_	rm 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Empl	oyee	9	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed u		065 of the Employee R	etirem	ent	2014
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E	RISA), and sections 605 Revenue Code (the Code		Intern	This F	Form is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in act	cordance with the instr	uctions to the Form 5	500-SF		lic Inspection
Part I		dentification Information	1	and anding 10	124/20	4.4	
For calend	ar plan year 2014 or fis	cal plan year beginning 01/01/2014		6	<u>/31/20</u> (Eiloro		av must attach a list
	turn/report is for: urn/report is	a one-participant plan the first return/report an amended return/report	of participating employ a foreign plan the final return/report	an (not multiemployer) yer information in accord n/report (less than 12 m	dance	with the form in	
C Check	box if filing under:	Form 5558 [special extension (enter descript)] automatic extension ion)			DFVC progra	am
Part II	Basic Plan Infor	mation—enter all requested inform	nation				
1a Name SELANDER					1b	Three-digit plan number (PN) ▶	001
					1c	Effective date o	of plan 1/2008
	ponsor's name and add OBRIEN PLLC	tress; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Ident	ification Number 706968
3829C S EDI	MUNDS ST				2c	Sponsor's telep 206-72	ohone number 23-8200
SEATTLE, W					2d	Business code 5411	(see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor			3b	Administrator's	EIN
		plan sponsor has changed since the	ast return/report filed for	or this plan, enter the	4b		telephone number
	, EIN, and the plan num or's name	ber from the last return/report.			4c	PN	
·		at the beginning of the plan year			5		3
		at the end of the plan year			5		3
		iccount balances as of the end of the		-	5	c	3
	,	ticipants at the beginning of the plan			5d(1)	3
d(2) Tot	al number of active par	ticipants at the end of the plan year			5d	(2)	2
e Numbe less th	er of participants that ter an 100% vested	rminated employment during the plan	n year with accrued bene	fits that were	5	e	0
Caution: A Under pena SB or Sche	A penalty for the late of perjury and oth	r incomplete filing of this return/r er penalties set forth in the instruction d signed by an enrolled actuary, as v	eport will be assessed ons, I declare that I have	unless reasonable cau examined this return/re	port, in	cluding, if applic	cable, a Schedule / knowledge and
SIGN		alid electronic signature.	09/28/2015	JEANNIE O'BRIEN			
HERE	Signature of plan ac	Iministrator	Date	Enter name of individ	ual sig	ning as plan ad	ministrator
SIGN							
HERE	Signature of employ		Date	Enter name of individ			
Preparer's	name (including firm na	ame, if applicable) and address (inclu	ude room or suite numbe	r) (optional)	Prep	arer's telephone	e number (optional)

	Were all of the plan's assets during the plan year invested in eligib		, ,				×	Yes	No
b	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						X	Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann		,						
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	21)?		Yes	No Not c	letermine	ed
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Yea	ar	
а	Total plan assets	. 7a	1865	541				190694	
b	Total plan liabilities	. 7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1865	641				190694	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from:			0					
	(1) Employers	. 8a(1)		0	_				
	(2) Participants	8a(2)		0	_				
	(3) Others (including rollovers)	8a(3)	60)43	_				
	Other income (loss)	. 8b		43	_			00.40	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			_			6043	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0					
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	. 8f	18	90					
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)							1890	
	Net income (loss) (subtract line 8h from line 8c)							4153	
	Transfers to (from) the plan (see instructions)	8j							
-	t IV Plan Characteristics] 0]							
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteri	stic Co	des in	the instructions:		
	2E 2F 2G 2J 2K 3B 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	tic Cod	es in t	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amou	unt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	rection Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		х			
С	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	ner person	s by an insurance carrier,						
	insurance service, or other organization that provides some or all instructions.)			10e		Х			
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	is of year e	end.)	10g		Х			
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 th exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a		L_I	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	30 <u>2 o</u> f	ERISA?	Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)						

Page 3 - 1

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 onegative amount)	of a	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?		· 🗆 ۲	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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

FAX No.

P. 002

Form 5500-SF	Short Form Annual F	Benefit Plan	or Small Emplo	oyee	OMB Nos. 1210-011 1210-008		
Cepertment of the Treasury Internal Revenue Service	This form is required to be filed und	ter sections 104 and 40	065 of the Employee Ret	tirement	2014		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (ERI	SA), and sections 6067 /enue Code (the Code)		This Form is Open to Public Inspection			
Pension Bénéfil Guaranty Corporation	Complete all entries in accord	rdance with the instru	ictions to the Form 550	00-SF.			
Part Annual Report or calendar plan year 2014 or f	Identification Information	L/01/2014	and ending	12/	31/2014		
The second deal with the				the second se	ing this box must attach a lis		
This return/report is for:		of participating employ	er information in accorda				
		a foreign plan					
This return/report is		he final return/report	h				
		а эдод рыл уөөгтөсөл	/report (less than 12 mo	mms) 			
Check box If filing under:	X Form 5558	automatic extension		וס 🗌	FVC program		
	becial extension (enter description	1)					
	ormation—enter all requested informa	tion					
a Name of plan ELANDER O'BRIEN 40	TK SAVINGS DLAN			1b Three	e-dig)t number 001		
	IN SAVINGS FLAN			(PN)			
			ſ		tive date of plan 01/2008		
a Plan sponsor's name and a	idress; include room or sulte number (er	nployer, if for a single-	employer plan)		oyer Identification Number		
ELANDER OBRIEN PLL	C				73-1706968		
829C 5 EDMUNDS ST					sor's telephone number		
SAUC B ADMONDO DI			-		-723-8200		
EATTIR WA 98118				2d Business code (see instructions) 541110			
EATTLE	WA 98118						
Investigation and a second	WA 98118 nd address <mark>X</mark> Same as Plan Sponsor,			541 3b Admi			
If the name and/or EIN of th	nd address Same às Plan Sponsor. A plan sponsor has changed since the la	ast return/report filed fo	r this plan, anter the	541 3b Admi	1.1.0 nistrator's EIN		
3a Plan administrator's name a If the name and/or EIN of th name, EIN, and the plan пс	nd address XSame as Plan Sponsor,	ast return/report filed fo	r this plan, enter the	541. 3b Admi 3c Admi 4b EIN	1.1.0 nistrator's EIN		
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	Form 5500-SF 2014		Page 2	
b	Were all of the plan's assets during the plan year invested in eligibl 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 If you answered "No" to either Ilne 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an independe and condition ot use Form	nt qualified public accountant (IQPA) s.) 5500-SF and must Instead use Form	X Yes No
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	186541	190694
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	186541	190694
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	6043	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		6043
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	1890	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1890

81

8j

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

i Net income (loss) (subtract line 8h from line 8c)

Plan Characteristics

2E 2F 2G 2J 2K 3B 3D

Transfers to (from) the plan (see instructions)

i

b

Part IV

4153

Part	V Compliance Questions							_
10	During the plan year:		Yes	No		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		x				
С	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 fidelity bond, that was caused by fraud or dishonesty?	10d		х				
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.)	10e		x				
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		X				
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			8.2.1			
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500) and line 11a below)					Ye	es 🗌 N	0
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ection	302 of	ERISA?	Ye	es X N	0
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver,					ne letter Year	ruling	

Month Day granting the waiver.

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (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	Subtract the amount in line 12c from the amount in line 12b. Enter the negative 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						A7_14
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 emp	loyer this year			13a		
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?						Yes X No
с	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another p	olan(s), identify	the plan(s) t	0		
	13c(1) Name of plan(s):			1:	8c(2) E	IN(s)	13c(3) PN(s)
				Ĩ			

Part VIII Trust Information (optional)	
14a Name of trust	14b Trust's EIN