Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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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

2015

This Form is Open to Public Inspection

Part I		<u>t Identification Information</u>	1						
For calend	lar plan year 2015 or f	fiscal plan year beginning 01/01/2	2015 and e	nding 12/31/20	15				
A This re	a single-employer plan This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan								
B This ret	turn/report is	the first return/report an amended return/report	a foreign plan the final return/report a short plan year return/report (less	s than 12 months)					
C Check	box if filing under:	Form 5558	automatic extension						
Part II	Basic Plan Inf	ormation—enter all requested in	· ,						
1a Name					Three-digit plan number (PN)	001			
				1c	Effective date of 01/01	plan 1/2004			
Mailing	ig address (include roo	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post			2b Employer Identification Number (EIN) 20-1217360				
	AND SHELDON, P.C.	2 c	2c Sponsor's telephone number 360-613-5000						
0692 LEVIN ROAD NW, SUITE 201 SILVERDALE, WA 98383					2d Business code (see instructions) 621210				
3a Plan a	administrator's name a	and address XSame as Plan Spons	sor.	3b /	3b Administrator's EIN				
				3c /	Administrator's to	elephone number			
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, e		4b EIN				
a Spons	sor's name			4c					
5a Total	number of participant	s at the beginning of the plan year.		 		12			
b Total	number of participant	s at the end of the plan year		5b)	13			
			the plan year (defined benefit plans do r	30		13			
d(1) Tot	tal number of active p	articipants at the beginning of the p	lan year	5d(1)	11			
d(2) Tof	tal number of active p	participants at the end of the plan ye	ar	5d(2)	9			
	· · · · · · · · · · · · · · · · · · ·	, ,	e plan year with accrued benefits that we) DE	;	1			
			n/report will be assessed unless reas			 _			
SB or Sche		and signed by an enrolled actuary, a	ctions, I declare that I have examined thi as well as the electronic version of this re						
SIGN		d/valid electronic signature.	04/13/2016 TROY OKL	UNAMI					

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page 2							
 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot 	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)			X Yes	П
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	rogram (see ERISA se	ection 4	021)? .		Yes	No	Not deter	mined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End		
a Total plan assets	7a		748	8099				7875	557
b Total plan liabilities	7b		740	8099				7875	57
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) A		0099			(ls) T		007
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) T	otai	
(1) Employers	8a(1)		38	3134					
(2) Participants	8a(2)		29	150					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-23	3280					
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							440)04
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		4	1546					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							45	546
i Net income (loss) (subtract line 8h from line 8c)	8i							394	158
j Transfers to (from) the plan (see instructions)	8j								
Part 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 Pl	an Cha	racteris	stic Co	des in th	he instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instructi	ons:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	iduciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?				X					400000
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	^					100000
by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e	X					2498
f Has the plan failed to provide any benefit when due under the plan			10f		Χ				
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? (·	10g		^				
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						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance				-		<u>. </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No No
11a Enter the unpaid minimum required contribution for all years from	Schedule :	SB (Form 5500) line 4	0	<u></u>		11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne 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 result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c Name of trustee or custodian						14d Trustee's or custodian's			
140 Haine of tracted of eastedian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method					
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio Average benefit te			0		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).								
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount	······	19					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?								

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

	Seriell Guaranty Corporation	► Complete all entries in a	accordance with the ins	tructions to the Form 5	500-SF.	Public Inspection				
Part I	Annual Report	Identification Information								
For calend	iar plan year 2015 or fi	scal plan year beginning	01/01/2015	and ending		/31/2015				
A This re	turn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)	ver) (Filers checking this box must attach a n accordance with the form instructions)					
		a one-participant plan	a foreign plan	ccordance w	e with the form instructions)					
B This return/report is										
an amended return/report a short plan year return/report (less than 12 months)										
C Check	box if filing under:	Form 5558	automatic extension DFVC program							
Part II	Racio Plan Info	special extension (enter descri								
1a Name	of plan	rmation—enter all requested info	ormation		T.,					
Okunam	i and Sheldon,		1b Three plan (PN)	number 001						
					1c Effective date of plan 01/01/2004					
Mailing	g address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O.	. Box)		2b Empl	oyer Identification Number				
City or	town, state or province mi and Sheldor	e, country, and ZIP or foreign posta	I code (if foreign, see inst	tructions)		20-1217360 sor's telephone number				
Okullai	ur and sherdor	1, P.C.			360	-613-5000				
9692 I	Levin Road Nw,	Suite 201			2d Busin 621:	ness code (see instructions) 210				
Silver		WA 98383								
3a Plan a	dministrator's name an	d address XSame as Plan Sponso	or.		3b Administrator's EIN					
4 If the r	name and/or EIN of the	plan sponsor has changed since the	he last return/report filed t	or this plan, enter the	4b EIN	nistrator's telephone number				
name, a Spons	, EIN, and the plan nun	nber from the last return/report.		or the plan, order the						
		at the heginning of the plan year			4c PN					
		at the beginning of the plan year			5a	12				
C Number	er of participants with a	at the end of the plan year account balances as of the end of the	ne plan year (defined beni	efit plans do not	5b	13				
compl	ete this item)				5c	13				
		ticipants at the beginning of the plan			5d(1)	11				
e Numb	er of participants that t	ticipants at the end of the plan year erminated employment during the p	lan year with accrued be	nofite that were loss	5d(2)	9				
than 1	100% vested				5e	1				
Under pena SB or Sche	alties of perjury and oth	er penalties set forth in the instruction of signed by an enrolled actuary, as	report will be assessed	unless reasonable cau	and in the stire	lished.				
SIGN HERE	TIN MILL		4-13-16	Troy Okunami						
	Signature of plan ac	Iministrator	Date	Enter name of individual signing as plan administrator						
SIGN	- Automorphisms - Discourse -	I - I - I - I - I - I - I - I - I - I -								
Preparer's r	Signature of employ name (including firm na	/er/plan sponsor nme, if applicable) and address (inc	Date Ude room or suite numbe	Enter name of individu		s employer or plan sponsor				
,	•		isas room of sains humbe		Preparer's I	telephone number				

Form 5500-SF 2015		Page 2								
Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								Yes N	
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA s	ection 4	1021)?		Yes	No [] Not de	etermined	
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End	l of Yea	r	
a Total plan assets	. 7a		7	4809	9				78755	
b Total plan liabilities	. 7b									
C Net plan assets (subtract line 7b from line 7a)	. 7c		7	4809	9	7875				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b)	Total		
a Contributions received or receivable from: (1) Employers	. 8a(1)			3813	34					
(2) Participants	8a(2)			2915	50					
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b			2328	30		AT -			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								4400	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					- 101				
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)				454	6					
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						454			
Net income (loss) (subtract line 8h from line 8c)	8i								3945	
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension are plant to be plan										
10 During the plan year:				Yes	No	N/A		Amou	ınt	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fig	duciary Correction	10a		х					
b Were there any nonexempt transactions with any party-in-interest	? (Do not ir	clude transactions			77					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c	Х					1000	
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х					
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of th	ne benefits under	10e	х					24:	
f Has the plan failed to provide any benefit when due under the plan			10f		Х					
g Did the plan have any participant loans? (If "Yes," enter amount a				_	Х					
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruc	tions and 29 CFR	10g 10h		X		T a			
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	ed the required notice or one of the									
j Did the plan trust incur unrelated business taxable income?			10i							
Part VI Pension Funding Compliance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10j	l	l					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions a	and cor	nplete	Sched	lule SB	(Form	Пу	′es ∏ No	
11a Enter the unpaid minimum required contribution for all years from								lened.	1	
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Y	es X No	

	F	Form 5500-SF 2015 Page 3 -							
	(If "Y	es," 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									
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
k	Enter t	he minimum required contribution for this plan year		12b					
		he amount contributed by the employer to the plan for this plan year		12c					
d	Subtr	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ive amount)	eft of a	12d					
е		e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes 🗍	No 🗍	N/A		
Part		Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?			T Yes	X No			
		s," 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 brough PBGC?	aht under the co	ontrol	Yes X No				
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)	y the plan(s) to)					
		Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	t VIII	Trust Information			•				
14a Name of trust						14b Trust's EIN			
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Yes	es No				
	match	"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "comethod" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	01(m)-	Yes					
		the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ra pe tes	rcentage		rage efit test		
	this pla	he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com an with any other plans under the permissive aggregation rules?		Yes	S	No			
		e plan been timely amended for all required tax law changes?		Yes	3	No	□ N/A		
	17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes) Enter the applicable code (See instruction for tax law changes and codes).								
	adviso	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla ry letter, enter the date of that favorable letter and the letter's serial n	umber		48		Dr		
	17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter								
18	Is the made)	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes		No			
19	Were i	n-service distributions made during the plan year?		Yes		No			
	If "Yes	" enter amount		19					
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?						No	N/A		