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).

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

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	rt I		rt Identification Informatio	n								
For	or calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013											
A	his ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer)	oyer) a one-participant plan						
В	his ret	urn/report is:	the first return/report	the final return/report								
			an amended return/report	a short plan year return	n/report (less than 12 mc	onths)	r					
C	Check b	oox if filing under:	Form 5558	automatic extension			DFVC program					
			special extension (enter de	escription)			_					
Pa	rt II	Basic Plan Inf	formation—enter all requested	information								
1a	Name	of plan				1b	Three-digit					
OKUN	IAMI AI	ND SHELDON, P.C.	. 401(K) PLAN				plan number (PN) • 001					
						1c	Effective date of plan					
							01/01/2004					
		oonsor's name and a	employer plan)	2b	Employer Identification Number (EIN) 20-1217360							
						2c	Sponsor's telephone number 360-613-5000					
		ROAD NW, SUITE 2 E, WA 98383	201			2d	Business code (see instructions)					
							621210					
3a	Plan ad	dministrator's name	and address XSame as Plan Spo	onsor Name Same as Plan	Sponsor Address	3b	Administrator's EIN					
						3с	Administrator's telephone number					
4	If the n	name and/or EIN of t	the plan sponsor has changed sinc	ce the last return/report filed for	or this plan, enter the	4b	EIN					
_			number from the last return/report.									
	•	or's name	to at the beginning of the plan year			4c						
_			its at the beginning of the plan year		-	5a	12					
			its at the end of the plan year			5b	14					
С			th account balances as of the end		-	5c	13					
6a			ets during the plan year invested in	- ·			X Yes No					
b			of the annual examination and rep 46? (See instructions on waiver elig				X Yes □ No					
			either line 6a or line 6b, the plan									
С	If the p	olan is a defined ben	nefit plan, is it covered under the Pl	BGC insurance program (see	ERISA section 4021)?		Yes No Not determined					
Cau	tion: A	penalty for the late	e or incomplete filing of this retu	urn/report will be assessed	unless reasonable cau	se is	established.					
			other penalties set forth in the instr									
		dule MB completed rue, correct, and cor	and signed by an enrolled actuary mplete.	γ, as well as the electronic ver	sion of this return/report,	, and t	to the best of my knowledge and					
SIGI		Filed with authorize	ed/valid electronic signature.	06/19/2014	TROY OKUNAMI							
ПЕР	E	Signature of plan	administrator	Date	Enter name of individu	ual sig	ning as plan administrator					
SIG												
HER			loyer/plan sponsor	Date			ning as employer or plan sponsor					
Prep	arer's i	name (including firm	n name, if applicable) and address;	; include room or suite numbe	r (optional)	Prep	arer's telephone number (optional)					
					ţ							

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Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Parinning of Year				(b) End of Year				
_ ′ a	Total plan assets	(a) Beginning of Yea	587118			(b) Ellu		38510			
b	Total plan liabilities	7a 7b	33111						00010		
	Net plan assets (subtract line 7b from line 7a)	7c	58711	587118			738510				
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) 1	Γotal			
	Contributions received or receivable from:		(a) Amount				(5)	Otal			
	(1) Employers	8a(1)	3582	6							
	(2) Participants	8a(2)	3203	5							
	(3) Others (including rollovers)	8a(3)									
<u>b</u>	Other income (loss)	8b	8723	5							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1:	55096		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	370	4							
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3704		
<u>.</u>	Net income (loss) (subtract line 8h from line 8c)	8i						1	51392		
J	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature co	des from the List of Plan Chara	acteris	tic Co	odes in	the instru	ctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	c Coc	des in t	he instruct	ions:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а				10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					500	100
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud			X				300	00
	or dishonesty?			10d							
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all				~						
	instructions.)			10e	X					7	713
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	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		-									
11	Is this a defined benefit plan subject to minimum funding requirem	•					•	Ιп	Yes	П	No
110	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr						<u> </u>	ш	103	Ш	0
						11a		Τп	Yes	<u></u>	No
12	Is this a defined contribution plan subject to the minimum funding			or se	cuon	3UZ Of	EKISA?	ΙЦ	1 68	^	INO
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being standard for a prior year.	ng amortize	ed in this plan year, see instruc		and e	_	ne date of			ing	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule			tn		Day		Yea			
	Enter the minimum required contribution for this plan year	•				12b					
IJ	Enter the minimum required contribution for this plan year				[I				

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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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))				
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefil 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).

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

OMB Nos, 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calenda	ar plan year 2013 or fi	scal plan year beginning	01/01/2013	and ending	12/31/20	13				
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	er) a one-participant plan					
B This ret	turn/report is: the first return/report the final return/report									
		an amended return/report	a short plan year return	/report (less than 12 mg	onths)					
C Check t	box if filing under:	Form 5558	automatic extension		☐ DFVC pro	gram				
0	ook ii iiiing anaon	special extension (enter descr				•				
Part II	Rasic Plan Info	prmation—enter all requested info	<u> </u>							
1a Name		rination—enter an requested link	omation		1b Three-digit					
		, P.C. 401(k) Plan			plan number	001				
					1c Effective dat 01/01/20					
	ponsor's name and ac i And Sheldon	ddress; include room or suite numbe	er (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 20-1217360					
9692 Le	evin Road Nw,	Suite 201			2c Sponsor's te	lephone number				
Silver	dale	WA 98383		;	2d Business coo	de (see instructions)				
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name XSame as Plan	Sponsor Address	3b Administrato	r's EIN				
					3c Administrato	r's telephone number				
4 If the r	name and/or FIN of th	e plan sponsor has changed since t	the last return/report filed fo	r this plan enter the	4b EIN					
	, EIN, and the plan nu	tills plan, enter the	4D EIN							
a Spons	or's name				4c PN					
5a Total r	number of participants	at the beginning of the plan year			5a	12				
b Total r	number of participants	at the end of the plan year			5b	14				
		account balances as of the end of t			5c	13				
6a Were	all of the plan's asset	s during the plan year invested in el	ligible assets? (See instruct	tions.)		X Yes No				
		f the annual examination and report				X Yes No				
		? (See instructions on waiver eligibi ither line 6a or line 6b, the plan c				X Yes No				
-		fit plan, is it covered under the PBG				☐ Not determined				
						☐ Not determined				
		or incomplete filing of this return								
SB or Sche	alties of perjury and of edule MB completed a true, correct, and com	ther penalties set forth in the instruc nd signed by an enrolled actuary, a plete.	tions, I declare that I have e s well as the electronic vers	examined this return/report sion of this return/report	oort, including, if ap , and to the best of	plicable, a Schedule my knowledge and				
SIGN	My R Chi	J. 10. 1	6/11/14	Troy Okunami						
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual signing as plan	administrator				
SIGN										
HERE	Signature of emplo		Date	Enter name of individ						
Preparer's	name (including firm i	name, if applicable) and address; in	clude room or suite number	r (optional)	Preparer's telepho	one number (optional)				
						27.				

Pa	rt III Financial Information						
7_	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a	58	3711	.8		738510
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	58	3711	.8		738510
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		3582	6		
	(2) Participants	8a(2)		3203	5	TE-NI	
	(3) Others (including rollovers)	8a(3)			Dig.		
b	Other income (loss)	8b	{	3723	5	3000	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		144			155096
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
e	Certain deemed and/or corrective distributions (see instructions)	8e				176	
f	Administrative service providers (salaries, fees, commissions)	8f		370)4	MV.	
q	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					3704
T	Net income (loss) (subtract line 8h from line 8c)	8i					151392
丁	Transfers to (from) the plan (see instructions)	8i			TE		
Dai	rt IV Plan Characteristics	1 9 1					
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	les from the List of Plan Chara	acteris	stic Co	des in	the instructions:
	2E 2F 2G 2J 2K 3D 2T						
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Cod	es in tl	he instructions:
						_	
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X	
. — 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		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
е	Were any fees or commissions paid to any brokers, agents, or oth	ner persons	by an insurance carrier,				
	insurance service, or other organization that provides some or all instructions.)			10e	х		713
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X	2 m - 990 M 1 10 R
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			
Pari							
	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem						
_				0			Yes No
_	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	rom Schedu	ule SB (Form 5500) line 39			11a	Yes No
11a	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	rom Schedu	ule SB (Form 5500) line 39			11a	Yes No
11a	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the string and the string and the string and the string and the string are string as the string and the string are string as the string as the string are string as the string are string as the string as the string are string as the string as the string as th	rom Schedu requireme , as applica	ule SB (Form 5500) line 39 nts of section 412 of the Code able.) od in this plan year, see instruc	e or se	ection :	11a 302 of	ERISA? Yes X No
11a 12	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being the standard for the minimum funding standard for the standard for	rom Schedu requireme , as applica ng amortize	ule SB (Form 5500) line 39 nts of section 412 of the Code able.) ad in this plan year, see instruction	e or se	ection :	11a 302 of enter th	ERISA? Yes X No
11a	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver.	rom Schedu requireme , as applica ng amortize e MB (Forr	ule SB (Form 5500) line 39 nts of section 412 of the Code ible.) nd in this plan year, see instrue	e or se	ection :	11a 302 of enter th	ERISA? Yes X No

	Form 5500-SF 2013	Page 3 -									
C	Enter the amount contributed by the employer to the plan for this p	lan year		12c	T						
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)			12d							
е	Will the minimum funding amount reported on line 12d be met by t	he 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 e	mployer this year		13a							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?										
С	If during this plan year, any assets or liabilities were transferred frowhich assets or liabilities were transferred. (See instructions.)	om this plan to another plan(s), identify	the plan(s)	to							
1	3c(1) Name of plan(s):		1	13c(2) EIN(s)			13c(3) PN(s)			
			1								
			-			-					
			-								
Part	VIII Trust Information (optional)										
14a	Name of trust			14b Trust's EIN							