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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pension	Benefit Guaranty Corporation	 Complete all entries in a 	accordance with the instructions to the Form 55	500-SF.		•			
Part I	Annual Report	Identification Information							
For calen	dar plan year 2015 or fi	iscal plan year beginning 01/01/2	015 and ending 12	2/31/2015					
A This r	This return/report is for: a single-employer plan 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 foreign plan								
B This re	eturn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)						
C Check	k box if filing under:	Form 5558	automatic extension		DFVC progr	ram			
Part II	Basic Plan Info	ormation—enter all requested inf	. ,						
1a Nam	e of plan	OCH, P.S., INC. PROFIT SHARING		pla (Pl	ree-digit in number N) •	•			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)				mployer Identification Number EIN) 91-1504890					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) VOLFSTONE, PANCHOT & BLOCH, PS INC.					2c Sponsor's telephone number 206-682-3840				
	D AVENUE, SUITE 180 WA 98101	00		2d Bu	siness code (see instructions)			
3a Plan	administrator's name ar	nd address Same as Plan Spons	sor.		ministrator's I	EIN elephone number			
nam		e plan sponsor has changed since to the plan sponsor has changed since to the plant return/report.	the last return/report filed for this plan, enter the	4b EII					
5a Tota	I number of participants	s at the beginning of the plan year		5a		20			
				5b		0			
C Num	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					0			
d(1) ⊤	otal number of active pa	articipants at the beginning of the pla	an year	5d(1)		10			
d(2) T	otal number of active pa	articipants at the end of the plan yea	ar	5d(2)		0			
tha	n 100% vested		plan year with accrued benefits that were less	5e		0			
Caution:	A penalty for the late	or incomplete filing of this return	n/report will be assessed unless reasonable cau						
Under pe	nalties of periury and ot	ther penalties set forth in the instruc	ctions. I declare that I have examined this return/re	port, inclu	ding, if applic	able, 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.

Donor, it io t	rao, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	06/30/2016	EDWIN WOODWARD				
HERE	Signature of plan administrator	Date	Enter name of individ	lual signing as plan administrator			
SIGN							
HERE	Signature of employer/plan sponsor	of employer/plan sponsor Date Enter name of indivi					
Preparer's	name (including firm name, if applicable) and address (include r	Preparer's telephone number					
			·				

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

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 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 lf you answered "No" to either line 6a or line 6b, the plan cann 	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes	
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)?		Yes	No N	lot deter	mined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of	Year	
a Total plan assets	7a		3719						0
b Total plan liabilities	7b		0740	0					0
C Net plan assets (subtract line 7b from line 7a)	7c		3719	1362			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Tot	aı	
(1) Employers	8a(1)		6	866					
(2) Participants	8a(2)		6	020					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		8-	3709					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							41	77
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3723	8539					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							37235	39
i Net income (loss) (subtract line 8h from line 8c)	8i							-37193	62
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	instruction	ns:	
10 During the plan year:				Yes	No	N/A	Α	mount	
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	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ				
C Was the plan covered by a fidelity bond?				V	,,				
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	X					500000
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.)	ne or all of the	ne benefits under	10e		X				
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 a					X				
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruc	ctions and 29 CFR	10g 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	ne required	notice or one of the	10ii						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			ıvj						
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 all years from						11a		<u></u>	
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1						
	(If "Ye	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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι		
b	Enter ti	he 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				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo		
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	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		Trust Information						
14a	Name o	f trust		14b 1	rust's Ell	N		
14c	Name	of trustee or custodian				s or custodi	an's	
				telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No		
	10 110			_ D	esign-			
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				based safe ADP/ACP harbor test method			
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes No				
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?						
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test	
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		No		
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable		
18	Is the I	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	S	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	," enter amount	·····	19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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 section 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

P	art I Annual Repor	t Identification Information)			
For	calendar plan year 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/31/20	15
A	This return/report is for:	x a single-employer plan a one-participant plan	· · · · ·		ver) (Filers checking the in accordance with the	
В	This return/report is:	the first return/report	x the final return/report			
_	The folding open is.	an amended return/report	a short plan year retu		12 months)	
		an amended returnineport	a short plan year leto	mireport (icas triair	12 months)	
C	Check box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC	orogram
В	art II Basic Plan Inf	ormation enter all requested			1	
	Name of plan	Officiation enter all requested	imormation		1b Three-dig	it
		& Bloch, P.S., Inc. Pr	ofit Sharing and	401(k) Plan	plan numi	per
	& Trust	. a 210cm, 1.5., 1mc. 11	OLLO DIMELLING WING	101(11) 11411	(PN) ► 1c Effective of	001
		01/01/3				
2a	Plan sponsor's name (empl Mailing Address (include ro City or fown, state or provin	ructions)	2b Employer	ldentification Number L-1504890		
	City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions) Wolfstone, Panchot & Bloch, PS Inc.					telephone number
	·	-				582-3840
	1111 Third Avenue,	Suite 1800			2d Business 541110	code (see instructions)
	iiii iniid Avenue,	Suice 1800			341110	
	US Seattle WA 98101		<u> </u>			<u> </u>
3a	Plan administrator's name	and address 🗓 Same as Plan Sp	onsor Name		3b Administra	ator's EIN
			,			
					3c Administra	ator's telephone number
4	If the name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed t	for this plan, enter th	e 4b EIN	
_		ine plant sponsor has changed since imber from the last return/report.	the last returnineport med	or triis plant, enter th	- TD LIN	
а		· '			4c PN	
5a	Total number of participant	s at the beginning of the plan year	***************************************		5a	20
b	Total number of participant	s at the end of the plan year	*************************************	************	5b	10
С		account balances as of the end of			5c	0
d(1) Total number of active pa	articipants at the beginning of the pl	an year		5d(1)	10
d(•	articipants at the end of the plan yea			5d(2)	0
е	Number of participants that less than 100% vested .	terminated employment during the	plan year with accrued be	nefits that were	5e	0
Ca	ution: A penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed	d unless reasonabl	e cause is establishe	ed.
(SE	nder penalties of perjury and 3 or Schedule MB completed lief, It is true, correct, and co	other penalties set forth in the instruent and signed by an enrolled actuary, mplete.	uctions, I declare that I hav as well as the electronic ve	e examined this retu ersion of this return/r	rn/report, including, if eport, and to the best	applicable, a Schedule) of my knowledge and)
.fe	IGN Edwin G.	Woodward	6/30/16	Edwin G. Woo	dward	
	ERE Signature of plan ad		(Date)	Enter name of Indi	ividual signing as plar	administrator
	(1 - M	Woodward, Pres	6/30/16		5. Woodwa	
∣ 'S	IGN Jawa J.	version way 1 · W	184 20/20	1		•

Date

(Enter name of individual signing as employer or plan sponsor)

Preparer's telephone number

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

Signature of employer/plan sponsor

	Form 5500-SF 2015		Page 2			•				
6a \	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)						ХYe	s No
b	Are you claiming a waiver of the annual examination and report of ar	independ	lent qualified public accou	ntant	(IQP/	4)				<u></u>
9	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditio	ns.)					••••••	<u>x</u> Ye	s No
	if you answered "No" to either line 6a or line 6b, the plan cannot f the plan is a defined benefit plan, is it covered under the PBGC ins							Пи	, III No	t determined
F-58(280)		urance pro	ogram (see ERISA section	1 402	1):		res			- determined
	Tilli Financial Information	Control Control	(a) Dantantan a			T		/h) =	- f V =	
	Plan Assets and Liabilities	_	(a) Beginning of			-		(b) Ena	of Year	
-	Total plan assets	7a	3,71	.9,3		+				0
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	3,71	0 3	62	+				0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		02	+		(b)	Total	
	Contributions received or receivable from:	XX.11111.00 X X X X X X X X X X X X X X X X X X	(.,,				4 1 107	1.77	A Sec.	
	(1) Employers	8a(1)		6,8						and the second
	(2) Participants	8a(2)	· · · · · · · · · · · · · · · · · · ·	6,0	20		14.17	(1995) (1995) (1995)		
	(3) Others (including rollovers)	8a(3) 8b	/ 0	70	٥١				Distriction of the second	
	Other income (loss)	8c		3,70	o) Singa	(1) (A) (1)				/ 177
	Benefits paid (including direct rollovers and insurance premiums					2.0	rs file	. A 35 -		4,177
	to provide benefits)	8d -	3,72	3,5	39	0.5				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				100	PIS.			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f				13,		a and King I		
g	Other expenses	8g		Silve an				s de las		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		All C				•		3,539
	Net income (loss) (subtract line 8h from line 8c)	8i 0:		salat e	MA SA		Tank Cale	en en	(3,719	,302)
columbiad table	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics	8j					10.540	distant.		
	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	: Code	es in th	e instruct	ions:	
Ja	2E 2F 2G 2J 2K 3D	ature cour	es itom the list of Fian of	iai açı	Criouc	Joodi	C3 111 U.		ions.	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	racte	rietic	Codes	s in the	instruction	nne.	
-	in the plan provides wellare beliefles, enter the applicable wellate lea	itale dode.	s nom the List of Flam one	iiacio	110010	oouc	J 111 (110	india dolla	J110.	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amour	nt
а	Was there a failure to transmit to the plan any participant contribut	ions withir	the time period				1.16			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fig	ductary Correction							
	Program)			10a		Х	and the			
b	Were there any nonexempt transactions with any party-in-interests reported on line 10a.)	•		10b		х				
C	Was the plan covered by a fidelity bond?			10c	х		11			500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's									
	by fraud or dishonesty?			10d		Х	1.00			
ę	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	•	•							
	the plan? (See instructions.)			10e		х				
f	Has the plan failed to provide any benefit when due under the plan	1?	*******************************	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х				
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						
j	Did the plan trust incur unrelated business taxable income?			10j						
Pai	tVI Pension Funding Compliance									<u> </u>
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								🗆	Yes 🕱 No
118	a Enter the unpaid minimum required contribution for current year fr				,		11a		•	
	Is this a defined contribution plan subject to the minimum funding				or sec	tion 3	02 of E	RISA?	🗆	Yes X No

Form 5500-SF 2015 Page 3 -				······	
(If "Yes," 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 instrugranting the waiver. Month	uctions, and e	enter the	e date of the —— Yea	ne letter ruli ır	ng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b Enter the minimum required contribution for this plan year		12b			
c 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 negative amount)		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?		X Ye	es N	0	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	**********	ntrol	. [X Yes [] No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	···			 	
13c(1) Name of plan(s):	130	(2) EIN(s)	13c(3) P	N(s)
				*.	
Part VIII Trust Information	·····				
14a Name of trust		14b ⊺	rust's EIN		
14c Name of trustee or custodian			rustee or o	custodian's nber	
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan:	*********	Ye	s 	☐ No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and e matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas	sign- sed safe rbor ethod	ADP/A	CP
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(c)		☐ Ye	s	□ No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		□ Ra Pe Te	rcentage	Average Benefit	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combir this plan with any other plans under the permissive aggregation rules?	ning	☐ Ye	s	☐ No	
17a Has the Plan been timely amended for all required law changes?		☐ Ye	<u>s</u>	☐ No	□ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted//instructions for tax law changes and codes).				(See	
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that advisory letter, enter the date of that favorable letter / / and the letter's serial numb	er				
17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please of determination letter / / / /		of plan	s last fav	orable 	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) ha made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands	s peen ands)?	☐ Ye	:S	☐ No	
19 Were in-service distributions made during the plan year?	********	☐ Ye	s	☐ No	<u></u>
If Yes, enter amount	**************	19			
20 Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of wheth		☐ Ye	:S	☐ No	☐ N/A