Form 5	500-SF	Short Form Annual F	•	t of Small Empl	oyee	(OMB Nos. 1210-0110 1210-0089				
Department of t Internal Reven		This form is required to be filed und	Benefit Plan	4065 of the Employee F	etirement	2015					
Department Employee Benefits Sec	curity Administration	Income Security Act of 1974 (ERI		057(b) and 6058(a) of the		This Form is Open to Public Inspection					
Pension Benefit Gua		Complete all entries in according to the second secon	rdance with the ins	tructions to the Form 5	500-SF.						
		dentification Informational plan year beginning01/01/2015		and ending 1	2/31/2015						
A This return/rep		a single-employer plan		plan (not multiemployer)	r) (Filers checking this box must attach accordance with the form instructions)						
B This return/repo	ort is		he final return/report a short plan year retu	ırn/report (less than 12 m	2 months)						
C Check box if fill	ing under:		automatic extension		DFVC program						
Part II Bas	ia Plan Infor	special extension (enter description mation—enter all requested information									
1a Name of plan		, PS 401(K) PLAN & TRUST			(PN)	tive date of	•				
Mailing addres City or town, s	ss (include room, state or province,	er, if for a single-employer plan) apt., suite no. and street, or P.O. Boy country, and ZIP or foreign postal coo		tructions)	(EIN)	oyer Identifi 20-87	/2002 cation Number 746654 none number				
VILLIAMSON & LAG 1927 LAKE WASHIN (IRKLAND, WA 980	IGTON BLVD. N					425-82	2-1996 see instructions)				
		address ⊠Same as Plan Sponsor.				nistrator's E nistrator's te	elephone number				
name, EIN, a	nd the plan numb	plan sponsor has changed since the la per from the last return/report.	ast return/report filed	for this plan, enter the	4b EIN						
a Sponsor's nar		t the beginning of the plan year			4c PN 5a		18				
		t the end of the plan year			·		18				
C Number of pa	rticipants with ac	ecount balances as of the end of the p	lan year (defined ber	nefit plans do not	5c		18				
d(1) Total numb	er of active partion	cipants at the beginning of the plan ye	ear		5d(1)		14				
e Number of pa	articipants that te	cipants at the end of the plan year rminated employment during the plan	year with accrued b	enefits that were less	5d(2) 5e		14 0				
Caution: A penalt Under penalties of	ty for the late or perjury and othe B completed and	incomplete filing of this return/rep er penalties set forth in the instructions I signed by an enrolled actuary, as we ete.	ort will be assessed s, I declare that I have	d unless reasonable ca e examined this return/re	port, includir	ng, if applica					
SIGN Filed w	vith authorized/va	alid electronic signature.	10/05/2016	JEFFREY A. WILLIA							
SIGN	ature of plan adı	ministrator	Date	Enter name of individ	aual signing a	as plan adm	inistrator				
HERE		er/plan sponsor	Date	Enter name of individ							
CAROL COLBY	nciuung irm nar	me, if applicable) and address (include	e room of suite nump	ן ושנ	Freparer's	telephone i 847-776					
119 E PALATINE I PALATINE, IL 600		04									
For Paperwork Red	uction Act Notice	and OMB Control Numbers, see the inst	ructions for Form 550	0-SF.		1	Form 5500-SF (2015) v. 150123				

Form 5500-SF 2015		Page 2								
 6a Were all of the plan's assets during the plan year invested in eligib b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannet c If the plan is a defined benefit plan, is it covered under the PBGC in 	an indeper and conditi not use Fo	ndent qualified public a ions.) rm 5500-SF and must	t instea	ant (IQ I d use	PA) Form	5500.		Yes No		
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of \	/ear		
a Total plan assets	. 7a		2815	091				2873537		
b Total plan liabilities	. 7b			0				0		
C Net plan assets (subtract line 7b from line 7a)	. 7c		2815	091				2873537		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoເ	(a) Amount				(b) Tota	I		
 a Contributions received or receivable from: (1) Employers 	. 8a(1)		48	678						
(2) Participants	. 8a(2)		010							
(3) Others (including rollovers)	. 8a(3)			0						
b Other income (loss)	. 8b		-147	107						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							65581		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0						
e Certain deemed and/or corrective distributions (see instructions)	. 8e									
f Administrative service providers (salaries, fees, commissions)	. 8f			0						
g Other expenses	. 8g		7	135						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							7135		
i Net income (loss) (subtract line 8h from line 8c)	. 8i						58446			
j Transfers to (from) the plan (see instructions)	8i									
Part IV Plan Characteristics					•					
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 3H	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in t	he instructior	IS:		
B If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	e instructions	5.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A	Ar	nount		
a 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 Program)	/oluntary F	iduciary Correction	10a		х					
 b Were there any nonexempt transactions with any party-in-interes reported on line 10a.) 	t? (Do not i	include transactions	10u		х					
C Was the plan covered by a fidelity bond?			10c	Х				250000		
 d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 	fidelity bo	nd, that was caused	10c		х			230000		
 e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10a		X					
f Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х					
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Х					

j	Did the	e plan trust incur unrelated business taxable income?	10j			x			
Part	VI P	Pension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a and line 11a below)		nplete	Schedu	ule SB	(Form	Yes	No
11a	Enter t	the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a			
12	Is this	a defined contribution plan subject to the minimum funding requirements of section 412 of t	he Cod	e or se	ction 3	02 of E	RISA?	Yes X	No

Х

10h

10i

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.).....

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3....

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-		_							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	, and e	enter the Day _	e date of t	he letter rul Year	ing			
lf y	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						
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?			Yes	s 🗙 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 of the PBGC?		ontrol		Yes 🗙	No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)								
1	13c(1) Name of plan(s): 1	3c(2)	EIN(s)		13c(3) P	PN(s)			
Part	VIII Trust Information								
	Name of trust JAMSON & LACOMBE, CPA'S, PS 401(K) TRUST		14b Trust's EIN 731651922						
	Name of trustee or custodian REY A. WILLIAMSON, GREG N. LACOMBE		14d Trustee's or custodian's telephone number 425-822-1996						
Part	t IX IRS Compliance Questions								
15a	Is the plan a 401(k) plan?		Ye	S	No				
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employ matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ised safe irbor ethod	ADP/ACP test				
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))?	ar	Ye	S	No				
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b	:	. Ratio percentage test		Average benefit test				
	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			
	Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter for tax law changes and codes).				(See inst				
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is advisory letter, enter the date of that favorable letter/ and the letter's serial number	subjec	t to a fa	vorable IF	RS opinion	or			
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the c determination letter/	ate of	the plar	n's last fav	vorable				
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has bee 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 $\frac{1}{2}$ (regardless of whether or retired), as required under section 401(a)(9)?	not	Ye	s	No	N/A			

					· · · · · · · · · · · · · · · · · · ·				
Form 5500-SF	Short Form Annua		of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be filed	Benefit Plan)65 of the Employee Re	etirement		2015			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 ((ERISA), and sections 6057 Revenue Code (the Code)	'(b) and 6058(a) of the I	Internal		Form is Open to			
Pension Benefit Guaranty Corporation	Complete all entries in a	ccordance with the instru	ctions to the Form 55	00-SF.					
Part I Annual Report Ic For calendar plan year 2015 or fisca	Intification Information	01/01/2015	and ending	12	/31/201	5			
Por calendar plan year 2015 or lisc		a multiple-employer pla			1				
A This return/report is for:	a one-participant plan	list of participating emp							
D		└ the final return/report							
B This return/report is	the first return/report an amended return/report	a short plan year return.	/report (less than 12 mo	onths)					
C Check box if filing under:	K Form 5558	automatic extension		П	DFVC prog	ram			
, i i i i i i i i i i i i i i i i i i i	special extension (enter descri				, -				
Part II Basic Plan Inform	mation—enter all requested info								
1a Name of plan				1b Thre	ee-digit				
Williamson & LaCombe,	CPA's, PS 401(k) PJ	lan & Trust		plar (PN	number	001			
				1c Effe	ctive date c				
					/01/200				
2a Plan sponsor's name (employe Mailing address (include room,	apt., suite no, and street, or P.O.	. Box)			1) 20-87	ification Number 46654			
City or town, state or province, Williamson & LaCombe	country, and ZIP or foreign posta	I code (if foreign, see instru	ictions)	2c Sponsor's telephone number					
WIIIIamson & Bacomso	,, CIN 5, 15				25-822-1996 usiness code (see instructions)				
3927 Lake Washington	Blvd. NE			541211					
Kirkland	WA 98033-786	57							
3a Plan administrator's name and				3b Adm	ninistrator's	EIN			
(76.77).	- Contraction			3c Ada	ainistrator's	telephone number			
A little name and/as EIN of the s	plan sponsor has changed since t	the last return/report filed fo	r this plan enter the	4b EIN					
4 If the name and/or EIN of the p name, EIN, and the plan number	ber from the last return/report.	ale last returnine port med to							
a Sponsor's name				4C PN 5a	1	1.0			
5a Total number of participants a				5a 5b		18			
 b Total number of participants a c Number of participants with ac 	t the end of the plan year	be plan year (defined bene	fit plans do not						
complete this item)				5c		18			
d(1) Total number of active parti				5d(1)		14			
d(2) Total number of active parti e Number of participants that te	cipants at the end of the plan yea	nlan year with accrued her	efits that were less	5d(2)		14			
than 100% vested				5e		0			
Caution: A penalty for the late or Under penalties of perjury and other	er nenalties set forth in the instruc	tions. I declare that I have i	examined this return/re	port, includ	ding, if appli	cable, a Schedule			
SB or Schedule MB completed and belief, it is true, correct, and completed	i signed by an enrolled actuary, a	s well as the electronic vers	sion of this return/repor	t, and to th	e best of m	y knowledge and			
SIGN A	Willion	10/5/16	Jeffrey A. Wi	lliams	on				
HERE Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan ad	ministrator			
SIGN									
HERE Signature of employ	er/plan sponsor	Date	Enter name of individ		as employ s telephone				
Preparer's name (including firm na Carol Colby	me, it applicable) and address (in	iciade room of suite numbe	')	1 ichaigi	847-77				
110 E Dolotino Dood	Quite 104								
119 E Palatine Road,	BUILE IV4								
Palatine	IL 60067								

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independ and conditio	ent qualified public a ns.)	ccount	ant (IQ	PA)			X Yes	
с	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in]No []	Not deter	mined
	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	l of Yea	ar			(b) End	of Year	
a	Total plan assets	7a		2,81		1		-t		3,537
	Total plan liabilities	7b				0				0
	Net plan assets (subtract line 7b from line 7a)	7c		2,81	5,09	1			2,87	3,537
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) T	otal	
	Contributions received or receivable from:									
	(1) Employers	8a(1)			8,67	-			-	-
	(2) Participants	8a(2)		16	4,01	0	-	_		-
	(3) Others (including rollovers)	8a(3)				0				
b	Other income (loss)	8b		-14	7,10	7			_	1.1
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							e	5,581
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				0				
	Certain deemed and/or corrective distributions (see instructions)	8e				0				
	Administrative service providers (salaries, fees, commissions)	8f				0				
q		8g			7,13	5				
	Other expenses				, ,	-				7,135
<u></u>		8h			110					8,446
	Net income (loss) (subtract line 8h from line 8c)	8i	and the second sec					,0,110		
_	Transfers to (from) the plan (see instructions)	8j						8.3.1		
	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 3H	feature code	es from the List of Pla	an Cha	racteri	stic Co	des in th	he instruc	tions	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature code:	s from the List of Pla	n Chara	acterist	ic Cod	les in the	e instructi	ons:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	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	,	,	4.0		x				
	Program)			10a						
D	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 			10b		Х				
c	Was the plan covered by a fidelity bond?			10c	Х				2	250,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	l, that was caused	10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of th	by an insurance le benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х				115
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			101						
1	Did the plan trust incur unrelated business taxable income?			101			Х			

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Part	VI Pension Funding Compliance	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).	Yes 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 302 of ERISA?...

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru-	ctions, and e	nter the Day		e letter ruli ′ear	ng
If v	granting the waiver		Day		001	
	Enter the minimum required contribution for this plan year		12b			
			12c			
	inter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left					
	negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part \	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			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 of the PBGC?	under the co	ontrol		Yes 🛛 I	No
с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he plan(s) to				
1:	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)
Part	VIII Trust Information					
14a N	lame of trust		14b	Trust's EIN		
W	lliamson & LaCombe, CPA's, PS 401(k) Trust			73-16	51922	
14c	Name of trustee or custodian		14d	Trustee's o		in's
Je	ffrey A. Williamson, Greg N. LaCombe			telephone r 425 - 8	10111ber 122 - 199	96
Part						
Fait	IN INS compliance questions		Пү	20	No	
15a	Is the plan a 401(k) plan?					
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ematching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor iethod	ADP test	/ACP
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curr testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401 2(a)(2)(ii))?	(m)-	T Ye		No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Цр	atio ercentage ist		rage efit test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine this plan with any other plans under the permissive aggregation rules?		T Ye			—
17a	Has the plan been timely amended for all required tax law changes?		Ye	es	UN0	∐ N/A
	for tax law changes and codes).	. Enter the			`	nstruction
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial nur	nber		40		or
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter determination letter	er the date of	me pla	n s last favo	лаше	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) h made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	as been lands)?	Ye	S	No	
19	Were in-service distributions made during the plan year?		Y	es	No	
	If "Yes," enter amount		19	1		
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whe	ther or not	ΠY		No	∏ N/A
	refired), as required under section 401(a)(9)?			- De	LINO	