Form 5500-SF		Short Form Annu	t of Small Employe	ee	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and 4	4065 of the Employee Retire	ment	2016	
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		rnal	This Form is Open to	
Pension Be	enefit Guaranty Corporation		accordance with the inst	ructions to the Form 5500-	SF.	Public Inspection	
Part I		dentification Information al plan year beginning 01/01/2	016	12/21/	2016		
For calenda	ar plan year 2016 or fisc			and ending 12/31/		ng this hav must attach a	
A This ret	urn/report is for:	X a single-employer plan a one-participant plan		lan (not multiemployer) (Filer nployer information in accord		-	
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	m/report (less than 12 month	s)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram	
		special extension (enter descr					
Part II		mation—enter all requested inf	ormation	41			
1a Name OKUNAMI A	of plan ND SHELDON, P.C. 40	1(K) PLAN		ar	Three plan n (PN)	umber	
				1c	Effect	ive date of plan 01/01/2004	
Mailing	address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O country, and ZIP or foreign posta			Emplo (EIN)	yer Identification Number 20-1217360	
OKUNAMI A	ND SHELDON, P.C.	country, and zir of foreign post	ai code (il loreign, see inst	2c	: Spons	sor's telephone number 360-613-5000	
9692 LEVIN SILVERDALE	ROAD NW, SUITE 201 E, WA 98383			2d	Busine	ess code (see instructions) 621210	
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spor	nsor.	3b	Admin	istrator's EIN	
				3c	Admin	istrator's telephone number	
		plan sponsor has changed since to be from the last return/report.	the last return/report filed f	for this plan, enter the	D EIN		
a Sponse				4c	PN		
5a Total r	number of participants a	t the beginning of the plan year			5a	13	
		t the end of the plan year			5b	14	
		ccount balances as of the end of t			5c	14	
d(1) Tota	al number of active parti	cipants at the beginning of the pla	an year		d(1)	ç	
d(2) Tota	al number of active parti	cipants at the end of the plan yea	ar		d(2)	11	
		erminated employment during the			5e	C	
Caution: A	penalty for the late or	r incomplete filing of this return	n/report will be assessed	unless reasonable cause i			
SB or Sche		er penalties set forth in the instruc I signed by an enrolled actuary, a ete.					
SIGN	Filed with authorized/va	alid electronic signature.	04/27/2017	TROY OKUNAMI			
HERE	Signature of plan ad	ministrator	Date	Enter name of individual s	signing a	s plan administrator	
SIGN							
HERE	Signature of employ		Date		signing a	s employer or plan sponsor	
Preparer's	name (including firm na	me, if applicable) and address (in	clude room or suite numb	er) Pre	eparer's	telephone number	
		and the Instructions for Form FEOD				Earm EE00 SE (2016)	

	Are you claiming a waiver of the annual examination and report of a 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 If the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit ot use Fo	ndent qualified public accountant (IC tions.)	QPA) Yes No e Form 5500.
Pa	rt III Financial Information	1		
1	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	787557	787619
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	787557	787619
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	39127	
	(2) Participants	8a(2)	26200	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	69317	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		134644
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	129853	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	4729	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		134582
i	Net income (loss) (subtract line 8h from line 8c)	8i		62
j	Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			100000
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		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X			1781
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 as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
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				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					י 🗌 י	′es	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					. П Y	′es 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r ruling	
	gran	ting the waiver	onth _		_ Day		_ Year _		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)			12d				
е	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?				Yes	s XN	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes 🗙	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desigi safe h	n-basec arbor	[Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	ntage		verage enefit test	N/	A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			ł
17b	10 11	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [No		

For	m 5500-SF	Short Form Annual Return/Report of Small Emplo						OMB Nos. 1210-0110 1210-0089		
	ment of the Treasury al Revenue Service	This form is required to be file		nefit Plan ections 104 and 40	65 of the Employee R	etirement		2016		
Employee Be	partment of Labor nefits Security Administration	Income Security Act of 1974	(ERISA), a Revenue	and sections 6057 Code (the Code).	(b) and 6058(a) of the	Internal	This Form is Open to Public Inspection			
Pension Ber	nefit Guaranty Corporation	▶ Complete all entries in	accordance	ce with the instru	ctions to the Form 5	500-SF.	Fub	ne mapection		
Part i	Annual Report I	dentification Information								
For calenda	ar plan year 2016 or fise	cal plan year beginning	01/01/	2016	and ending	12	/31/2016			
A This retu	urn/report is for:	X a single-employer plan	list o	f participating emp	n (not multiemployer) (loyer information in ac					
		a one-participant plan	a fore	eign plan						
B This retu	rn/report is	the first return/report	the fir	al return/report						
		an amended return/report	a sho	rt plan year return/	report (less than 12 m	ionths)				
C Check b	oox if filing under:	Form 5558	□ autor	natic extension			program			
		special extension (enter desc	ليسا				1			
Part II	Basic Plan Infor	mation—enter all requested in								
1a Name of		mation-enter an requested in	nonnation			1b Th	ree-digit			
	1	P.C. 401(k) Plan					an number	001		
ORGINALIT	and Sherdon,	F.C. HUL(K) FIAM					N)			
						11	fective date of			
0							/01/2004			
		er, if for a single-employer plan) n, apt., suite no. and street, or P.0					Sec.	tification Number		
		, country, and ZIP or foreign pos		foreign, see instru	ctions)		IN)20-121	phone number		
Okunami	and Sheldon,	P.C.					0-613-50			
								(see instructions)		
9692 Le	vin Road Nw, S	Suite 201			· · · ·		1210	,		
Silverd	ale	WA 98383								
3a Plan ac	dministrator's name and	d address 🕱 Same as Plan Spo	onsor,			3b Ac	iministrator's	EIN		
						3C Ad	Iministrator's	telephone number		
		plan sponsor has changed since ber from the last return/report.	e the last re	turn/report filed fo	r this plan, enter the	4b El	IN			
a Sponso						4c P	N			
5a Total n	number of participants	at the beginning of the plan year.				5a		13		
b Total n	number of participants	at the end of the plan year				5b		14		
c Numbe	er of participants with a	iccount balances as of the end of	of the plan y	ear (only defined o	contribution plans	50		14		
		ticipants at the beginning of the p)			
						= 1(0)				
e Numb	er of participants that t	ticipants at the end of the plan ye erminated employment during th	ne plan yea	r with accrued ben	efits that were less	50	/			
Caution: A	penalty for the late o	or incomplete filing of this retur	rn/report v	vill be assessed u	unless reasonable ca	ause is es	stablished.			
SB or Sche	alties of perjury and oth edule MB completed an rue, correct, and comp	er penalties set forth in the instru d signed by an enrolled actuary,	uctions, I de as well as	eclare that I have e the electronic vers	examined this return/r sion of this return/repo	eport, incl ort, and to	luding, if app the best of n	licable, a Schedule ny knowledge and		
SIGN	CL 2. 11.		Γ.	4/27/17	Troy Okunami					
HERE				4-41		dual ater!	na oc plan -	dministrator		
	Signature of plan ad	ammistrator		Date '	Enter name of indivi	duai signi	ng as pian a	unimistrator		
SIGN HERE										
	Signature of employ			Date	Enter name of indivi					
Preparer's	name (including firm h	ame, if applicable) and address ((include roc	om of suite numbe	r)	Prepar	er's telephor	ie number		
								Earry EE00 SE (2046)		

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
b	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.	X Yes 🗌 No
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined
Pa	rt III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Year	
а	Total plan assets	7a		787,5	557			7	87,619
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		787,9	557			7	87,619
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		39,1	.27				
	(2) Participants	8a(2)		26,2	200				_
	(3) Others (including rollovers)	8a(3)			_				
b	Other income (loss)	8b		69,3	317				_
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	34,644
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		129,	353				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		4,'	729		_		
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	34,582
i	Net income (loss) (subtract line 8h from line 8c)	8i				_			62
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$ $2T$	feature co	odes from the List of Pla	an Cha	acteris	stic Co	odes in f	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	feature coo	les from the List of Pla	n Chara	cterist	ic Coo	les in th	e instructions;	
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amoun	t
ł	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	√oluntary I	Fiduciary Correction	10a		x			
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.).			10b		x			
(Was the plan covered by a fidelity bond?			10c	Х				100,000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
			he and he are the second second						

Х

Х

Х

Х

10e

10f

10g

10h

10i

1,781

e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under

the plan? (See instructions.)....
f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.) 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

h

Form 5500-SF 2016

Page 3-	
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Part V	Pension Funding Compliance				
11 Is	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S Form 5500) and line 11a below)			Yes	No
11a E	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec RISA?			Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
a li ç	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver,MonthMonth	ind enter l Day		of the letter ru Year	ling
If yo	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b E	nter the minimum required contribution for this plan year	12b			_
C E	nter the amount contributed by the employer to the plan for this plan year	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
e١	Vill the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part V	II Plan Terminations and Transfers of Assets			1444	
13a	las a resolution to terminate the plan been adopted in any plan year?		🗌 Ye	s X No	
1	f "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I control of the PBGC?			Yes X 1	٥V
	f, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See Instructions.)	n(s) to			
13	c(1) Name of plan(s): 13c	(2) EIN(s)		13c(3) P	N(s)
Part \	/III Trust Information	ŭ			
14a N	ame of trust	14b	Trust's	EIN	
14c N	lame of trustee or custodian	14d		e's or custodiar one number	า'ร
Part	IX IRS Compliance Questions				
		es		No No	
	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:	esign-base fe harbor urrent yea OP test		 "Prior year test N/A 	r" ADP
16a \	year? Check all that apply: p	atio ercentage est		Average benefit test	□ N/A
1	or the plan year by combining this plan with any other plan under the permissive aggregation rules?	es		No No	
17a	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion in the letter				
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the c	ate of the	most re	cent determina	ation
18 I	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated fro service?	m 🗍 Y	′es	🗌 No	
19 \	Nas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	🗌 Y	'es	No No	