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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

		 Complete all entries in acco 	dance with the instruc	tions to the Form 5500)-SF.		
Part I	Annual Report Id	lentification Information					
For calenda	ar plan year 2013 or fisca	al plan year beginning 01/01/20	13	and ending 12	2/31/2	013	
A This return/report is for:							pant plan
B This return/report is:							
	<u> </u>	an amended return/report	a short plan year returi	n/report (less than 12 mo	onths)	_	
C Check box if filing under:						am	
D (II	Deele Dien letere	special extension (enter description					
Part II		nation—enter all requested inform	nation		41.		
1a Name	•					Three-digit plan number	
ENGEL LAW	GROUP 401K PLAN					(PN)	001
						Effective date o	
					10	10/01	
	oonsor's name and addre	ess; include room or suite number (employer, if for a single-	employer plan)		Employer Identi	fication Number
						Sponsor's telep	hone number
600 UNIVER SEATTLE, V	RSITY ST., STE. 1904 VA 98101				2d	206-319 Business code ((see instructions)
						81299	90
3a Plan ad	dministrator's name and	address X Same as Plan Sponsor	Name Same as Plar	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
4							
4 If the r	name and/or EIN of the p	lan sponsor has changed since the	last ustrum / us a sut file of fa				
	CINI amalahan menganyan h		last return/report filed to	or this plan, enter the	4b	EIN	
name,		per from the last return/report.	last return/report filed to	or this plan, enter the			
name, a Sponso	or's name	er from the last return/report.	·	·	4c		2
name, a Sponso 5a Total r	or's name number of participants at				4c 5a		2 4
name, a Sponso 5a Total r b Total r c Number	or's name number of participants at number of participants at er of participants with acc	the beginning of the plan year the end of the plan year count balances as of the end of the	plan year (defined bene	fit plans do not	4c 5a 5b		4
name, a Sponso 5a Total r b Total r c Number comple	or's name number of participants at number of participants at er of participants with accete this item)	the beginning of the plan year the end of the plan year	plan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	
name, a Sponsor b Total r c Number comple 6a Were b Are yet	or's name number of participants at number of participants at er of participants with acc ete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the	plan year (defined bene ble assets? (See instruc	efit plans do not tions.)d public accountant (IQF	4c 5a 5b 5c	PN	4 2 X Yes No
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name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under penass or Schee	number of participants at number of participants at number of participants at er of participants with accete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the luring the plan year invested in eligine annual examination and report of See instructions on waiver eligibility er line 6a or line 6b, the plan can plan, is it covered under the PBGC incomplete filing of this return/rer penalties set forth in the instruction signed by an enrolled actuary, as we	plan year (defined bene- ple assets? (See instruct an independent qualifier and conditions.) not use Form 5500-SF nsurance program (see port will be assessed ns, I declare that I have	tions.)	4c 5a 5b 5c PA) Form 6 se is 6 ort, ind	PN 5500. Yes No established. Cluding, if applic	2 X Yes No X Yes No Not determined Pable, a Schedule
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities					of Y	ear			
a	Total plan assets	7a		15531			(10) =1101		1153	5
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	1553	15531			11535			5
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:		(a) ranount				(2)	<u>Jtu.</u>		
	(1) Employers	8a(1)	221	4						
	(2) Participants	8a(2)	553	34						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	116	0						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							8908	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1259	4						
e	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							1290	4
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-399	6
j	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	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	stic Co	des in	the instruc	tions	S:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ons:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amo	ount	
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		X				
						Χ				
				10c						
	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.)		. `	10e	X					92
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		Χ				
h		(See instru	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 2520.10	ne required	d notice or one of the	10ii		X				
Part		1-0		101						
11	Is this a defined benefit plan subject to minimum funding requirem								ا ۷	
	5500) and line 11a below)								Yes	× No
	Enter the unpaid minimum required contribution for current year fr					11a			1 .	
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	th	, and e	enter th Day	ne date of th	ne le Yea		ıling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1		1			
b	Enter the minimum required contribution for this plan year					12b	Ī			

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year					
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)						
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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))				
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a Name of trust			14b Trust's EIN			

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2013

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information 01/01/2013 and ending 12/31/2013 For calendar plan year 2013 or fiscal plan year beginning a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number Engel Law Group 401k Plan (PN) ▶ 001 Effective date of plan 10/01/2011 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **Employer Identification Number** Engel Law Group, P.S. (EIN) 26-2912721 2c Sponsor's telephone number (206) 315-6183 600 University St., Ste. 1904 Business code (see instructions) 812990 WA 98101 3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 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 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item). Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you daiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No 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. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. 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. 9.2-2014 Eric J Engel SIGN **HERE** Date Signature of plan administrator Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year	,
а	Total plan assets	7a		5,53	31				11,535
b	Total plan liabilities	7b							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1	5,53	31	11,535			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:			2,21					
	(1) Employers	8a(1)		5,53					
	(2) Participants	8a(2)							
<u>_</u>	(3) Others (including rollovers)	8a(3)		1,16	50				
	Other income (loss)	8b		1,10	"				8,908
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+				0,900
	to provide benefits)	8d	1:	2,59	94				
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		31	LO				
	Other expenses	8g			\top		•		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_			12,904
	Net income (loss) (subtract line 8h from line 8c)	8i							(3,996)
	Transfers to (from) the plan (see instructions)	8j							*****
Par	t IV Plan Characteristics								
	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	stic Co	odes in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Co	des in t	the instructi	ons:	
Part							,		
10	During the plan year:				Yes	No	<u> </u>	Amour	<u>nt</u>
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ciary Corr	ection Program)	10a		х		-	
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	·	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			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	х				92
f	Has the plan failed to provide any benefit when due under the plan			10f		Х			
g				10a		Х	<u> </u>	-	
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10g 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 2520.10	e required	notice or one of the	10ii		х			
Part		1-3		101					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							 П	es 🏿 No
11a	Enter the unpaid minimum required contribution for current year fr				$\overline{}$	11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	ΓΥ	es 🛚 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		· · · · · · · · · · · · · · · · · · ·						
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ig amortiz	ed in this plan year, see instruc		, and (enter th Day		ne letter Year	ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.						
<u>b</u>	Enter the minimum required contribution for this plan year				<u></u>	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 signegative amount)	n to the left of a	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?		Y	es 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 of the PBGC?	, or brought under the	control			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.)						
	13c(1) Name of plan(s):	1	3c(2) Ell	V(s)		13c(3)	PN(s)
Part	VIII Trust Information (optional)	<u> </u>	-				
		14b Trust's EIN					