-	m 5500-SF	Short Form Annua	oyee		OMB Nos. 1210-0110 1210-0089				
	tment of the Treasury nal Revenue Service	This form is required to be filed u	Benefit Plan under sections 104 and	4065 of the Employee R	etiremen	2014			
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E	Internal		This Form is Open to				
Pension Be	enefit Guaranty Corporation	Complete all entries in activity	Public Inspection 500-SF.						
Part I		dentification Information	4	and and inc. 40	104/0044				
For calenda	ar plan year 2014 or fisc	cal plan year beginning 01/01/2014		and ending 12/	/ <u>31/2014</u> (Filers ch		y must attach a list		
	urn/report is for: ırn/report is	a one-participant plan the first return/report an amended return/report	of participating emplo a foreign plan the final return/report	n/report (less than 12 m	dance wi	-			
C Check	box if filing under:	Form 5558	DFVC progra	am					
		special extension (enter descript							
Part II		mation—enter all requested inform	mation		46 -		1		
1a Name OKUNAMI A	of plan ND SHELDON, P.C. 40	01(K) PLAN				hree-digit lan number			
					```	PN) 🕨	001		
					1C E	ffective date c	f plan /2004		
	oonsor's name and add ND SHELDON, P.C.	ress; include room or suite number	(employer, if for a single	e-employer plan)			fication Number 217360		
9692 LEVIN	ROAD NW, SUITE 201				<b>2c</b> S	hone number 3-5000			
SILVERDALE, WA 98383					<b>2d</b> B	Business code (see instructions) 621210			
<b>3a</b> Plan administrator's name and address Same as Plan Sponsor.				<b>3b</b> Administrator's EIN					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					<b>4b</b> E		telephone number		
- <u>·</u> ···	or's name				<b>4c</b> P	N			
		t the beginning of the plan year			5a		14		
		It the end of the plan year			5b		12		
comple	ete this item)				5c		12		
.,		icipants at the beginning of the plan			5d(1)		12		
		icipants at the end of the plan year minated employment during the pla			5d(2	)	11		
less th	an 100% vested				5e		1		
Caution: A	penalty for the late or	r incomplete filing of this return/r	eport will be assessed	unless reasonable cau	ise is es	tablished.	able a Cabadula		
SB or Sche	edule MB completed and rue, correct, and completed	er penalties set forth in the instruction d signed by an enrolled actuary, as v ete.	well as the electronic ve	rsion of this return/report	t, and to	the best of my	knowledge and		
SIGN Filed with authorized		alid electronic signature.	03/27/2015	TROY OKUNAMI					
HERE	Signature of plan ad	ministrator	Date	Enter name of individual signing as plan administrator					
SIGN HERE									
	Signature of employ	er/plan sponsor me, if applicable) and address (inclu	Date	Enter name of individ			er or plan sponsor number (optional)		
	name (moluting infinitid								

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
		f you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No Not determined		
Pa	rt III Financial Information	-							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
а	Total plan assets	7a	7385	510			748099		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	7385	510			748099		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	229	961					
	(2) Participants	8a(2)	318	340					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	254	27					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					80228		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	662	256					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	43	383					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					70639		
i	Net income (loss) (subtract line 8h from line 8c)	8i			9589				
j	Transfers to (from) the plan (see instructions)								
b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare fee <b>V</b> Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a			-	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	x		100000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
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		2662		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х			
i	· · · · · · · · · · · · · · · · · · ·								
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
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? Yes X No		
	(If "Yes " complete line 12a or lines 12b, 12c, 12d, and 12e below	as annlic	ahla )				1		

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
<b>b</b> Enter the minimum required contribution for this plan year		12b						
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c						
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d						
e 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?		· 🗆 ۲	Yes X No					
If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a							
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	control		Yes 🗙 No					
C 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.)								
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)				
Part VIII Trust Information (optional)								
			14b Trust's EIN					

Form 5500-SF Short Form Annual Return/Report of Small Emplo					OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be filed	Benefit Plan d under sections 104 and 4	1065 of the Employee Re	etirement	2014			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	Internal	This Form is Open to					
Pension Benefit Guaranty Corporation	uctions to the Form 55	00-SF.	Public Inspection					
Part I Annual Report lo	lentification Information							
For calendar plan year 2014 or fisc		01/01/2014	and ending	12/	/31/2014			
A This return/report is for:	<ul> <li>a single-employer plan</li> </ul>	of participating employ	lan (not multiemployer) ( yer information in accord		king this box must attach a list he form instructions)			
	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 retur	n/report (less than 12 mo	onths)				
C Check box if filing under:	] Form 5558	automatic extension		D	FVC program			
	special extension (enter descri	iption)						
Part II Basic Plan Inform	mation—enter all requested info	ormation						
1a Name of plan				1b Thre				
Okunami And Sheldon,	P.C. 401(k) Plan			(PN)	number 001			
					ctive date of plan			
					/01/2004			
<b>2a</b> Plan sponsor's name and addr Okunami And Sheldon,		er (employer, if for a single-	-employer plan)		loyer Identification Number ) 20-1217360			
0000 Lowin Dood No.					nsor's telephone number			
9692 Levin Road Nw, S	Suite 201				-613-5000			
Silverdale	WA 98383			2d Business code (see instructions)				
3a Plan administrator's name and				621210 3b Administrator's EIN				
4 If the name and/or EIN of the r	olan sponsor has changed since t	be last return/report filed f	or this plan enter the	4b EIN				
name, EIN, and the plan numb		ine last returnineport lied h						
a Sponsor's name	10 Instruction of the structure			4C PN 5a 1				
<b>5a</b> Total number of participants at								
	the end of the plan year			5b	12			
C Number of participants with ac complete this item)	count balances as of the end of t			<mark>5</mark> C				
d(1) Total number of active partic	cipants at the beginning of the pla	an year		5d(1)				
d(2) Total number of active parti	cipants at the end of the plan yea	۹ <b>۲</b>		5d(2)				
e Number of participants that terr	ninated employment during the p	lan year with accrued bene	efits that were	5e				
Caution: A penalty for the late or				leo is ostal	hlished			
Under penalties of perjury and othe SB or Schedule MB completed and	r penalties set forth in the instruc signed by an enrolled actuary, a	tions, I declare that I have	examined this return/rep	port, includi	ng, if applicable, a Schedule			
SIGN		3/19/15	Troy Okunami					
HERE OTTOM OTTOM				ual signing	as plan administrator			
SIGN				aar orgrinng				
HERE	er/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor			
Signature of employer/plan sponsor         Date         Enter name of individual indintervidual individual individual individual indine					s telephone number (optional)			
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the	e instructions for Form 5500	-SF.		Form 5500-SF (2014)			

	Form 5500-SF 2014		Page <b>2</b>							
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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in	an independe and conditior I <b>ot use Form</b>	ent qualified public accounta ns.) n 5500-SF and must instea	ant (IC	QPA) 9 Form	1 5500.			Yes Yes eterm	No No
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Yea	r	
а	Total plan assets	7a		385:	10		(a) End	01 100		48099
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	70	7	385:	10				7.	48099
8	Income, Expenses, and Transfers for this Plan Year	5.5 5	(a) Amount				(b) T	otal		
а	Contributions received or receivable from:					-	(10)	otar		
	(1) Employers	8a(1)		2296	_	24.		1		AL PY
	(2) Participants	8a(2)		3184	10	154	on Ro	2013		
	(3) Others (including rollovers)	8a(3)		_	0				-	
	Other income (loss)	8b		2542	27	V 1.	4.9	Εų κ	- 10	
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80			_			_		80228
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6625	56					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	Santin	121	1.2	-	
f	Administrative service providers (salaries, fees, commissions)	8f		438	-	1.1.1.1	-	70		
g	Other expenses	8g			0		-			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							-	70639
i	Net income (loss) (subtract line 8h from line 8c)	81		UTE:						9589
J	Transfers to (from) the plan (see instructions)				0	0.000	12.00 V	10.00	14.1	9389
Par	t IV Plan Characteristics	0			0		92 91	82°),	0.02	3,6,2
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Cod	es in the	e instructi	ons:		
Part										
10	During the plan year:				Yes	No		Amou	nt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Correct	tion Program)	10a		х				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				
C	Was the plan covered by a fidelity bond?			10c	Х				10	00000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х				
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 benefit	s under the plan? (See	10e	x					2662
f	Has the plan failed to provide any benefit when due under the plan			10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as					x				
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See instruction	ons and 29 CFR	10g 10h		x	-			055
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required no	otice or one of the	101						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Yes	," see instructions and com	plete	Sched	ule SB (I	-orm	ΠY	′es [	No
11a	Enter the unpaid minimum required contribution for current year fro					11a				
12	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			or se	ction 3	02 of EF	RISA?	[] Y	es 🛛	No
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortized i	n this plan year, see instruc	tions,	and e	nter the Day		e letter Year	rulin	g

_	Form 5500-SF 2014	Page <b>3 -</b>						
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	n 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year			12b				
	Estable encoderation to discuss a sufficient to the effective destruction of the effective destructive destructive destructive destr			12c	<u> </u>			
d	Enter 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 negative amount)	(enter a minus sign to the left of a		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding				Yes	[] N	o []	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 th	is 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
c	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the pl	an(s) t	to				
	3c(1) Name of plan(s):		1:	3c(2) E	IN(s)	3	3c(3)	PN(s)
Part	VIII Trust Information (optional)							
14a	Name of trust			<b>14b</b> T	rust's EIN	1		