Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089	
	tment of the Treasury nal Revenue Service	This form is required to be file		-	etirement	ent 2015	
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the			orm is Open to c Inspection
	nefit Guaranty Corporation	Complete all entries in		nstructions to the Form 5	500-SF.		
For calenda	Annual Report IC ar plan year 2015 or fisca	lentification Information		and ending 1	2/31/2015		
_	urn/report is for:	a single-employer plan a one-participant plan	a multiple-employ	er plan (not multiemployer) employer information in ac	(Filers check	-	
B This retu	ırn/report is	the first return/report an amended return/report	the final return/rep	ort eturn/report (less than 12 m	ionths)		
C Check b	box if filing under:	Form 5558 special extension (enter desc	automatic extension	n		FVC progra	am
Part II	Basic Plan Inform	nation—enter all requested in					
1a Name					1bThree plan n (PN)1cEffection	ive date of	
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.C			2b Emplo (EIN)	yer Identifi	/2008 cation Number 06968
	town, state or province, OBRIEN PLLC	country, and ZIP or foreign post	al code (if foreign, see i	nstructions)	2c Spons	one number 3-8200	
3829C S EDN	MUNDS ST				2d Busine	ess code (s	ee instructions)
SEATTLE, W						5411	10
3a Plan ad	dministrator's name and	address XSame as Plan Spon	sor.		3b Admin	istrator's E	IN
					3C Admin	istrator's te	elephone number
name,	EIN, and the plan numb	lan sponsor has changed since er from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN		
a Sponso					4c PN 5a		3
		the beginning of the plan year the end of the plan year					0
C Numbe	er of participants with ac	count balances as of the end of	the plan year (defined b	enefit plans do not	5c		0
	,	pipants at the beginning of the p			5d(1)		2
d(2) Tota	al number of active partie	cipants at the end of the plan ye	ar		5d(2)		0
than 1	00% vested	rminated employment during the			5e	ish a d	0
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this retur r penalties set forth in the instru signed by an enrolled actuary, a te.	ctions, I declare that I have a second se	ave examined this return/re	port, includin	g, if applica	
SIGN	Filed with authorized/va		01/13/2016	JEANNIE O'BRIEN			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	lual signing a	s plan adm	inistrator
SIGN HERE	Signature of employe	ar/nlan sponsor	Date	Enter name of individ	lual signing a	s employer	or plan sponsor
Preparer's i		ne, if applicable) and address (ii			Preparer's t		
For Paperwo	ork Reduction Act Notice a	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.			Form 5500-SF (2015)

6a Were	e all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					Yes No		
unde	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQF 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							X Yes 🗌 No		
-	plan is a defined benefit plan, is it covered under the PBGC ir						_	No Not determined		
Part III	Financial Information		0 (,		1			
_	Assets and Liabilities		(a) Beginning	n of Yea	ar			(b) End of Year		
	plan assets	7a	(a) Dogining		694			0		
	plan liabilities	7b			0			0		
C Net p	' lan assets (subtract line 7b from line 7a)	7c		190	694			0		
	he, Expenses, and Transfers for this Plan Year		(a) Amou	unt			(b) Total			
	ibutions received or receivable from:		(0)					(1)		
(1) E	mployers	8a(1)		8	889	_				
(2) P	Participants	8a(2)		21	111					
(3) O	thers (including rollovers)	8a(3)								
b Other	income (loss)	8b		-	101					
C Total	income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		29899		
	fits paid (including direct rollovers and insurance premiums wide benefits)	8d		218	556					
e Certa	in deemed and/or corrective distributions (see instructions)	8e								
f Admii	nistrative service providers (salaries, fees, commissions)	8f		2	037					
g Other	expenses	8g								
h Total	expenses (add lines 8d, 8e, 8f, and 8g)	8h					220593			
i Net ir	Net income (loss) (subtract line 8h from line 8c)						-190694			
j Trans	Transfers to (from) the plan (see instructions)									
Part IV	Plan Characteristics									
	plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 3B 3D	feature co	odes from the List of Pl	an Cha	racteris	stic Co	odes in	the instructions:		
B If the	plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Coo	des in th	ne instructions:		
Part V	Compliance Questions									
10 Duri	ing the plan year:				Yes	No	N/A	Amount		
des	s there a failure to transmit to the plan any participant contribu scribed in 29 CFR 2510.3-102? (See instructions and DOL's V ogram)	oluntary F	iduciary Correction	10a		X				
	re there any nonexempt transactions with any party-in-interest orted on line 10a.)	•		10b		х				
c Wa	s the plan covered by a fidelity bond?			10c		Х				
d Did by fi	the plan have a loss, whether or not reimbursed by the plan's raud or dishonesty?	fidelity bo	nd, that was caused	10d		Х				
carr	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.).					X				
f Has	Has the plan failed to provide any benefit when due under the plan?					х				
g Did	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х				
h If thi						Х				
i If 10	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									
	the plan trust incur unrelated business taxable income?			10j		х				
-	Pension Funding Compliance			10]	1			<u> </u>		

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	n 🛛 🗍 Yes 🗌 No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA	A? Yes X No

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-					Т				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling		
lf	you c	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					
С	Enter	the amount contributed by the employer to the plan for this plan year		12c					
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			X Y	es No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0		
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					0		
D		e PBGC?				X Yes	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I					
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	13c(3) PN(s)		
Dert	1/111	Truck Information							
Part		Trust Information		116	T	15.1			
14a	Name	e of trust		14b Trust's EIN					
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions		1					
15a	Is th	e plan a 401(k) plan?		Y	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- ased safe arbor nethod	L1	ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Yes N					
16a	Chec	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цp	Ratio ercentag est		verage enefit test		
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No			
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Yes		No	No		
19	Were	in-service distributions made during the plan year?		Y	es	No			
	lf "Ye	es," enter amount		19					
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?	[] Y	es	No	N/A			

For	Form 5500-SF Short Form Annual Return/Report of Small Empl					OMB Nos. 1210-0110 1210-0089		
	ment of the Treasury al Revenue Service	This forms is usually the house	Benefit Plan	005 of the Exercision De	firement	2015		
	partment of Labor nefits Security Administration	This form is required to be file Income Security Act of 1974	(ERISA), and sections 104 and 4 (ERISA), and sections 605 Revenue Code (the Code	7(b) and 6058(a) of the I	Internal		Form is Open to	
	nefit Guaranty Corporation	Complete all entries in a second s			00-SF		olic Inspection	
Part I	Annual Report Ic	lentification Information			00-01.			
	r plan year 2015 or fisc		01/01/2015	and ending	12/	31/201	.5	
	urn/report is for:	a single-employer plan		an (not multiemployer)		-		
A misteu		a one-participant plan	a foreign plan					
B This retu	rn/report is [the first return/report	X the final return/report					
	[] an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)			
C Check b	ox if filing under:	Form 5558	automatic extension		[] [DFVC prog	Iram	
		special extension (enter desci						
Part II	Basic Plan Inform	mation—enter all requested in	formation					
1a Name of SELANDE	ofplan R O'BRIEN 401K	SAVINGS PLAN			1b Thre plan	e-digit number	001	
					(PN)			
						tive date o		
		r, if for a single-employer plan) apt., suite no. and street, or P.C), Box)			loyer Ident) 73-17	ification Number	
City or		country, and ZIP or foreign post		uctions)	2c Spor	nsor's tele	phone number	
		, ,				-723-8		
3829C	S EDMUNDS ST				2d Business code (see instructions) 541110			
SEATTL	Е	WA 98118						
3a Plan ad	iministrator's name and	address XSame as Plan Spons	sor.		3b Administrator's EIN			
					3c Adm	inistrator's	telephone number	
4 If the n	ame and/or EIN of the p	plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN			
name, a Sponso		per from the last return/report.			4c PN			
		t the beginning of the plan year			5a		3	
		t the end of the plan year			5b		0	
c Numbe	er of participants with ac	count balances as of the end of	the plan year (defined bene	efit plans do not	5c		0	
	,	cipants at the beginning of the p			5d(1)		2	
d(2) Tota	al number of active parti	cipants at the end of the plan ye	ar		5d(2)		0	
		rminated employment during the			5e		0	
Caution: A	penalty for the late or	incomplete filing of this retur	n/report will be assessed	unless reasonable cau	se is esta	blished.	0	
Under pena SB or Sche	alties of perjury and othe dule MB completed and	r penalties set forth in the instru I signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/rep	port, includi	ing, if appli	icable, a Schedule y knowledge and	
SIGN	rue, correct, and comple	ing More	- 13/16	Jeannie O'Bri	en			
HERE	Signature of plan ad	ministrator	6/10			as plan ad	ministrator	
SIGN HERE								
	Signature of employ	nature of employer/plan sponsor Date Enter name of individual (including firm name, if applicable) and address (include room or suite number) P				as employ s telephon		
Preparers	name (neutring inn na	me, il applicable) and address g		51)				

b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Yes	
c	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA see	ction 40)21)?.		Yes		ot determin	ied
Pai	t III Financial Information	1 1				-		14.10		
7	Plan Assets and Liabilities	1000	(a) Beginning			-		(b) End of	/ear	
a	Total plan assets	7a		19	9069	4				0
	Total plan liabilities	7b								0
C	Net plan assets (subtract line 7b from line 7a)	7c		19	9069	4				
	Income, Expenses, and Transfers for this Plan Year	nt	_	-	0	(b) Tota		00.04		
а	Contributions received or receivable from: (1) Employers	8a(1)			888	-	1.14	1383		
	(2) Participants	8a(2)			2111	1	1000	-		
	(3) Others (including rollovers)	8a(3)					281101			
b	Other income (loss)	8b			-10	1	14.14			o art
·	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					_		29	9899
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2	1855	6		a serie i	2,18	
е	Certain deemed and/or corrective distributions (see instructions)	8e					Page 1		121 1	
f	Administrative service providers (salaries, fees, commissions)	. 8f		_	203	7	1.50-	1000	din kan	ā.
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	an shi fina sanas	1.0,10					0593	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			No.54	-			-190	0694
j	Transfers to (from) the plan (see instructions)	- 8j						. A.S		
В	2E 2F 2G 2J 2K 3B 3D If the plan provides welfare benefits, enter the applicable welfare f	eature code	s from the List of Plar	n Chara	icterist	ic Coc	les in th	e instruction:	31	
Par		_			N.					
10	During the plan year:	.41	the time period		Yes	No	N/A	A	mount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary Fig	luciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c		Х	NIT .			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bon	d, that was caused	10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.).	ne or all of th	ne benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х	23			
q	Did the plan have any participant loans? (If "Yes," enter amount a	as of year er	nd.)	10g		Х	1.2.12			
	 bid the plan have any participant loans? (in res, enter anount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 					х		\$\$9E		
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. 									
j	Did the plan trust incur unrelated business taxable income?			10j		X				
Par	VI Pension Funding Compliance									
-	Is this a defined benefit plan subject to minimum funding requirem	nents? /If "Y	es " see instructions :	and cor	nnlete	Sche	dule SB	(Form	80511 NG	

 11 Is this a defined bench plan explored plan and plan explored plan explored

Yes No

Yes X No

11a

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Page 3 -Form 5500-SF 2015 (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 Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year 12c c 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 12d negative amount) No N/A Yes e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... **Plan Terminations and Transfers of Assets** Part VII X Yes No 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a 0 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control b Х No Yes of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to C. which assets or liabilities were transferred. (See instructions.) 13c(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s): Part VIII Trust Information 14b Trust's EIN 14a Name of trust 14d Trustee's or custodian's 14c Name of trustee or custodian telephone number **IRS Compliance Questions** Part IX Yes **No 15a** Is the plan a 401(k) plan?..... Design-ADP/ACP 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer based safe harbor test matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?..... method 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year Π Yes No testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?..... Ratio Average percentage 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): benefit test test 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining No Yes this plan with any other plans under the permissive aggregation rules? No N/A | Yes 17a Has the plan been timely amended for all required tax law changes?..... . Enter the applicable code (See instructions 17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been 18 Yes No made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?..... | Yes No Were in-service distributions made during the plan year? 19 19 If "Yes," enter amount

20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?

N/A