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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

	ort identification information	•			
For calendar plan year 2014	or fiscal plan year beginning 01/01/2	201 <u>4</u>	and ending 12	2/31/2014	
A This return/report is for:	X a single-employer plan		plan (not multiemployer) oyer information in accor		
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)	
C Check box if filing under	Form 5558	automatic extension		DFVC progr	ram
	special extension (enter desc	cription)			
Part II Basic Plan	Information—enter all requested in	nformation			
1a Name of plan	·			1b Three-digit	
ENGEL LAW GROUP 401K	PLAN			plan number	
				(PN)	001
				1c Effective date	of plan 11/2011
2a Plan sponsor's name at ENGEL LAW GROUP, P.S.	nd address; include room or suite numb	per (employer, if for a single	e-employer plan)	2b Employer Iden	tification Number
				(EIN) 26-2 2c Sponsor's tele	
000 UNIVERSITY ST., STE. 1	904				15-6183
SEATTLE, WA 98101				2d Business code	(see instructions)
				8129	
3a Plan administrator's na	me and address XSame as Plan Spor	sor.		3b Administrator's	EIN
				3c Administrator's	telenhone number
	of the plan sponsor has changed since in number from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
a Sponsor's name				4c PN	
5a Total number of partici	pants at the beginning of the plan year			5a	4
b Total number of partici	pants at the end of the plan year			5b	3
	with account balances as of the end o	the plan year (defined ber		5c	3
, , , , , , , , , , , , , , , , , , , ,	e participants at the beginning of the ρ			5d(1)	3
d(2) Total number of acti	ve participants at the end of the plan ye	ear		5d(2)	
	hat terminated employment during the			5e	(
	late or incomplete filing of this returned other panelting act forth in the instru				
	na omer benames serionn in me msm				cable, a Schedule
Under penalties of perjury a SB or Schedule MB comple	ted and signed by an enrolled actuary,		ersion of this return/repor	t, and to the best of m	
Under penalties of perjury a SB or Schedule MB comple belief, it is true, correct, and	ted and signed by an enrolled actuary, complete.	as well as the electronic ve	·	t, and to the best of m	
Under penalties of perjury a SB or Schedule MB comple belief, it is true, correct, and SIGN Filed with autho	ted and signed by an enrolled actuary, complete. rized/valid electronic signature.	as well as the electronic ve	ERIC J ENGEL		y knowledge and
Under penalties of perjury a SB or Schedule MB comple belief, it is true, correct, and SIGN HERE Signature of p	ted and signed by an enrolled actuary, complete.	as well as the electronic ve	ERIC J ENGEL	t, and to the best of m	y knowledge and
Under penalties of perjury a SB or Schedule MB comple belief, it is true, correct, and SIGN HERE Signature of p	ted and signed by an enrolled actuary, complete. rized/valid electronic signature. lan administrator	as well as the electronic version as the electro	ERIC J ENGEL Enter name of individ	dual signing as plan ac	y knowledge and
Under penalties of perjury a SB or Schedule MB comple belief, it is true, correct, and SIGN Filed with autho HERE Signature of p	ted and signed by an enrolled actuary, complete. rized/valid electronic signature. lan administrator mployer/plan sponsor	as well as the electronic version as wel	Enter name of individent	dual signing as plan ac	y knowledge and dministrator ver or plan sponsor
Under penalties of perjury a SB or Schedule MB comple belief, it is true, correct, and SIGN Filed with autho HERE Signature of p	ted and signed by an enrolled actuary, complete. rized/valid electronic signature. lan administrator	as well as the electronic version as wel	Enter name of individent	dual signing as plan ac	y knowledge and dministrator ver or plan sponsor
Under penalties of perjury a SB or Schedule MB comple belief, it is true, correct, and SIGN HERE Signature of p	ted and signed by an enrolled actuary, complete. rized/valid electronic signature. lan administrator mployer/plan sponsor	as well as the electronic version as wel	Enter name of individent	dual signing as plan ac	y knowledge and dministrator ver or plan sponsor

	Form 5500-SF 2014		Page 2							
b	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instea	int (IQ d d use	PA) Form	5500.		X	Yes [No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)?		Yes	No	Not c	leterm	ined
Par –					<u> </u>					
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End	of Yea	ar 26060	0
	Total plan assets	7a	110	030					20000	J
	Total plan liabilities	7b	115	535					26060	0
	Net plan assets (subtract line 7b from line 7a)	7c					(b) T	otal	2000	
	Contributions received or receivable from:		(a) Amount				(b) T	Otai		
	(1) Employers	8a(1)	65	559						
	(2) Participants	8a(2)	92	203						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	-1	730						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							15032	2
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	197						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	3	310						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							507	7
i_	Net income (loss) (subtract line 8h from line 8c)	8i							1452	5
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b Part		eature cod	les from the List of Plan Chara	cterist			he instructi			
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono withi	n the time period described in		Yes	No		Amou	unt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Cor	rection Program)	10a		X				
	on line 10a.)	·····		10b		X				
C	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				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X					54
f	Has the plan failed to provide any benefit when due under the plan	n?		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 exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part				•						
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				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?		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.	-			, and e	enter th Day		he lett Year	er rulir	ng

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
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 result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Latior Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2014

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Part Annual Report For calendar plan year 2014 or	1 L KLIVZII KII PLAGEI (LARI ARREE SE REAGARES A.				
	fiscal plan year beginning	01/01/2014	and ending	12/31/	2014
A This return/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer) (Filers checking t	his box must attach a list
A majetumrepurtision.	a one-participant plan	or participating emp	loyer information in acco	rdance with the for	m instructions)
B This return/report is	the first return/report	the final return/repor	•		
- This recuire oper is	H	~	•		
	an amended return/report	Sa short bian year ret	urn/report (less than 12 i	nonihs)	
C Check box if filing under:	Form 5558	automatic extension	ı	DFVC p	rogram
	special extension (enter des	inplion)			
Part II Basic Plan Inf	formation—enter all requested in	nformation			
1a Name of plan				1b Three-digit	
ENGEL LAW GROUP 401	lk plan	•		plan numb	er 001
				(PN)	
				10 Effective d	
2a Plan sponsor's name and a	ddress; include room or suite numb	per (employer, if for a singl	e-employer plan)		dentification Number
ENGEL LAW GROUP, P.	.s.				2912721
600 UNIVERSITY ST.,	STE. 1904			2c Sponsor's 206-315	telephone number
					ode (see instructions)
SEATTLE	WA 98101.			812990	
3a Plan administrator's name a	and address XSame as Plan Spon	sor.		3b Administra	lor's EIN
				3c Administrat	or's telephone number
				OC Authorison	n a terebrióita rimmer
A Mile and and a first of the		distribution of the second			
	he plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
a Sponsor's name	and the state of t			4c PN	
5a Total number of participants	s at the beginning of the plan year.			1	
b Total number of participants				. 5a	4
	s at the end of the plan year				
 C Number of participants with 		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. 5b	3
complete this item)	account balances as of the end of	the plan year (defined ber	efit plans do not	. 5b	3
complete this item)	account balances as of the end of	the plan year (defined ber	efit plans do not	. 5b	3
complete this item)d(1) Total number of active pa	account balances as of the end of	the plan year (defined ber	efit plans do not	5b 5c	3 3 3
complete this item)d(1) Total number of active particle	n account balances as of the end of articipants at the beginning of the p	the plan year (defined ber lan yearar	efit plans do not	5b 5c 5d(1)	3 3 3
d(1) Total number of active participants that I less than 100% vested	account balances as of the end of articipants at the beginning of the participants at the end of the plan ye terminated employment during the	the plan year (defined ber lan year	efit plans do not	5b 5c 5d(1) 5d(2) 5e	3 3 3 0
complete this item)	articipants at the beginning of the participants at the beginning of the participants at the end of the plan yeterminated employment during the participants of this returning the participants are incomplete filling of this returning of the participants.	the plan year (defined ber lan year	efit plans do not efits that were	5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	3 3 3 0 4. policable, a Schedule
complete this item)	n account balances as of the end of articipants at the beginning of the participants at the end of the plan ye terminated employment during the or incomplete filling of this returnities penalties set forth in the instru	the plan year (defined ber lan year	efit plans do not efits that were	5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	3 3 3 0 4. policable, a Schedule
complete this item)	n account balances as of the end of articipants at the beginning of the participants at the end of the plan ye terminated employment during the or incomplete filling of this returnities penalties set forth in the instru	the plan year (defined ber lan year with accrued ber n/report will be assessed ctions, I declare that I have as well as the electronic year	efit plans do not efits that were unless reasonable ca examined this return/re	5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	3 3 3 0 4. policable, a Schedule
complete this item)	account balances as of the end of articipants at the beginning of the participants at the end of the plan yeterminated employment during the cor incomplete filling of this returning penalties selection in the instructed signed by an enrolled actuary.	Ithe plan year (defined ber lan year	refit plans do not refits that were I unless reasonable ca examined this return/repor	5b 5c 5d(1) 5d(2) 5e use is established port, including, if at t, and to the best of	3 3 3 0 i. pplicable, a Schedule of my knowledge and
complete this item)	account balances as of the end of articipants at the beginning of the participants at the end of the plan yeterminated employment during the cor incomplete filling of this returning penalties selection in the instructed signed by an enrolled actuary.	the plan year (defined ber lan year with accrued ber n/report will be assessed ctions, I declare that I have as well as the electronic year	efit plans do not efits that were unless reasonable ca examined this return/re	5b 5c 5d(1) 5d(2) 5e use is established port, including, if at t, and to the best of	3 3 3 0 i. pplicable, a Schedule of my knowledge and
complete this item)	articipants at the beginning of the participants at the beginning of the participants at the end of the plan yeterminated employment during the cor incomplete filling of this returning penalties solventh in the instrument signed by an enrolled actuary, and the participants are provided actuary.	the plan year (defined ber lan year with accrued ber n/report will be assessed clions, I declare that I have as well as the electronic well as the electronic velocity.	refit plans do not refits that were I unless reasonable ca resion of this return/repor ERIC J ENGEL Enter name of individ	5b 5c 5d(1) 5d(2) 5e use is established port, including, if at t, and to the best of the best of the stablished port.	3 pplicable, a Schedule of my knowledge and administrator
complete this item)	articipants at the beginning of the participants at the beginning of the participants at the end of the plan yeterminated employment during the participant of this returning beginning to a participant of this returning single by an enrolled actuary, and signed by an enrolled actuary.	the plan year (defined ber lan year with accrued ber n/report will be assessed tions, I declare that I have as well as the electronic verbate.) Date	effit plans do not effits that were unless reasonable ca examined this return/re ersion of this return/repor ERIC J ENGEL Enter name of individ	5b 5c 5d(1) 5d(2) 5e use is established port, including, if at t, and to the best of the least o	3 3 3 0 3. pplicable, a Schedule of my knowledge and administrator
complete this item)	articipants at the beginning of the participants at the beginning of the participants at the end of the plan yeterminated employment during the cor incomplete filling of this returning penalties solventh in the instrument signed by an enrolled actuary, and the participants are provided actuary.	the plan year (defined ber lan year with accrued ber n/report will be assessed tions, I declare that I have as well as the electronic verbate.) Date	effit plans do not effits that were unless reasonable ca examined this return/re ersion of this return/repor ERIC J ENGEL Enter name of individ	5b 5c 5d(1) 5d(2) 5e use is established port, including, if at t, and to the best of the least o	3 3 3 0 i. pplicable, a Schedule f my knowledge and
complete this item)	articipants at the beginning of the participants at the beginning of the participants at the end of the plan yeterminated employment during the participant of this returning beginning to a participant of this returning single by an enrolled actuary, and signed by an enrolled actuary.	the plan year (defined ber lan year with accrued ber n/report will be assessed tions, I declare that I have as well as the electronic verbate.) Date	effit plans do not effits that were unless reasonable ca examined this return/re ersion of this return/repor ERIC J ENGEL Enter name of individ	5b 5c 5d(1) 5d(2) 5e use is established port, including, if at t, and to the best of the least o	3 3 3 0 3. pplicable, a Schedule of my knowledge and administrator
complete this item)	articipants at the beginning of the participants at the beginning of the participants at the end of the plan yeterminated employment during the participant of this returning beginning to a participant of this returning single by an enrolled actuary, and signed by an enrolled actuary.	the plan year (defined ber lan year with accrued ber n/report will be assessed tions, I declare that I have as well as the electronic verbate.) Date	effit plans do not effits that were unless reasonable ca examined this return/re ersion of this return/repor ERIC J ENGEL Enter name of individ	5b 5c 5d(1) 5d(2) 5e use is established port, including, if at t, and to the best of the least o	3 3 3 0 3. pplicable, a Schedule of my knowledge and administrator

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	Manager of the colored and advisor the color was a facility of the		(O in-tweetiers)				₩	∕oo □ No
	Were all of the plan's assets during the plan year invested in eligible.		,				X Y	'es No
D	Are you claiming a waiver of the annual examination and report of an independent qualified public account under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Y	'es No
	If you answered "No" to either line 6a or line 6b, the plan cannot							_
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section 40	21)? .		Yes	No Not de	termined
Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	,
а	Total plan assets	7a		1153	5			26060
	Total plan liabilities	7b			1			
	Net plan assets (subtract line 7b from line 7a)	7c	-	1153	5			26060
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1		(b) Total	
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)		655	9			
	(2) Participants	8a(2)		920	3			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-73	0			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						15032
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		19	7			
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						507
i	Net income (loss) (subtract line 8h from line 8c)	8i						14525
j	Transfers to (from) the plan (see instructions)	8i						
Par	t IV Plan Characteristics	-, -,						
	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 3D	feature coo	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cteristi	c Cod	es in tl	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amour	-4
	Was there a failure to transmit to the plan any participant contribut	tions within	the time period described in		100		Amour	ıı
-	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			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		X		
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	ner persons of the bene	by an insurance carrier, efits under the plan? (See		Х			54
	instructions.)			10e				
	Has the plan failed to provide any benefit when due under the plan			10f		X		
<u>g</u>				10g		Х		
h	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				

Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes No 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a Yes X No 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. (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 instructions, and enter the date of the letter ruling . Month Day . granting the waiver.

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.		_	
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 result negative amount)	`	12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding	g 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?			res X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferrof the PBGC?		e control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)) to		
	13c(1) Name of plan(s):		13c(2) El	N(s)	13c(3) PN(s)
Dort	VIII Truct Information (antional)				
	VIII Trust Information (optional)		14b =	rust's EIN	
14a	Name of trust		140	rusts ein	