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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in	accordance with the ins	structions to the Form 5	500-SF.	
Part I		Identification Information				
For calenda	ar plan year 2014 or fis	scal plan year beginning 01/01/2	014	and ending 12	/31/2014	
A This ret	urn/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) loyer information in accor		
B This retu	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	onths)	
C Check I	oox if filing under:	Form 5558 special extension (enter descri	automatic extension	1	DFVC p	ogram ·
Part II	Basic Plan Info	rmation—enter all requested inf	formation			
1a Name OHC 401K F					1b Three-digit plan number (PN) ▶	er 001
					1c Effective da	ate of plan 01/01/2010
2a Plan spoySHER HU	ponsor's name and ad INT CAPITAL LLC	dress; include room or suite numb	er (employer, if for a sing	le-employer plan)	2b Employer Id (EIN) 2	dentification Number 27-3096079
1219 N YAKI TACOMA, W			AKIMA AVE A, WA 98403		25	telephone number 3-377-3302
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,			ode (see instructions) 713900
3a Plan administrator's name and address Same as Plan Sponsor.		3b Administrator's EIN				
name		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN 4c PN	
		at the beginning of the plan year			+	
		. ,				1
		at the end of the plan year			5b	1
comple	ete this item)	account balances as of the end of			5c	1
()	•	rticipants at the beginning of the pl	•		5d(1)	1
		rticipants at the end of the plan year			5d(2)	1
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			5e			
Under pena SB or Sche	alties of perjury and otl	or incomplete filing of this return her penalties set forth in the instruc- nd signed by an enrolled actuary, a plete.	ctions, I declare that I hav	e examined this return/re	port, including, if a	pplicable, a Schedule
SIGN	Filed with authorized/	valid electronic signature.				
HERE Signature of plan administrator Date Enter name of individual			lual signing as plar	administrator		
SIGN						
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as emp	oloyer or plan sponsor
ED FIETZ RHODES & 31620 23RD		ame, if applicable) and address (ir	nclude room or suite num		Preparer's teleph	none number (optional) 3-528-0808

	Form 5500-SF 2014		Page 2							
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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cann of the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	int (IQ d use	PA) Form	5500.		[[Yes Yes	
Par					<u> </u>	1				
	Plan Assets and Liabilities		(a) Paginning of Voc		T		/b) E	nd of \	/oor	
	Total plan assets	7a	(a) Beginning of Yea				(b) E	iiu oi	5106	58
	Total plan liabilities	7a 7b	0000						0.00	
	Net plan assets (subtract line 7b from line 7a)	7c	3566	661					5106	58
	Income, Expenses, and Transfers for this Plan Year	76						\ T -4-		
	Contributions received or receivable from:		(a) Amount				۵)) Tota	ı	
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	1546	646						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1546	46
	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	6	649						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6	49
i	Net income (loss) (subtract line 8h from line 8c)	8i							1539	97
j	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics	<u> </u>	<u> </u>							
	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the inst	ruction	ıs:	
	2E 2F 2G 2J 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Plan Charac	cterist	ic Coc	des in t	he instru	uctions	:	
	v a v									
Part	•									
10	During the plan year:	C 20-	Santa da angana	ı	Yes	No		An	nount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X				
b	,		0 /							-
	on line 10a.)		-	10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		X				
e	Were any fees or commissions paid to any brokers, agents, or oth						-			
·	insurance service, or other organization that provides some or all	of the ber	nefits under the plan? (See			.,				
	instructions.)			10e		X				
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	end.)	10g	X					48425
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X				
ī	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the			X				
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i		^				
Part								<u> </u>		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,					•		Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA?	[Yes	No
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is being		·	ctions	and a	anter th	atch ar	of the l	ottor ru	lina

.. Month

Day

Year

granting the waiver.

	F	Form 5500-SF 2014	Page 3 - 1						
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn	n 5500), and skip to line 13.						
b	Ente	r the minimum required contribution for this plan year			12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (-		12d				
е	Will t	the minimum funding amount reported on line 12d be met by the funding	deadline?				Yes	No	X 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 N	0	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		13a				
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		er the	contro	I		Ye	s X No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)		olan(s)	to				
1	3c(1)	Name of plan(s):		13	3c(2) [EIN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

Short Form Annual Return/Report of Small Employee
Benefit Plan
This form is required to be filed under sections 104 and 4085 of the Employee
Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(e)

OM8 Nos. 1210-0110 1210-0089

2014

Part Annual Report Identification Information For calendar plan year 2011 or fised plan year beginning 01/01/2014 and ending 12/31/2014	Pension Benefit Security Administration of the Internal Revenue Code (the Code). This Form is Open to Public Inspection								
A This return/report is for: A single-employer plan									
B This return/report is a one-participant plan the first roturn/report and a foreign plan a foreign plan the first roturn/report and amended return/report and amended return/	For calendar plan year 2014 or fiscal plan year beginning	01/01/20							
B This return/report is the first return/report in a mandod return/report in a short plan year return/report in plan year return return/report in plan year	A This return/report is for: X a single-employed	(filers checking this	oox must attach a list						
Part III Basic Plan Information - enter all requested information 1a Name of plan OHC 401K PLAN	B This return/report is the first return/re an emended return C Check box if filling under: Form 5558	12 mo <u>ni</u> ha)	·						
Plan number (PN)	Part II Basic Plan Information - enter all rec	nollamolni beteou							
2a Pian sponsor's name and address; include room or suite number (employer, it for single-employer plan) OYSHER HUNT CAPITAL LLC 1219 N YAKIMA AVE 1219 N YAKIMA AVE 1253—377—3302 2d Sponsor's telephone number 253—377—3302 2d Business code (see Instructions) 713900 3a Pian administrator's name and address M Same as Pian Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the pian sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the pian number from the last return/report. a Sponsor's name 4 PN 5a Total number of participants at the beginning of the pian year b Total number of participants at the end of the pian year c Number of participants with account belances as of the end of the pian year (defined benefit plans do not complete this litem) d (1) Total number of participants at the beginning of the pian year d (2) Total number of participants at the end of the plan year d (3) Total number of participants at the end of the plan year d (4) Total number of participants at the end of the plan year d (2) Total number of participants that terminated employment during the plan year with accound belanced benefits that were less than 100% vested Ceution: A ponalty for the late or/incomplate filling of this return/report will be assessed unless reasonable cause is established. Under penaltice of garity and other penalties act fort in the inspiration, of declare that I have examined this return/report, and to the best of my knowledge and polities it is type, correct, and completes. 07/17/2015 DAVID BOLOTIN Employer of plan administrator Date Enter name of individual signing as plan administrator Date Enter name of individual signing as employer or plan aponsor	· = · · = · · · · · · · · · · · · · · ·	pten i	number (PN)	001					
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TACOMA WA 98403 T13900 Be Plan administrator's name and address Same as Plan Sponsor. Be Administrator's telephone number A If the name and/or EIN of the plan sponsor has changed sincs the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Be Sponsor's name A C PN Total number of participants at the beginning of the plan year C Number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) C I Total number of active participants at the beginning of the plan year C I Total number of active participants at the end of the plan year C Number of participants that terminated employment during the plan year C Number of participants that terminated employment during the plan year (defined benefits that were less than 100% vested C Cution: A penalty for the tate on no complete filling of this return/report will be assessed unless reasonable cause is established. C Cution: A penalty for the tate on no complete filling of this return/report will be assessed unless reasonable cause is established. C Cution: A penalty for the tate on no complete filling of this return/report will be assessed unless reasonable cause is established. C Cution: A penalty for the tate on no complete filling of this return/report will be assessed unless reasonable cause is established. C Cution: A penalty for the tate on no complete filling of this return/report will be assessed unless reasonable cause is established. C D D D D D D D D D D D D D D D D D D	1219 N YAKIMA AVE			253-37	7-3302				
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a Sponsor's name 40 PN 5a Total number of participants at the beginning of the plan year 5 Total number of participants at the end of the plan year 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this liern) 6 (1) Total number of active participants at the beginning of the plan year 6 (2) Total number of active participants at the beginning of the plan year 6 Number of participants that terminated employment during the plan year with accound benefits that were less than 100% vested 6 Caution: A panalty for the tate or/incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A panalty for the tate or/incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A panalty for the tate or/incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A panalty for the tate or/incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A panalty for the tate or/incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A panalty for the tate or/incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A panalty for the tate or/incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A panalty for the tate or/incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A panalty for the tate or/incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A panalty for the tate or/incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A panalty for the tate or/incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A panalt	4 If the name and/or EIN of the plan aponsor has chang	ed since the last return	v/report filed for this	4b EIN					
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BIGN HERE Signature of employer/plan aponsor Date Enter name of individual signing as pain administrator Enter name of individual signing as pain administrator Enter name of individual signing as employer or plan aponsor	sign / A1								
BIGN HERE Signature of amployer/plan aponsor Date Enter name of individual signing as employer or plan aponsor	Signature of plan administrator	ldual signing	es plan administra	itor					
Signature of amployer/plan aponsor Date Enter name of individual signing as employer or plan aponsor	BION								
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)	61gnature of employer/plan aponsor								
	Preparer's name (including firm name, if applicable) and	arer'e telephone n	nuper (oblique)						
ED FIETZ RHODES & ASSOCIATES, P.L.L.C. (253)528-0808		3)528-080	8						
31620 23RD AVE. S. #218 FEDERAL WAY WA 98003	31620 23RD AVE. S. #218 FEDERAL WAY WA 98003								

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-8F.

Form 5500-8F (2014) v.140124

Form	5500-SF 2014			Page	2			_		
b	Were all of the plan's assets during the plan year invested in eligible assets? (Are you claiming a waiver of the annual examination and report of an independicular of the plan (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either line 6a or line 6b, the plan cannot use Form	dent qua	lified public	acco	untant			X Yes	□ No	
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (se					'es	No		etermined	
Par	オ川 Financial Information									
<u>7</u>	Plan Assets and Liabilities		(a) Begi					(b) End of Y		
	Total plan assets	. 7a		35	6,6	61		5.	10,658	
	Total plan liabilities	7b		2.5		<u> </u>			0 650	
	Net plan assets (subtract line 7b from line 7a)	. 7c	1-1		6,6	ρТ			<u>10,658</u>	
	Income, Expenses, and Transfers for this Plan Year		(a)	Amou	unt			(b) Tota	l	
_	Contributions received or receivable from:	0-(4)								
	(1) Employers (2) Participants	. 8a(1) . 8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		15	4,6	46	ST	ATEMEN	P 1	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								54,646	
_	Benefits paid (including direct rollovers and insurance premiums to provide									
	benefits)	. 8d								
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
<u>f</u> .	Administrative service providers (salaries, fees, commissions)	. 8f			6	49	ST	atemen	P 2	
g	Other expenses	. 8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							649	
<u>i</u>	i Net income (loss) (subtract line 8h from line 8c) 8i							153,997		
j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics										
b		des from	the List of i	Plan C	harac	teristi	c Code	s in the instr	uctions:	
10	During the plan year:				Yes	No	Amount			
	Was there a failure to transmit to the plan any participant contributions within the time	neriod des	cribed		162	140		Amoun		
_	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correc			10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not in									
	transactions reported on line 10a.)			10b		Х				
c	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that									
	was caused by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons		1							
	carrier, insurance service, or other organization that provides some or all of the		its under							
	the plan? (See instructions.)			10e	_	X	_			
	Has the plan failed to provide any benefit when due under the plan?		************	10f	Х	Х			18,425	
	Did the plan have any participant loans? (If "Yes," enter amount as of year en			10g	<u> </u>			-	10,423	
"	If this is an individual account plan, was there a blackout period? (See instru- and 29 CFR 2520.101-3.)			10h		х				
i	i 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			10i		х				
Par	t VI Pension Funding Compliance									
11								Yes	X No	
11a	Enter the unpaid minimum required contribution for current year from Sched	ule SB (F	orm 5500) li	ine 39		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of sec		f the Code or	sectio	n 302	of ERIS	SA?	X Yes	No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica	able.)					L			

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

Month

Day

Year

ruling granting the waiver.