	For	m 5500-SF	Short Form Annual		of Small Employ	yee		OMB Nos. 1210 1210)-0110)-0089
		tment of the Treasury nal Revenue Service	This form is required to be	Benefit Plan filed under sections 104 a	nd 4065 of the Employe	е	2	012	
	mployee Be	partment of Labor mefits Security Administration mefit Guaranty Corporation	Retirement Income Security Ac	t of 1974 (ERISA), and se rnal Revenue Code (the C	ctions 6057(b) and 6058 Code).	s(a) of	This Form is	s Open to Pu pection	blic
P	art I	Annual Report Id	entification Information		clions to the Form 550	0-3F.			
		ar plan year 2012 or fisca		2012	and ending	9/30/	2013		
Α	This ret	urn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	ant plan	
		urn/report is:	the first return/report	the final return/report	(·	
0	11113 1010		an amended return/report		n/report (less than 12 m	onthe)		
~	<u>.</u>					Unitina		~	
C	Check b	oox if filing under:	Form 5558	X automatic extension			DFVC progra	[[]	
	1		special extension (enter descri	. ,					
-	art II		nation—enter all requested info	ormation					
	Name	•				1b	Three-digit plan number		
WES	IPHAL	& MURCHISON, P.A. PI	ROFIT SHARING PLAN				(PN)	002	
						1c	Effective date of		
							10/01/	•	
		oonsor's name and addre & MURCHISON, P.A.	ess; include room or suite numbe	r (employer, if for a single-	employer plan)	2b	Employer Identif (EIN) 59-13		er
200 /	AVENUE	E K S.E., SUITE 4	200 AVEN	JUE K S.E., SUITE 4		2c	Sponsor's telep 863-294		
		VEN, FL 33880		HAVEN, FL 33880		2d	Business code (62121		ns)
3a	Plan ad	dministrator's name and	address XSame as Plan Sponso	or Name Same as Plar	n Sponsor Address	3b	Administrator's	EIN	
4			lan sponsor has changed since the er from the last return/report.	ne last return/report filed fo	or this plan, enter the	4b	EIN		
а	Sponso	or's name				4c	PN		
5a	Total n	umber of participants at	the beginning of the plan year			5a			14
b	Total n	umber of participants at	the end of the plan year			5b			12
C			count balances as of the end of th		•	-			10
						5c			12
		•	uring the plan year invested in eli	•	,			X Yes	No
D		5	e annual examination and report See instructions on waiver eligibil	• •				X Yes	No
		`	er line 6a or line 6b, the plan ca	• •					1
Саι	ution: A	penalty for the late or	incomplete filing of this return	report will be assessed	unless reasonable cau	ise is	established.		
Uno SB	der pena or Sche	lties of perjury and othe	r penalties set forth in the instruct signed by an enrolled actuary, as	ions, I declare that I have	examined this return/rep	oort, i	ncluding, if applic		
SIG	N	Filed with authorized/va	lid electronic signature.	06/06/2014	DAVID MURCHISON				
HE	RE	Signature of plan adm	ninistrator	Date	Enter name of individ	ual sig	gning as plan adn	ninistrator	·
SIG	ΪN								
HE		Signature of employe	r/plan sponsor	Date	Enter name of individ	ual ei	ning as employe	r or plan spon	ISOr
JAM CRC 525	ES BAR SS, FEI POPE A		ne, if applicable) and address; inc				barer's telephone 863-299	number (optic	

Plan Assets and Liabilities						
		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	96440	2			1110165
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	96440	2			1110165
Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	80(1)	2000	0			
(1) Employers		2000	0			
(2) Participants						
b Other income (loss)		13628	8			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		10020	0			156288
d Benefits paid (including direct rollovers and insurance premiums						130200
to provide benefits)	8d	824	6			
e Certain deemed and/or corrective distributions (see instructions).	8e					
f Administrative service providers (salaries, fees, commissions)	8f	227	9			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					10525
Net income (loss) (subtract line 8h from line 8c)	8i					145763
j Transfers to (from) the plan (see instructions)	···· 8j					
Part IV Plan Characteristics						
 If the plan provides pension benefits, enter the applicable pension 2E 3D If the plan provides welfare benefits, enter the applicable welfare 						
Part V Compliance Questions						
0 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fi	iduciary Correct	ion Program)	10a		Х	
b Were there any nonexempt transactions with any party-in-intere on line 10a.)			10b		Х	
C Was the plan covered by a fidelity bond?			10c	Х		150000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		x	
e Were any fees or commissions paid to any brokers, agents, or c insurance service or other organization that provides some or a instructions.)	II of the benefits	under the plan? (See	10e		x	
${\boldsymbol{f}}$ ${}$ Has the plan failed to provide any benefit when due under the p	olan?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount	t as of year end)	10g		Х	
h If this is an individual account plan, was there a blackout period 2520.101-3.)	·		10h		х	
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	•		10i		х	
art VI Pension Funding Compliance						
1 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)						
1a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum fundir	ng requirements	of section 412 of the Code	e or se	ction (302 of E	ERISA? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo	• •					
 a If a waiver of the minimum funding standard for a prior year is be granting the waiver. 	eing amortized	in this plan year, see instrue		and e	enter the Day _	e date of the letter ruling Year
Know completed line 40- complete line 0.0 140 10 1	ule MB (Form	5500), and skip to line 13.				
If you completed line 12a, complete lines 3, 9, and 10 of Sched						

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form		eturn/F Benefit	Report of Small E	Empl	oyee	OMB N	los. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service		ed to be filed u	under sec	ctions 104 and 4065 d			- 20	1210-0003
Department of Labor Employee Benefits Security Administration		of the Internal	Revenue	e Code (the Code).				m is Open
Pension Benefit Guaranty Corporation	Complete all entrie Identification Infor		nce with	the instructions to	the Fo	orm 5500-SF.	to Public	Inspection
Part I Annual Report For calendar plan year 2012 or fi			1/20	12	and er	ading 0	9/30/20	13
A This return/report is for:	X a single-employer		1	ple-employer plan (not		<u> </u>	a one-particip	
B This return/report is:	the first return/re	· –		I return/report			an anna la annaile	
•	an amended retu	' E	-	plan year return/repo	rt (les	s than 12 mont	•	
C Check box if filing under:	Form 5558	×.	-	tic extension			DFVC program	n
Part II Basic Plan Info	special extension	uested inforn	ption) nation					
1a Name of plan					1b	Three-digit		
WESTPHAL & MURCH						plan number (F	PN)	002
PROFIT SHARING P	LAN				1c	Effective date	of plan 1 / 1 9 8 3	
2a Plan sponsor's name and address		mber (employe	er, if for sir	igle-employer plan)	2b	Employer Iden	tification Num	per (EIN)
WESTPHAL & MURCH	ISON, P.A.				2c	Sponsor's tele	362107	
200 AVENUE K S.E	., SUITE 4					3) 294-4		
WINTER HAVEN	FL 33	880			2d	Business code 6212		ons)
3a Plan administrator's name ar	nd address X Same as F	Plan Sponsor Nam	e 🗙 Sam	e as Plan Sponsor Address	3b	Administrator's	EIN	
					3c	Administrator's	telephone nu	mber
4 If the name and/or EIN of the	plan sponsor has chang	ed since the I	ast returr	/report filed for this	4b	EIN		
plan, enter the name, EIN, and								
a Sponsor's name					4c	PN		
5a Total number of participants	at the beginning of the	nlan year			5a		14	
b Total number of participants				• • • • • • • • • • • • • • • • • • • •	5b		12	
C Number of participants with								
benefit plans do not comple					5c		12	
6a Were all of the plan's assetsb Are you claiming a waiver of							X Ye	es 🗌 No
(IQPA) under 29 CFR 2520.							Χγε	es 🗌 No
If you answered "No" to ei								
Caution: A penalty for the late								
Under penalties of perjury and ot Schedule SB or Schedule MB co my knowledge and belief, it is tru	mpleted and signed by a	an enrolled ac	ons, I dec tuary, as	lare that I have exami well as the electronic	ined tl versi	his return/repor on of this returr	t, including, if a n/report, and to	applicable, a the best of
NON DOT	m. 11.							
SIGN HERE	Michian		2014	DAVID MURC	the second s			
Signature of plan admir	istrator	Date		Enter name of individ	dual si	igning as plan a	dministrator	
SIGN								
HERE Signature of employer/p	olan sponsor	Date		Enter name of individ	dual si	igning as emplo	yer or plan sp	onsor
Preparer's name (including firm	name, if applicable) and	address; inclu	ude room	or suite number (opti	ional)	Preparer's tele	phone numbe	r (optional)
JAMES BARFIELD, (-				(863) 29	9-5638	
CROSS, FERNANDEZ 525 POPE AVE., N.		-						
WINTER HAVEN	FL 338	381					ntar tin	
		_				A		
For Paperwork Reduction Act N	lotice and OMB Contro	l Numbers, s	ee the ir	structions for Form	5500-	-SF.	Form 5	500-SF (2012)
218571 08-10-12								v.120126

Part III Financial Information			(a) Begii	nning	of Ve	ar I	(h)	End of Y	'ear
Plan Assets and Liabilities			(a) Degi		$\frac{1}{4,4}$		(0)		L0,16
a Total plan assets		7a		90	4,4	02		±,±.	10,10
b Total plan liabilities		7b		96	4,4	02		1 11	10,16
C Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Ye		7c	(2)	Amou		02		(b) Tota	
	ar		(d)	Amou	unt	-		(b) 10ta	
a Contributions received or receivable from:				2	0,0	ا ۵۵			
(1) Employers		8a(1)		4	0,0				
(2) Participants		8a(2)				-			
(3) Others (including rollovers)		8a(3)		13	6,2	00			
b Other income (loss)		8b		10	0,2	00		1 [56,28
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b		8c				-		<u> </u>	, 20
Benefits paid (including direct rollovers and insura					8,2	16			
benefits)		8d			0,2	<u>40</u>			
Certain deemed and/or corrective distributions (s		8e			2,2	70			
Administrative service providers (salaries, fees, co		<u>8f</u>			4,4	/ 9			
Other expenses		8g				_		-	0 50
1 Total expenses (add lines 8d, 8e, 8f, and 8g)		8h							10,52 15,76
		8i				_		14	£3,70
Transfers to (from) the plan (see instructions) Part IV Plan Characteristics		8j							
art V Compliance Questions					Vee			A	
Part V Compliance Questions During the plan year:					Yes	No		Amount	
Part V Compliance Questions O During the plan year: a Was there a failure to transmit to the plan any participa	nt contributions within the time p	period des	cribed	10a	Yes			Amount	
Part V Compliance Questions 0 During the plan year:	nt contributions within the time p s Voluntary Fiduciary Correct	period des	cribed		Yes	No		Amount	:
Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participa in 29 CFR 2510.3-102? (See instructions and DOL?) b Were there any nonexempt transactions with an any participa in the plan any participa in 29 CFR 2510.3-102? (See instructions and DOL)	nt contributions within the time p s Voluntary Fiduciary Correct	period des tion Prog clude	cribed Iram.)		Yes	No			
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participa in 29 CFR 2510.3-102? (See instructions and DOL? b Were there any nonexempt transactions with an transactions reported on line 10a.) 	nt contributions within the time p s Voluntary Fiduciary Correct y party-in-interest? (Do not in	period des tion Prog clude	cribed Iram.)	10a	Yes	No X			50,00
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participa in 29 CFR 2510.3-102? (See instructions and DOL? b Were there any nonexempt transactions with an 	nt contributions within the time p s Voluntary Fiduciary Correct y party-in-interest? (Do not in	beriod des tion Prog clude	cribed Iram.)	10a 10b		No X X			
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