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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

		• •	Complete all entri	es in acc	cordance with the instr	uctions to the Form 55	00-SF.		
	art I		Identification Inform	nation					
For	calenda	r plan year 2012 or fis	scal plan year beginning	01/01/2	2012	and ending	12/31/	2012	
A	This ret	urn/report is for:	a single-employer pla	n	a multiple-employer	plan (not multiemployer)	1	a one-partici	pant plan
В .	This retu	urn/report is:	the first return/report		the final return/report	t			
			an amended return/re	port	a short plan year retu	ırn/report (less than 12 n	nonths)	
C	Check b	ox if filing under:	X Form 5558		automatic extension			DFVC progra	am
			special extension (ent	er descri	ption)				
Pa	art II	Basic Plan Info	rmation—enter all reque	ested info	ormation				
1a	Name o	of plan					1b	Three-digit	
SAKA	HARA	& HASHIMOTO SAFE	HARBOR PLAN					plan number	004
							4.0	(PN) •	001
							10	Effective date of 01/01	•
2a	Plan sp	onsor's name and add	dress; include room or suit	e numbe	r (employer, if for a singl	e-employer plan)	2b	Employer Identi	
SAKA	AHARA	& HASHIMOTO, L.L.C) .			,			18842
							2c	Sponsor's telep	hone number
		JACKSON STREET						206-32	
SEA	IILE, W	/A 98144					2d		(see instructions)
32	Dlan as	lminintrator's name an	nd address XSame as Pla	n Cnana	or Nama Doma as Di	on Changer Address	2h	5242° Administrator's	
Ja	Pian ac	iministrator's name an	id address MSame as Pla	n Spons	or NameSame as Pi	an Sponsor Address	30	Administrators	EIIN
							3с	Administrator's	telephone number
4	If the n	ome and/or FINI of the	nlan ananaar haa ahanga	d ainaa t	ha last ratura/rapart filed	for this plan anter the	415	=	
4			e plan sponsor has change mber from the last return/re		ne iast return/report illed	for this plan, enter the	40	EIN	
а		or's name		<u> </u>			4c	PN	
5a	Total n	umber of participants	at the beginning of the pla	n year			. 5a		3
b	Total n	umber of participants	at the end of the plan year	·			. 5b		3
С			account balances as of the				. 5c		3
6a		,	s during the plan year inves						X Yes No
b			the annual examination a						
	under	29 CFR 2520.104-46?	? (See instructions on waiv	er eligibi	lity and conditions.)				X Yes No
	If you	answered "No" to ei	ther line 6a or line 6b, the	e plan ca	annot use Form 5500-S	F and must instead use	e Form	5500.	
Cau	ıtion: A	penalty for the late of	or incomplete filing of thi	is return	/report will be assesse	d unless reasonable ca	use is	established.	
			her penalties set forth in the						
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled ac olete.	ctuary, as	s well as the electronic v	ersion of this return/repo	rt, and	to the best of my	knowledge and
	,				1	1			
SIG		Filed with authorized/	valid electronic signature.		09/10/2013	ROBERT K. HASHIM	ЮТО		
HEF	KE.	Signature of plan a	dministrator		Date	Enter name of indivi	dual si	gning as plan adr	ministrator
SIG									
HEF		Signature of emplo	* : :		Date	Enter name of indivi	dual si	gning as employe	er or plan sponsor
Pre	parer's i	name (including firm n	ame, if applicable) and add	dress; ind	clude room or suite numb	per (optional)	Prep	parer's telephone	number (optional)
							1		
							1		

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
a	Total plan assets	7a	23517				(5) =::		29434	5	
	Total plan liabilities	7b		0			0				
	Net plan assets (subtract line 7b from line 7a)	7c	23517				294345				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1		(h)	Total	20 10 11		
	Contributions received or receivable from:		(a) Amount				(15)	Total			
	(1) Employers	8a(1)	439	0							
	(2) Participants	8a(2)	2075	50							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	3403	85							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							59175	5	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
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							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h)	
	Net income (loss) (subtract line 8h from line 8c)	8i							5917	5	
	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics	٠,									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions:			
Part	•					T	I				
10	During the plan year:			1	Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					25	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	100		Х					
	instructions.)			10e		Χ					
f	Has the plan failed to provide any benefit when due under the plan			10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	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)							. _	Yes		No
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)								
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	ne date o	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1				
b	Enter the minimum required contribution for this plan year					12b					

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	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 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?	control		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.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

OMB Nos. 1210-0110 1210-0089

2012

Employee Benefits Security Administration the Internal Revenue Code (the Code).									
Pension Benefit Guszunty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I Annual Report Identification Information									
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012									
A This return/report is for:	a single-employer plan	a muitiple-employer pla	in (not multiemployer)	a one-particit	oant 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 mon	_					
C Check box if filing under:		DFVC program							
	special extension (enter des	cription)							
Part II Basic Plan Inform	mation—enter all requested in	nformation							
1a Name of plan				1b Three-digit					
Sakahara & Hashimo	to Safe Harbor Plan	ı		plan number (PN) ▶	001				
			7	1c Effective date o	f plan				
2a Plan sponsor's name and addr	ress: include mom or suite num	ber (employer, if for a single-	employer plan)	2b Employer Identi					
Sakahara & Hashimo		yer (employer) in ion = amgre a	,	(EIN) 91-171					
			[:	2c Sponsor's telephone number (206) 328-1555					
1629 South Jackson	Street		17	2d Business code	(see instructions)				
Seattle		WA	98144	524210					
3a Plan administrator's name and	address XSame as Plan Spor	nsor Name Same as Plan	Sponsor Address	3b Administrator's EIN					
	10.50		<u></u>	3c Administrator's	telephone number				
			f.	DO MUNICIPIE D	iotopitotto tipitto.				
4 If the name and/or EIN of the	plan sponsor has changed sinc	e the last return/report filed fo	r this plan, enter the	4b EIN					
name, EIN, and the plan num a Sponsor's name	ber from the last return/report.			IC PN					
5a Total number of participants a	at the beginning of the plan year			5a	3				
b Total number of participants a			_	5b	3				
C Number of participants with a			fit plans do not						
complete this item)				5c	3				
6a Were all of the plan's assets	during the plan year invested in	eligible assets? (See instruct	tions.)		X Yes No				
b Are you claiming a waiver of t	the annual examination and rep (See instructions on waiver elig	ort of an independent qualifie	d public accountant (IQP)	A)	X Yes ∏ No				
under 29 CFR 2520.104-407	ther line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use F	orm 5500.					
Caution: A penalty for the late of									
Linder populities of coduct and other	or nonellies set forth in the instr	uctions. I declare that I have	examined this return/repo	ort, including, if applic	able, a Schedule				
SB or Schedule MB completed and	d signed by an enrolled actuary,	, as well as the electronic vers	sion of this return/report, a	and to the best of my	knowledge and				
bellef, it is true, correct, and compl	lete.								
1.00111				1 / 1					
SIGN COUNTY. X	tush	9-10-13	Robert K. H.	45AIMITO					
LIPPING	Hus L. L. diministrator	9-10-/3 Date	Robert K. H.		ministrator				
HERE Signature of plan ad	dministrator		Enter name of individua	al signing as plan ad	ministrator				
Signature of plan ad	described and the second	Date	Robert K. K	al signing as plan ad Hashimoto al signing as employe	er or plan sponsor				
Signature of plan ad	dministrator	Date 9-10-13 Date	Enter name of individual Robert K. H.	al signing as plan ad Hashimoto	er or plan sponsor				
HERE Signature of plan ad SIGN KALK LA HERE Signature of employ	dministrator	Date 9-10-13 Date	Enter name of individual Robert K. H.	al signing as plan ad Hashimoto al signing as employe	er or plan sponsor				
SIGN KALK K. H. HERE Signature of employ	dministrator	Date 9-10-13 Date	Enter name of individual Robert K. H.	al signing as plan ad Hashimoto al signing as employe	er or plan sponsor				
SIGN Signature of plan ad HERE Signature of employ	dministrator	Date 9-10-13 Date	Enter name of individual Robert K. H.	al signing as plan ad Hashimoto al signing as employe	er or plan sponsor				

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	г			(b) End of Year	
а	Total plan assets	7a		5,17	0		294,345	
b	Total plan liabilities	7b			0		0	
С	Net plan assets (subtract line 7b from line 7a)	7c	235	5,17	0		294,345	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:	0-(4)	4	1,39	0			
	(1) Employers	8a(1)		75	_			
	z) Farticipants							
b	ther income (loss) 8a(3)							
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1,03	╁		59,175	
	Benefits paid (including direct rollovers and insurance premiums	00			+		-	
	to provide benefits)	8d			0			
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)	8h					0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					59,175	
j	Transfers to (from) the plan (see instructions)	8j			0			
Pai	t IV Plan Characteristics							
b Par								
10	t V Compliance Questions During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х		
С	Was the plan covered by a fidelity bond?			10c	Х		25,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		х		
е	insurance service or other organization that provides some or all	of the bene		40.		x		
	instructions.)			10e	-			
	Has the plan failed to provide any benefit when due under the pla			10f	_	Х		
g				10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		
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 required	d notice or one of the	10i				
Par								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
118	a Enter the amount from Schedule SB line 39							
12	is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No	
	(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. Month Day Year							
	you completed line 12a, complete lines 3, 9, and 10 of Schedul					401		
	b Enter the minimum required contribution for this plan year							

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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 (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?		res 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.)			
	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
	VIII Trust Information (optional) Name of trust	14b T	rust's EIN	