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

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ctions to the Form 5500	0-SF.				
Part I		Identification Information							
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012			
						a one-participant plan			
B This ret	rurn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	_			
C Check I	box if filing under:	Form 5558	automatic extension			DFVC program			
		special extension (enter descri	ption)						
Part II	Basic Plan Info	prmation—enter all requested info	ormation						
1a Name	•	·			1b	Three-digit			
ENGEL LAW	GROUP 401K PLAN	l				plan number			
						(PN) ▶ 001			
					1c Effective date of plan				
30 Diame		Idan and Sankada and an and a street and a	- /		10/01/2011				
	onsor's name and ad V GROUP, P.S.	Idress; include room or suite numbe	r (employer, if for a single	e-employer plan)	20	2b Employer Identification Number (EIN) 26-2912721			
					2c Sponsor's telephone number				
600 UNIVER	RSITY ST., STE. 1904					206-315-6183			
SEATTLE, V	VA 98101				2d Business code (see instructions) 812990				
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's EIN			
					30	Administrator's telephone number			
						Administrator o telephone mamber			
		e plan sponsor has changed since t	he last return/report filed f	for this plan, enter the	4b	EIN			
	•	mber from the last return/report.			4				
a Spons					4c				
		at the beginning of the plan year			5a	2			
b Total r	number of participants	at the end of the plan year			5b	2			
		account balances as of the end of the	, ,	•	5c	2			
6a Were	all of the plan's asset	s during the plan year invested in el	igible assets? (See instru	ctions.)		X Yes No			
_		f the annual examination and report							
		? (See instructions on waiver eligibi				- -			
lf you	answered "No" to e	ither line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form	5500.			
		or incomplete filing of this return							
		ther penalties set forth in the instruc-							
	true, correct, and com	nd signed by an enrolled actuary, as plete.	s well as the electronic ve	rision of this return/report	, and i	to the best of my knowledge and			
,		•							
SIGN HERE	Filed with authorized	/valid electronic signature.	08/02/2013	ERIC J ENGEL					
HEKE	Signature of plan a	ndministrator	Date	Enter name of individu	ual sig	ning as plan administrator			
SIGN									
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individu	ual sid	ning as employer or plan sponsor			
Preparer's		name, if applicable) and address; inc				parer's telephone number (optional)			
				-					

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	l of Ye	ar	
	Total plan assets	7a	(a) Dog g 01 100		(3) 2110 31 1			1553	1	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	760			15531				
	Income, Expenses, and Transfers for this Plan Year						(h)	Total		
	Contributions received or receivable from:		(a) runount				(2)	- Ctui		
	(1) Employers	8a(1)	472	5						
	(2) Participants	8a(2)	1460	16						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	34	0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							19671	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	459	0						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	31	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4900)
ī	Net income (loss) (subtract line 8h from line 8c)	8i							1477	1
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics	, ,,	L							
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instru	ctions	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	les in t	he instruc	tions:		
_										
Par				1	1		ı			
10	During the plan year:				Yes	No		Amo	unt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest 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				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	4.0	X					
	instructions.)			10e		V				31
f	Has the plan failed to provide any benefit when due under the plan			10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i		X				
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Τп	Yes	X No
11a	Enter the amount from Schedule SB line 39									
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA?	\perp	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 beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th	ne date of	the let		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk									
b	Enter the minimum required contribution for this plan year					12b				
_						_	. — —			

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	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 of a negative amount)	12d		
е	Will 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 No	
	If "Yes," 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 brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	l3c(2) ⊟	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			1
	Name of trust	14b ⊺	rust's EIN	

Department of the Tressury Internal Revenue Service

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

OMB Nos. 1210-0110 1210-0009

2012

Department of Labor Employee Benefits Security Administration		Revenue Code (Iho	Code).		This Form is Open			
Pension Benefit Gunranty Corporation	Complete all entries in accord	anco with the Instr	etions to the Form 55	00-SF.	Inspection			
Part Annual Report Id	entification information	/01/2012		<u>.</u>		177		
	1	- 10-	and ending		12/31/2012			
Trino rotanin oportia tot.	를 가게 되었다.		plan (not mulllemployer) [a one-participent pla	π		
B This return/report is:	- -	the final return/repor						
L.	7		urn/report (less than 12	months)				
C Check box If filling under:	₹	aulomatic extension			DFVC program			
	special extension (enter description	•	V-11					
	nation - enter all requested informal	ion	17-IV					
1a Name of plan					ree-digit			
Engel Law Group 401	k Flan			,	an number N)	001		
					fective date of plan			
1018 -1018	Told a separate				0/01/2011			
28 Plan sponsor's name and addre Engel Law Group, P.	eas; include room or sufte number (ent S .	ployer, if for a single	-employer plan)	2b Em	nployer Identification N N) 26–291,2721	lumber		
				2c Sponsor's telephone number (206) 315-6183				
600 University St.,	Ste. 1904			2d Business code (see instructions)				
Seattlo 3a Pian administrator's name and a	address XSame as Plan Sponsor Na	WA	98101	812990				
The state of the s	2001000 Manufaction (10)	ma Eleame as Fish	aponsor Aggress	3b Administrator's EIN				
· •				3c Add	ministrator's totophon	a number		
4 If the name and/or EIN of the pl	an sponsor has changed since the las	l colorado y a tilla di d	- el-t - d	1		41		
name, EIN, and the plan number	or from the lest return/report.	r rotom/report med a	or this plant, cittor ine	4b EIN				
a Sponsor's name				4c PN	<u> </u>			
	the beginning of the plan year				7	2		
	the end of the plan year			5b		2.		
C Number of perticipants with acc complete this item)	ount balances as of the end of the pla	n year (defined bend	efit plans do not	5c				
6a Were all of the plan's assots du	ring the plan year invested in eligible	assets? (See instruc	tiona.)	· · · · · · · · · · · · · · · · · · ·	, X Yes	*****		
 b Are you claiming a waiver of the 	and to troop but noting impact of an	independent qualifie	of nublic accountant (10	IDA)				
Under 29 CFR 2520.104-467 (S	ee instructions on walver eligibility an r line Ge or tine Gb, the plan cannot	d conditions.)			X You	s∐No		
Under penaltics of perium and other	ncomplete filing of this return/report	t Will DO assessed	omess reasonable car	180 is esta	ablished.			
SB or Schodule MB completed and sheller, it is true, correct, and complete	iligned by an enrolled actuary, as well-	as the electronic ver	sion of this return/report	t, and to the	o bost of my knowledg	onadule Je and		
SIGN	and the same of th		Eric J Engel					
HERE Signature of plan adm	Inistrator	Date	Enter name of individ	val signing	ı as plan administrator	,		
SIGN								
HERE Signature of employer	/plan sponsor	Dale	Enter name of individ	ual signing	as employer or plan s	sponsor		
Preparer's name (including firm name	a, if applicable) and address; include r	oom or suite numbe	r (optional)	Preparer	's telephone number (optional)		
					•			
					1 P M			
For Paperwork Reduction Act Notice an	d OMB Control Numbers, see the Instru	tions for Form 5500-	SF.		Form 5500	-SE (2012)		

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Part III Financial Information									
7 Plan Assols and Liabilities	a) Beginning of Year		ar			(b) End	(b) End of Year		
a Total plan assets	7a	760		60	the state of the s			15,531	
b Total plan liabilities	7b			Ť				·	
C Net plan assets (subtract line 7b from line 7a)	7c		70	60				15,531	
8 Income, Expenses, and Transfers for this Plan Year	les es es es es	(a) Amount			(b) Totai				
Contributions received or receivable from:									
(1) Employers	Ba(1)	<u> </u>	<u>1,72</u>	****			**************************************		
(2) Participants	0a(2)	J.	4,60)6 ":			* 11 11 1	1 114 1	
(3) Others (including rollovers)	8a(3)			753		TYLINE LOSIN			
b Other income (loss)	815		34	<u> </u>		21.51 11.1			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	₿¢.			****		Pr		19,671	
to provide benefits)	8d		4,59	00					
e Certain deemed and/or corrective distributions (see instructions)	8e			\top	12.00	* 1 H P 1 T P 1		10 KF 14 H	
f Administrative service providers (salaries, fees, commissions)	81		31	LO	. 1.11		1. 1. 1. 1. 1. 1 1. 1. 1. 1.	1	
g Other expenses	8g			_					
h Total expenses (add lines 8d, 8c, 8f, and 8g)	8h			100			· · · · · · · · · · · · · · · · · · ·	4,900	
i Not income (loss) (subtreet line 6h from line 8c)	86	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						14,771	
Transfers to (from) the plan (see instructions)	8j				111.12				
Part IV Plan Characteristics				!			<u>:</u>		
9a If the plan provides pension benefits, ontor the applicable pension 2E 2F 2G 2J 2K 3D									
b If the plan provides welfare benefits, enter the applicable welfare to	saluro cod	es from the List of Plan Chara	cierisi	ic Cad	les in 1	the instruction	วที่8:		
Part V Compliance Questions									
10 During the plan year:			1	Yes	NI-	<u> </u>			
Westhere a failure to transmit to the plan any participant contribut	tions within	a the time period described in		106	No		Amount		
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	oction Program)	10a		х	'			
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	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 or dishonesty?		*****	10d		х				
Woro any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)	if the bene	fits under the plan? (See	10e	Х				31	
f Has the plan falled to provide any benefit when due under the plan			10f		Х	·	- • • • • • • • • • • • • • • • • • • •		
g Did the plan have any participant leans? (If "Yes," enter amount as					•				
h If this is an Individual account plan, was there a blackout period? (2520,101-3.)	See instru	ctions and 29 CFR	10g 10h		x	17			
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°	o required	notice or one of the	101		х	H 19-140-1		4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Part VI Pension Funding Compliance		, , <u>, , , , , , , , , , , , , , , , , </u>	L				·		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	onts? (If "\	'es," see instructions and com	plete	Schod	ulo SE	3 (Form	Yes	X No	
11a Enter the amount from Schedule SB line 39.					11a				
						ΧNο			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
8 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 granting the waiver						ling			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule		· · · · · · · · · · · · · · · · · · ·							
b Enter the minimum required contribution for this plan year		***************************************		·	12b				

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c Enter the amount contributed by the employer to the	ne 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 of a	40.		
	12d bo mot 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?		res X N	'n
	everted to the employer this year			
b Wore all the plan assats distributed to participants	or beneficiaries, transforred to another plan, or brought under	ho control		Yes X No
c If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See in	e transferred from this plan to another plan(s), Identify the plan	(s) to		·
13c(1) Name of plen(s):		13c(2) Eli	N(8)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b Tri	ust's EIN	en e
	•			
The state of the s	(0.1)			