Form 5500-SF		Short Form Annual Return/Report of Small Employ				OMB Nos. 1210-011 1210-008				
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				2013				
					(a) of	This Form is Open to Public Inspection				
	enefit Guaranty Corporation	Complete all entries in accordant	nce with the instruc	tions to the Form 5500	)-SF.	mspection				
Part I Annual Report Identification Information										
For calend	ar plan year 2013 or fisc				2/31/2					
A This ref	turn/report is for:	X a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-participant plan				
B This ref	turn/report is:	the first return/report th	e final return/report							
		an amended return/report as	onths)							
C Check	box if filing under:	Form 5558	utomatic extension			DFVC program				
		special extension (enter description)								
Part II	Basic Plan Inform	mation—enter all requested information	on							
<b>1a</b> Name	•				1b	Three-digit				
BROKERAG	E PARTNERS, LLLP 40	1(K) PROFIT SHARING PLAN				plan number (PN) ▶ 001				
				-	1c	Effective date of plan				
						07/18/2005				
	ponsor's name and addr BE PARTNERS, LLLP	ess; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 45-1591441				
1918 8TH A	VE STE 3200				2c	2C Sponsor's telephone number 206-826-5800				
1918 8TH AVE STE 3200 SEATTLE, WA 98101-4601						2d Business code (see instructions) 531210				
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	<b>3b</b> Administrator's EIN					
				-		Administrator's telephone number				
		plan sponsor has changed since the last per from the last return/report.	t return/report filed fo	or this plan, enter the	4b	EIN 20-3277510				
<b>a</b> Spons	or's nameTHE SHEPPA				4c	PN 001				
5a Total	number of participants a	t the beginning of the plan year			5a	28				
<b>b</b> Total	number of participants a	t the end of the plan year			5b	35				
		count balances as of the end of the plan			Fa	47				
					5c	17 X Yes No				
<b>b</b> Are yo	ou claiming a waiver of t	during the plan year invested in eligible a he annual examination and report of an See instructions on waiver eligibility and	independent qualifie	d public accountant (IQF	PA)					
		her line 6a or line 6b, the plan cannot								
-		plan, is it covered under the PBGC insu								
Caution: A penalty for the late or incomplete filing 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.										
SIGN	Filed with authorized/va	alid electronic signature.	07/11/2014	DAISY SZABO						
HERE	Signature of plan ad	ministrator	Date	Enter name of individual signing as plan administrator						
SIGN	Filed with authorized/va	alid electronic signature.	07/11/2014	DAISY SZABO						
HERE	Signature of employe		Date			ning as employer or plan sponsor				
Preparer's	name (including firm nar	ne, if applicable) and address; include r	oom or suite number	r (optional)	Prep	arer's telephone number (optional)				

a       Total plan assets       7a       66166         b       Total plan labilities       7b       0         c       Net plan assets (subtract line 7b from line 7a)       7c       66166         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount         a       Contributions received or receivable from: (1) Employers       8a(2)       153197         (3)       Others (including rolovers)       8a(3)       0       0         b       Differ income (loss)       8a(3)       0       0         c       Total income (loss)       8a(3)       0       0         d       Benefits paid (including direct rolivoves and insurance premiums to provide benefits)       8d       3643       0         g       Other science (loss) (subtract line 8h from line 8c)       8t       0       0         g       Other science (loss) (subtract line 8h from line 8c)       8t       0       0         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the 2E 2E 2F 2G 2J 2E 2T 3D       0       0         g       If the plan provides weffare benefits, enter the applicable weffare feature codes from the List of Plan Characteristic Codes in the 2E 2E 2G 2J 2E 2T 3D       0       2         g	(b) End of Year									
C       Net plan assets (subtract line 7b from line 7a)       7c       66186         B       Income. Expenses. and Transfers for this Plan Year       (a) Amount         a       Contributions received or receivable from:       8a(1)       0         (j)       Employers       8a(2)       153197         (j)       Detex income (loss)       8a(3)       0         (j)       Other income (loss)       8a(3)       0         (j)       Detex income (loss)       8a(3)       0         (j)       Detex find (including direct rollovers and insurance preniums be good (including direct rollovers and insurance preniums be d       3643         (j)       Certain deemed and/or corrective distributions (see instructions)       8e       0         (j)       Cher expenses       8g       0       Image: context in the set of the set o	240445									
3       income, Expenses, and Transfers for this Plan Year       (a) Amount         4       Contributions received or receivable from:       (b)         (1)       Engloyers       8a(1)       0         (2)       Participants       8a(2)       153197         (3)       Others (including rollovers)       8a(2)       0         b)       Other sinceme (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       0         c)       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       0         c)       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       0         c)       Genefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       3643         c)       Other segneses       8g       0       0         f)       Administrative service providers (saliaries, fees, commissions)       8e       0       0         f)       Total expenses       8g       0       0       0       0         f)       Total expenses (add lines 8d, 8e, 6f, and 8g)       8i       0       0       0         f)       Total expenses       8g       0       0       0       0       0         f)       The plan provides pension benefits, enter the applic	0									
a Contributions received or receivable from:       8a(1)       0         (1) Employers       8a(2)       153197         (2) Participants       8a(2)       153197         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8a(3)       0         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         g Other expenses       8d       3643         g Other expenses       8d       0         f Administrative service providers (salaries, fees, commissions)       8d       0         g Other expenses       8g       0       0         i Net income (loss) (subtract line 8h from line 8c)       8i       0       0         j Transfers to (from) the plan (see instructions)       8g       0       0         Part IV       Plan Characteristics       8i       0       0         9a       If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the 120 CF2 31 2/K 27 30       2/K 27 30       10a       X         0       During the plan year:       Yes       No       10a       X       10a       X       10a       X       10a	240445									
(1)       Employers       8a(1)       0         (2)       Participants       8a(2)       153197         (3)       Other income (loss)       8a(2)       0         b       Other income (loss)       8a(2)       153197         c       Total income (loss)       8a(2)       153197         c       Total income (loss)       8a(2)       163197         d       Benefits paid (including direct rollovers and insurance premiums and provide benefits)       8e       0         e       Certain deemed and/or corrective distributions (see instructions)       8e       0       1         f       Administrative service providers (salaries, fees, commissions)       8f       40       1         g       Other expenses       8g       0       1       1         i       Nationcen (loss) (subtract line 8h from line 8c)       8i       1       1         j       Transfers to (from) the plan (see instructions)       8j       0       1         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the List of Plan Characteristic Codes in the lat 2z CF 2G 2J 2Z Z Z J 3D       10a       X         During the plan year       10a       X       10a       X       10a	(b) Total									
City       Lingsteps       Sec         (2)       Participants.       8a(2)       153197         (3)       Others income (loss)       8b       24765         C       Total income (add lines 8d(1), 8a(2), 8a(3), and 8b)       8c       C         C       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       3643         C       Cratin income (add lines 8d(1), 8a(2), 8a(3), and 8b)       8c       0         C       Administrative service providers (salaries, fees, commissions)       8f       40         G       Deter expenses.       8g       0       0         I       Net income (loss) (subtrat line 8h from line 8c)       8i       1       1         I       Net income (loss) (subtrat line 8h from line 8c)       8i       0       1         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the 2E 2F 2G 2J 2K 2T 30       10       10a       X         9a       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the 2E 2F 2G 2J 2K 2T 30       10a       X         10       During the plan year:       Yes       No       10a       X       10a       X <td< td=""><td></td></td<>										
(a) Others (including rollovers)										
b) Other incredices       Bit       24765         c) Other incredices       Bit       24765         c) Other incredices       Bit       3643         c) Other incredices       Bit       40         c) Other incredices       Bit       40         c) Other incredices       Bit       40         c) Other incredices       Bit       0         c) Other incredices       Codes in the interest in the interest         c) Other incredices       Codes in the interest       Ditterest         c) Other ing an var       G       Code										
a train mean (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         b Benefits paid (including direct rollovers and insurance premiums 8d       3643         c Cartain deemed and/or corrective distributions (see instructions)										
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits	177962									
to provide benefits)       8d       3643         e       Certain deemed and/or corrective distributions (see instructions)       8e       0         f       Administrative service providers (salaries, fees, commissions)       8f       40         g       Other expenses       8g       0         f       Administrative service providers (salaries, fees, commissions)       8f       40         g       Other expenses (add lines 8d, 8e, 8f, and 8g)       8h       6         i       Net income (loss) (subtract line 8h from line 8c)       8i       6         j       Transfers to (from) the plan (see instructions)       8j       0         Part IV       Plan Characteristics       9       0         g       If the plan provides pension benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the in         Part V       Compliance Questions       10       X         10       During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the in       29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X       10a       X         10 Did the plan have a loss, wh	111902									
or outline documentation of the construction of the con										
a minutative provides provides (packing) calculated, each standard)       a         g Other expenses       ag       0         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h										
a       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i       Net income (loss) (subtract line 8h from line 8c)       8i         j       Transfers to (from) the plan (see instructions)       8j         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the 2E 2F 2G 2J 2K 2T 3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the interpret 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       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distonest?       10d       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bund, that was caused by fraud or distonest?       10d       X         g       Did the plan failed to provide any benefit when due under the plan?       10d       X       10d       X         d       Did the plan failed to provide any benefit when due under the plan?       10d       X       10d       X         g       Did the plan have any participant lo										
i       Net income (loss) (subtract line 8h from line 8c)       8i       8i         j       Transfers to (from) the plan (see instructions)       8i       0         Part IV       Plan Characteristics       9j       0         Bal       2E       23 (2)       24 (2)       24 (2)       27 (3)       3D         Bal       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the interplana provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the interplana provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the interplana provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the interplana provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the interplana provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the interplana provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the interplana provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the interplana provides welfare benefits applicable welfare feature codes from the List of Plan Characteristic Codes in the interplana to a back of the plan applicable provide applicable provide applicable provide applicable provide applicable provide provide applicable provide applicable provide applicable provide applicable provide applicable provide applinting provide preaseries provide preasers pre										
j       Transfers to (from) the plan (see instructions)	3683									
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the it 2E 2F 2G 2J 2K 2T 3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the it 2E 2F 2G 2J 2K 2T 3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the it 2Part V       Compliance Questions         10       During the plan year:       Yes       No         a       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)	174279									
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the 2E 2F 2G 2J 2K 2T 3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the in 2Part V       Compliance Questions         c       Vest No       No         a       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       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       10a       X         c       Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesity?       10d       X         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.)       10d       X         f       Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR 2520.101-3.)       10d       X         i       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If this a defined benefit plan subject to minimum funding requirements? (If "Yes," see in										
a       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)										
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       A         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       Inde       X         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       X       Inde       X         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.)       10d       X       Indee       X       Indee       X       Indee       Indee       X       Indee       In	Amount									
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 fidelity bond, that was caused by fraud or dishonesty?       10d       X         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       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter ablackout period? (See instructions and 29 CFR 2520.101-3.       10h       X       Image: the plan have any participant loans? (Image: the plan endities applied under 29 CFR 2520.101-3.       10h       X       Image: the plan have any plan endities applied under 29 CFR 2520.101-3.       Image: the plan have and compliance       10t       X       Image: the plan have and complete Schedule SB (Form 5500) line 39.       11a										
c       Was the plan covered by a fidelity bond?       10c       10c         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       ×         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       ×       10e       × </td <td></td>										
or dishonesty?										
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       X         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       X       X         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       X       Image: the plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)         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 or section 302 of ERI (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       11a										
f       Has the plan failed to provide any benefit when due under the plan?       10f       X         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       X       Inh         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       X       Inh         vart VI       Pension Funding Compliance       10i       X       Inh       Inh         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a       Inh       Inh         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERI (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       Inh       Inh	26									
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       10h       X         10h       X       10h       X       10h         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										
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR       10h       X         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       X         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       X         vart VI       Pension Funding Compliance       10i       III       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (For 5500) and line 11a below)         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 or section 302 of ERI (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       11a										
<ul> <li>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</li></ul>										
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (For 5500) and line 11a below)         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39         11a       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERI (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
<ul> <li>Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (For 5500) and line 11a below)</li> <li>Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39</li></ul>										
12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERI (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a									
	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
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 d	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
granting the waiver	date of the letter ruling Year									
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 of a 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								
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	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 c of the PBGC?	ontrol		Yes X No					
С	C 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.)								
13c(1) Name of plan(s):			l(s)	<b>13c(3)</b> PN(s)					
Part	VIII Trust Information (optional)		1						
14a Name of trust			14b Trust's EIN						