## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan 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 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit WILLIAMSON & LACOMBE, CPA'S, PS 401(K) PLAN & TRUST plan number 001 (PN) • 1c Effective date of plan 08/01/2002 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 20-8746654 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number WILLIAMSON & LACOMBE, CPA'S, PS 425-629-1935 2d Business code (see instructions) P.O. BOX 2130 541211 KIRKLAND, WA 98083-2130 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 18 5a Total number of participants at the beginning of the plan year ...... 5b 14 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 14 5c complete this item)..... 13 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 0 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature. 09/27/2017 JEFFREY A. WILLIAMSON SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator

Date

Signature of employer/plan sponsor

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

SIGN HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2016 Page **2** 

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)												
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									No			
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-		Not dete	rmined			
	rt III Financial Information	·					1						
7	Plan Assets and Liabilities (a) Beginning of Year							(b) End of Year					
а	Total plan assets	7a		873537			3175725						
b	Total plan liabilities	7b		0				0					
С	Net plan assets (subtract line 7b from line 7a)								3175725				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt			Γotal						
а	Contributions received or receivable from:			44679									
	(1) Employers	8a(1)		157649									
-	(2) Participants	8a(2)		157649	_								
	(3) Others (including rollovers)	8a(3)		215538									
	Other income (loss)	8b			-				417866				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							417000				
	to provide benefits)	8d		115678									
е	Certain deemed and/or corrective distributions (see instructions).	8e		0									
f	Administrative service providers (salaries, fees, commissions)	8f		0									
g	Other expenses	8g		0	)								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	Total expenses (add lines 8d, 8e, 8f, and 8g)					115678						
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	et income (loss) (subtract line 8h from line 8c)							302188				
j	Transfers to (from) the plan (see instructions)	8j											
Pai	Part IV Plan Characteristics												
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 3H												
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:				
Par	t V Compliance Questions												
10	During the plan year:				Yes	No	N/A		Amount				
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X							
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X							
С	Was the plan covered by a fidelity bond?			10c	X					350000			
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 oth carrier, insurance service, or other organization that provides som 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	ın?		10f		X							
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Χ							
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10g 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	he require	d notice or one of the	10i									

Form 5500-SF 2016	
FUIIII DOUU-OF ZU ID	

Part	VI I	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)						Yes	<u> </u>	No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes	x ı	No
	_	A?				•••••				
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	ruction	ns, and	d enter t	he date	of the I	etter ru	lling	_
	U	ing the waiver			_ Day		Ye	ar		
		empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			406					
b	Enter t	the minimum required contribution for this plan year			12b	<b></b>				
С	Enter t	he amount contributed by the employer to the plan for this plan year			12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)			12d					
е	Will th	ne 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	a resolution to terminate the plan been adopted in any plan year?				X Yes	s	No		
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a					C
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?					Yes	s X N	10	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identification assets or liabilities were transferred. (See instructions.)	y the	plan(s)	) to					
1	3c(1)	Name of plan(s):		13c(2)	13c(3)				N(s)	
	\									
Part		Trust Information			4.41					
14a I VILLIA	Name MSON	of trust I & LACOMBE, CPA'S, PS 401(K) TRUST				Γrust's Ε 651922				
		of trustee or custodian WILLIAMSON, GREG N. LACOMBE				telepho	s or cus ne num 125-629	ber	s	
Part	: IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
15b	How d	lid the plan satisfy the nondiscrimination requirements for employee deferrals under section	П	Desig safe h	n-based	ı	☐ "Prio	or year"	ADP	
		(3) for the plan year? Check all that apply:			ent year'	· [	N/A			
		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio			verage enefit te	est	N/A	A
		e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No			
		plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	opinio	n lettei	or advi	sory let	ter, ente	r the d	ate of	
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	iter the	e date	of the m	ost rec	ent dete	rminat	ion	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?	rated	from	Yes		No			
19	Was a	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Yes	3	No			

Page **3-** 1

## 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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

Part I Annual Repor	rt identification information									
For calendar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/2	016					
20 (201 ) 2 1 (2	X a single-employer plan	a multiple-employer plan (no								
A This return/report is for:	O one portionent plan	er information in ac	ccordance with the	e form instructions.)						
	a one-participant plan	a foreign plan								
<b>B</b> This return/report is	the first return/report	the final return/report								
- This return report is	an amended return/report									
0	_		(							
C Check box if filing under:	X Form 5558	automatic extension		DFVC program	n					
	special extension (enter descri	ption)								
Part II Basic Plan Inf	formation—enter all requested info	ormation								
1a Name of plan				1b Three-digit	· · · · · · · · · · · · · · · · · · ·					
illiamson & LaCombe	e, CPA's, PS 401(k) Pl	an & Trust		plan numb (PN)	er 001					
				1c Effective d	ate of plan					
				08/01/2						
2a Plan sponsor's name (emp	ployer, if for a single-employer plan)				dentification Number					
Mailing address (include ro	oom, apt., suite no. and street, or P.O.				8746654					
	nce, country, and ZIP or foreign posta	al code (if foreign, see instruction	ns)		telephone number					
Williamson & LaCom	Se, CPA'S, PS			425-629	-1935					
P.O. Box 2130				2d Business c	code (see instructions)					
P.O. BOX 2130				541211						
Kirkland	WA 98083-2130									
	and address X Same as Plan Spon	·		3b Administra	tor's FIN					
ou i lan daministrator s name	and dedicess M came as han open	301.		ob / tarriiriotra	.0.0 =					
				3c Administra	tor's telephone number					
	the plan sponsor has changed since t	he last return/report filed for this	plan, enter the	4b EIN						
	number from the last return/report.			Ac DN						
a Sponsor's name		1677		4c PN						
	ts at the beginning of the plan year				18					
	ts at the end of the plan year			5b	14					
	h account balances as of the end of the			5c	1-					
	participants at the beginning of the pla			5d(1)	1:					
				5d(2)	1.					
	participants at the end of the plan yea at terminated employment during the		NAME AND ADDRESS OF THE PARTY O	1000						
	at terminated employment during the			5e						
Caution: A penalty for the late	e or incomplete filing of this return	report will be assessed unles	s reasonable cau							
	other penalties set forth in the instruct and signed by an enrolled actuary, as									
belief, it is true, correct, and cor		troil do the creations to release	or time returnineper	, and to the boot						
SIGN	A Wallets	9/27/17 Jef	frey A. Wil	lliamson						
HERE Signature of plan		Date Ent	er name of individu	ual signing as pla	n administrator					
SIGN				an organis						
HERE			F. P. I		1					
	loyer/plan sponsor name, if applicable) and address (inc		er name of individi	Preparer's telep	ployer or plan sponsor					
arol Colby	marie, ir applicable) and address (in	oldde room of saite namber )		847-776-2125						
),2001				047	2123					
19 E Palatine Road	, Suite 104									
D 7	TT (0007									

	Form 5500-SF 2016		Page 2		40	_					
b	Were all of the plan's assets during the plan year invested in eligit 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 cannuf the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi not use Fo	ndent qualified public ations.)orm 5500-SF and mus	account at instea	ant (IC	PA) Form	5500.			No No nined	
	rt III Financial Information							ш			
7	Plan Assets and Liabilities		(a) Beginning	of Year	П			(b) End	of Year		
	Total plan assets	7a		873,				(-)	3,175	,725	
b		7b			0					0	
С	Net plan assets (subtract line 7b from line 7a)	7c	2,	873,	537				3,175	,725	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)		44,	-					4.5	
	(2) Participants	8a(2)		157,	649						
	(3) Others (including rollovers)	8a(3)		0.1.5	0						
	Other income (loss)	8b		215,	538				415	2 066	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-				41/	7,866	
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		115,	678						
е	e Certain deemed and/or corrective distributions (see instructions) 8e					0					
f	Administrative service providers (salaries, fees, commissions)	8f			0						
g	Other expenses	8g			0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							115	678	
i_	Net income (loss) (subtract line 8h from line 8c)	8i							302	,188	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 3H  If the plan provides welfare benefits, enter the applicable welfare f										
	in the plan provides werrare benefits, enter the applicable werrare i	eature coc	ies from the List of Fia	II Chare	acterisi		265 111 0	ne manu			
Pai	rt V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary F	iduciary Correction	10a		Х					
b	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				350	0,000	
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х					
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	ne or all of	the benefits under	10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х					

X

X

10g

10h

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) ......

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.....

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

	Form 5500-SF 2016 Page <b>3</b> -						
Part '	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (Form 5500) and line 11a below)				Y	es No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		Allower and the second		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	or section			Y	es X No	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver.		d enter t		of the lette	ruling	
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 o 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?			X Yes	s N	)	
	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 uncontrol 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 which assets or liabilities were transferred. (See instructions.)		) to	Gr	140		
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII Trust Information				**************************************		
	Name of trust		14b	Trust's E	EIN		
Will	liamson & LaCombe, CPA's, PS 401(k) Trust		7	73-16	51922		
14c	Name of trustee or custodian				s or custodi	an's	
Jeff	Frey A. Williamson, Greg N. LaCombe		telephone number 425-629-1935				
Part	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan? If "No," skip b.	Yes			No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	safe h	ent year	L	"Prior ye test	ar" ADP	
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio perce test	entage		verage enefit test	□ N/A	
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			☐ No		
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opin the letter and the serial number	ion letter	or advi	sory lett	ter, enter th	e date of	
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	he date	of the m	ost rece	ent determi	nation	

No

☐ No

Yes

Yes

Defined Benefit Plan or Money Purchase Pension Plan Only:

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? .....