## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested.

## 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.

----

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

**Annual Report Identification Information** For calendar plan year 2014 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 A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit SAKAHARA & HASHIMOTO SAFE HARBOR PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2004 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number SAKAHARA & HASHIMOTO, L.L.C. (EIN) 91-1718842 Sponsor's telephone number 206-328-1555 1629 SOUTH JACKSON STREET SEATTLE, WA 98144 Business code (see instructions) 524210 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year ...... 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

d(2) Total number of active participants at the end of the plan year.....

e Number of participants that terminated employment during the plan year with accrued benefits that were

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.

belief, it is t	true, correct, and complete.			
SIGN	Filed with authorized/valid electronic signature.			
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)

5d(2)

5e

2

0

	Form 5500-SF 2014		Page <b>2</b>				
b .	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure answered "No" to either line 6a or line 6b, the plan cannot will be a first the contraction of the plan cannot will be a first the contraction of the plan cannot will be a first to be a first to the plan cannot will be a first to be a first to the plan cannot will be a first to be a first to the plan cannot will be a first to be a first to the plan cannot will be a first to be a first to the plan cannot will be a first to be a first to the plan cannot will be a first to be a first to the plan cannot will be a first to the plan cannot will be a first to be a first to the plan cannot will be a first	an indepe and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)? .		Yes	No Not determined
Par							
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year
	Fotal plan assets	7a	2345				267751
	Fotal plan liabilities	7b	2245	0			0
	Net plan assets (subtract line 7b from line 7a)	7c	2345	003			267751
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:  1) Employers	8a(1)	22	215			
	2) Participants	8a(2)	186	886			
	3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	123	347			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					33248
	Benefits paid (including direct rollovers and insurance premiums			_			
t	o provide benefits)	8d		0			
_ e (	Certain deemed and/or corrective distributions (see instructions)	8e		0			
<u>f</u>	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					33248
_ j ·	Transfers to (from) the plan (see instructions)	8j		0			
Part	IV Plan Characteristics						
b	2E 2F 2G 2J 2K 2T 3D 3H  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'	ıciary Cor	rection Program)	10a		X	
	on line 10a.)		'	10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		25000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	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 ber	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear	end.)	10g		X	
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	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 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	lule 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 X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day	

	Form 5500-SF 2014	Page <b>3</b> - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> 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 Employee Benefits Security Administration 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

the Internal Revenue Gode (the Gode).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporatio	Complete all entries in a		ructions to the Form 550	0-SF.	1170			
	rt Identification Informatio							
or calendar plan year 2014 or		01/01/2014	and ending	12/31/201				
A This return/report is for:  B This return/report is:  C Check box if filing under:	a single-employer plan  a one-participant plan the first return/report an amended return/report  Form 5558 special extension (enter des	of participating emp a foreign plan the final return/repo a short plan year re automatic extension	turn/report (less than 12 n	dance with the form	n instructions)			
Part II Basic Plan In	formation enter all requeste	d information		78				
1a Name of plan	oto Safe Harbor Plan			1b Three-digit plan numb (PN) ▶ 1c Effective d 01/01/2	001 ate of plan			
2a Plan sponsor's name and Sakahara & Hashim	address; include room or suite nunoto, L.L.C.	nber (employer, if for a sin	gle-employer plan)		dentification Number -1718842			
1629 South Jackson Str				2c Sponsor's telephone number (206) 328–1555				
US Seattle WA 98144	eet			2d Business of 524210	ode (see instructions)			
	and address X Same as Plan S	ponsor Name		3b Administrator's EIN				
	the plan sponsor has changed sind number from the last return/report.	ce the last return/report file	d for this plan, enter the	4b EIN				
a Sponsor's name	,			4c PN				
Total number of participar	nts at the beginning of the plan year	r		5a	2			
	nts at the end of the plan year			5b	2			
C Number of participants wi complete this item)	th account balances as of the end	of the plan year (defined be	enefit plans do not	5c	2			
d(1) Total number of active p	participants at the beginning of the	plan year		5d(1)	2			
이 가게 되었다.	participants at the end of the plan y			5d(2)	2			
	at terminated employment during th			5e	0			
Caution: A penalty for the la	te or incomplete filing of this ret	urn/report will be assess	ed unless reasonable ca	ause is establishe	d.			
Under penalties of perjury and	d other penalties set forth in the inst d and signed by an enrolled actuary	tructions, I declare that I ha	ave examined this return/r	eport, including, if	applicable, a Schedule			
SIGN Robert Kitt	ult	10-2-15	Robert K.	Hashimoto	,			
HERE Signature of plan a	dministrator	Date	Enter name of individu	4				
SIGN Kohit K. H.		10-2-15	Robert K.+	Hashim oto				
HERE Signature of emplo		Date	Enter name of individu	T				
Preparer's name (including fire	m name, if applicable) and address	; include room or suite nur	nber (optional)	Preparer's teleph	none number (optional)			

_	Form 5500-SF 2014		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)					X	Yes [	No
	Are you claiming a waiver of the annual examination and report of a			t (IQF	A)				MESSEC OF ST	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X	Yes [	No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Form	n 5500-SF and must instead							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section 402	21)?		Ye	es No		lot det	ermined
Pa	rt III Financial Information	Accesses 100								
7	Plan Assets and Liabilities		(a) Beginning of Year	r			(b) End o	f Yea	ır	
а	Total plan assets	7a	234,5	03				2	67,7	51
b	Total plan liabilities	7b		0	_					0
_	Net plan assets (subtract line 7b from line 7a)	7c	234,5	03	1				67,7	51
111	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otal		
200	(1) Employers	8a(1)	2,2	15	(					
	(2) Participants	8a(2)	18,6	86						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	12,3	47						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							33,2	48
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
-	Administrative service providers (salaries, fees, commissions)	8f		0	8					
	Other expenses	8g		0					#17	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
1040	Net income (loss) (subtract line 8h from line 8c)	8i	THE REPORT OF						33,2	48
j	Transfers to (from) the plan (see instructions)	8j		0		-17=				
Pa	rt IV Plan Characteristics				- Manual - A	ic z inch				
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Charac	teristi	c Code	es in	the instructi	ons:		
	2E 2F 2G 2J 2K 2T 3D 3H									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Characte	eristic	Codes	s in th	ne instructio	ns:		
	b 6 837									
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No		Amou	ınt	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x				
b	Were there any nonexempt transactions with any party-in-interest' on line 10a.)	- 4	announced out of the state of t	10b		x				
_ c	Was the plan covered by a fidelity bond?			10c	х				2	5,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all or instructions.)			10e		x				
f	Has the plan failed to provide any benefit when due under the plan			10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as					x				
<u>g</u>		SE 200 N C	In the confidence of the confi	10g						
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 2520.101			10i						
Par	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)		and the contract of the second						Yes	X No
11a	Enter the unpaid minimum required contribution for current year from									
12	Is this a defined contribution plan subject to the minimum funding	141.00000000000000000000000000000000000	2-12-12-12-12-12-12-12-12-12-12-12-12-12			02 of	ERISA?		Yes	X No
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is bein			tions,	and e	nter t	he date of t	he let	ter ruli	ng
	granting the waiver						ay			

	Fo	m 5500-SF 2014	Page 3-		
lf y	you con	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.		
b	Enter	he minimum required contribution for this plan year		. 12b	
С	Enter	he amount contributed by the employer to the plan for this plan year		. 12c	
d		ct the amount in line 12c from the amount in line 12b. Enter the resultive amount)	EN PRIME CONTRACTOR DE LA CONTRACTOR DE	. 12d	
е	Will th	e minimum funding amount reported on line 12d be met by the funding	g 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?		. 🗆 Ye	s X No
	If "Yes	," enter the amount of any plan assets that reverted to the employer t	his year	. 13a	
b		all the plan assets distributed to participants or beneficiaries, transferr PBGC?			Yes X No
С		g this plan year, any assets or liabilities were transferred from this pla assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the plan(s)	to	
1	3c(1) N	ame of plan(s):	1	3c(2) EIN(s	13c(3) PN(s)
Part	VIII	Trust Information (optional)			
	Name of	CV 16.		14b To	ust's EIN
144	vame o	liust		140 110	JSES EIIN
				1	