d(1)	
d(2) Total number of active pa	articipants at the end of the plan ye	ear	***************************************	5d(2)	
	erminated employment during the			5e	0
Caution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed u	ınless reasonable cau	ise is established.	
Under penalties of perjury and of SB or Schedule MB completed a belief, it is true, correct, and com	her penalties set forth in the instru nd signed by an enrolled actuary, plete.	ctions, I declare that I have e as well as the electronic vers	xamined this return/repiion of this return/report	port, including, if applicable, , and to the best of my know	a Schedule wledge and
sign Onthey?	Inllian		Whitney Willia	ams	
HERE Signature of plan a	dministrator	Date (0.29 15	Enter name of individ	ual signing as plan administ	trator
SIGN KOLL	XX	(5.11	Kathering	0 0 1	
HERE Signature of emplo	yer/plan sponsor	Date of 2015	Enter name of individu	ual signing as employer or p	
Preparer's name (including firm r	name, if applicable) and address (i	nclude room or suite number) (optional)	Preparer's telephone rium	ber (optional)
			j		

F	orm 5500-SF 2014		Page 2		_				
b Are you under 2	Il of the plan's assets during the plan year invested in eligible claiming a waiver of the annual examination and report of a 9 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan cann	an indepen and conditi	dent qualified public accountar ons.)	t (IQI	PA)			X Yes	No No
-	nswered "No" to either line 6a or line 6b, the plan cann in is a defined benefit plan, is it covered under the PBGC in						П№П	Not deteri	mined
	Financial Information	<u> </u>					<u> </u>		
	sets and Liabilities		(a) Beginning of Year	,	1	-	(b) End o	f Year	
	an assets	7a		856	6		(D) Liid C		69362
	an liabilities	7b			1				
	assets (subtract line 7b from line 7a)	7c	51	856	6			5	69362
	Expenses, and Transfers for this Plan Year		(a) Amount		\top		(b) To		
a Contribu	utions received or receivable from: ployers	8a(1)		429	0				
(2) Par	ticipants	8a(2)	_4	463	9				
(3) Oth	ers (including rollovers)	8a(3)							
b Other in	come (loss)	. 8b	2	625	8				
C Total in	come (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							95187
to provi	paid (including direct rollovers and insurance premiums de benefits)	. 8d		808	9	•			
e Certain	deemed and/or corrective distributions (see instructions)	. 8e	<u> </u>				*		
f Adminis	trative service providers (salaries, fees, commissions)	. 8f		630	2				
g Other e	xpenses	. 8g							
	penses (add lines 8d, 8e, 8f, and 8g)			_	-	_			44391
	ome (loss) (subtract line 8h from line 8c)				_				50796
j Transfe	rs to (from) the plan (see instructions)	· 8j	<u> </u>						
b If the p	lan provides welfare benefits, enter the applicable welfare f								
	Compliance Questions		<u> </u>		T				
	the plan year:	.4!			Yes	No		Amount	
29 C	here a failure to transmit to the plan any participant contribute. FR 2510.3-102? (See instructions and DOL's Voluntary Fid there any nonexempt transactions with any party-in-interes	luciary Cor	rection Program)	10a	Х				1251
	e 10a.)party-in-interes			10b		Х			
C Was	the plan covered by a fidelity bond?			10c	х				56937
	e plan have a loss, whether or not reimbursed by the plan's nonesty?			10d		х			
insura	any fees or commissions paid to any brokers, agents, or o nince service, or other organization that provides some or al ctions.)	II of the ber	nefits under the plan? (See	10e		х			
f Has t	ne plan failed to provide any benefit when due under the pl	an?		10f		Х			
g Did th	e plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g		х			
h If this	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		Х			
i If 10h	was answered "Yes," check the box if you either provided tions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	10i				ď	7
Part VI	Pension Funding Compliance								
11 Is this	a defined benefit plan subject to minimum funding require and line 11a below)							Yes	No
11a Enter	the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 39			11a			
12 Is this	s a defined contribution plan subject to the minimum fundir	ng requirem	nents of section 412 of the Code	e or s	ection	302 of	ERISA?	Yes	X No
	as " complete line 12a or lines 12b, 12c, 12d, and 12a below	w se sonli	cable)						

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

Day

Year_

granting the waiver.Month

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lf y	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			
	Enter the amount contributed by the employer to the plan for this plan year	12c			
	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?	$ \Box$	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?			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(s) which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s):	3c(2)	EIN(s)	13c(3)	PN(s)
	VIII Trust Information (optional)	146	Touch Fill	L	
14a	Name of trust	140	Trust's EIN		

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