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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ctions to the Form 5500	-SF.						
Part I		dentification Information									
For calenda	ar plan year 2013 or fis	cal plan year beginning 01/01/2	2013	and ending 12	2/31/20)13					
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	ant plan				
B This ret	turn/report is:	the first return/report	the final return/report								
		an amended return/report	a short plan year retu	n/report (less than 12 mo	nths)						
C Check box if filing under: X Form 5558 automatic extension						DFVC program					
• Onook i	ook ii iiiiiig ariaor.	special extension (enter descrip			L	1 - 3 -					
Part II	Basic Plan Infor	rmation—enter all requested info	. /								
1a Name	· ·	mation—enter all requested into	omation		1h -	Three-digit					
	JRPHY, LLP 401(K) PL	AN				olan number					
ET BEOTT MIC	711 111, 221 101(11) 1 2				. ((PN) •	001				
					1c [Effective date of	plan				
						01/01/	2001				
	ponsor's name and add JRPHY, LLP	dress; include room or suite number	r (employer, if for a single	-employer plan)		Employer Identif (EIN) 91-201					
7000 CF 00	TH CTREET, CHITE CO	20			2c S	Sponsor's teleph					
	TH STREET, SUITE 50 SLAND, WA 98040	0		-	2 d E	Business code (see instructions)				
3a Plan a	dministrator's name an	d address XSame as Plan Sponso	or Name Same as Pla	n Sponsor Address	3b /	54111 Administrator's E					
		_	_		3c /	Administrator's to	elephone number				
					30 /	Administrator 5 to	elephone number				
		plan sponsor has changed since the	he last return/report filed t	or this plan, enter the	4b 1	EIN					
		nber from the last return/report.			4c	DNI					
	or's name	at the beginning of the plan year				PIN T					
_		at the beginning of the plan year		H	5a		12				
		at the end of the plan year		<u> </u>	5b		14				
		account balances as of the end of th	. , ,	•	5c		14				
	•	during the plan year invested in eli	•	,			X Yes No				
		the annual examination and report					X Yes No				
		(See instructions on waiver eligibilither line 6a or line 6b, the plan ca	-				M 100 110				
•		t plan, is it covered under the PBG0			_		Not determined				
	Jian is a defined benefit	- plan, is it covered under the r Boo	o insurance program (see	ENION SCOILOH 4021):	Ц	103 140	Not determined				
		or incomplete filing of this return/									
	, , ,	er penalties set forth in the instruct	tions, I declare that I have s well as the electronic ve		,	O, 11	,				
	true, correct, and comp						Miowicage and				
belief, it is t	true, correct, and comp		10/06/2014	LORY R. LYBECK			innowiedge und				
belief, it is t	true, correct, and comp	valid electronic signature.	T	· ·	ıal sign	iing as plan adm					
belief, it is t	Filed with authorized/v	valid electronic signature.	10/06/2014	LORY R. LYBECK	ıal sign	ing as plan adm					
SIGN HERE	Filed with authorized/v Signature of plan ac	valid electronic signature.	10/06/2014 Date	LORY R. LYBECK Enter name of individu		•	ninistrator				
SIGN HERE SIGN HERE	Filed with authorized/v Signature of plan ac Signature of employ	valid electronic signature.	10/06/2014 Date Date	LORY R. LYBECK Enter name of individu Enter name of individu	ıal sign	ing as employe	ninistrator				
SIGN HERE SIGN HERE	Filed with authorized/v Signature of plan ac Signature of employ	valid electronic signature. dministrator yer/plan sponsor	10/06/2014 Date Date	LORY R. LYBECK Enter name of individu Enter name of individu	ıal sign	ing as employe	ninistrator				

Form 5500-SF 2013 Page **2**

Do	t III Financial Information									
Pa	rt III Financial Information						(b) End			
	Plan Assets and Liabilities		(a) Beginning of Yea							
	Total plan assets	7a	825049			1022239				
	Total plan liabilities	7b	1700			4536				
	Net plan assets (subtract line 7b from line 7a)	7c	823349			1017703				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)	2819	9						
	(2) Participants	8a(2)	5941	4						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	11382	0						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						20	01433	
	Benefits paid (including direct rollovers and insurance premiums	- 00							71400	
	to provide benefits)	8d	451	9						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	8f	256	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7079	
	Net income (loss) (subtract line 8h from line 8c)	8i						1	94354	
ī	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	l oj								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions:		
•	2E 2F 2G 2J 2K 2T 3B 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	he instructi	ons:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in					AIIIO	unt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest	`				X				
	on line 10a.)			10b	Χ					
С	Was the plan covered by a fidelity bond?			10c	^					75000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		-	10d		X				
е										
	insurance service, or other organization that provides some or all		. ,	100	X					4345
	instructions.)			10e		X				4040
f	Has the plan failed to provide any benefit when due under the pla			10f						
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				
ī	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							ı			
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes " see instructions and com	plete	Sched	lule SF	3 (Form			
	5500) and line 11a below)								Yes	No
	Enter the unpaid minimum required contribution for current year fr		, , , , , , , , , , , , , , , , , , ,			11a				
12	Is this a defined contribution plan subject to the minimum funding			or se	ection (302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day	ne date of t	ne let Year		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				ı			
h	Enter the minimum required contribution for this plan year					12b	Ī			

Page	3 -		1
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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 (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?	Y	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 coof the PBGC?	ontrol		Yes X No
С	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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information				
	1/2013	and ending	12/31/	2013
		an (not multiemployer)	a one-	participant plan
B This return/report is:	e final return/report			
an amended return/report a s	hort plan year return	report (less than 12 mo	onths)	
C Check box if filing under:	tomatic extension		DFVC	program
special extension (enter description)				
Part II Basic Plan Information—enter all requested informatio	n			
1a Name of plan			1b Three-dig	
LYBECK MURPHY, LLP 401(K) PLAN			plan num (PN) ▶	001
			1c Effective	date of plan
			01/01/	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Lybeck Murphy, Llp				Identification Number -2013832
			2c Sponsor's	s telephone number
7900 SE 28th Street, Suite 500				30-4255
Mercer Island WA 98040			2d Business 541110	code (see instructions)
Mercer Island WA 98040 3a Plan administrator's name and address XSame as Plan Sponsor Nam	ne VSame as Plan	Sponsor Address	3b Administr	
Plant administrator's manie and address Apame as I lan oponisor wan	ie Modifie as i laii	Oponisor Address	OD / (diffinition	
			3c Administr	ator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b EIN	
name, EIN, and the plan number from the last return/report.	return/report filed fo	r this plan, enter the		
name, EIN, and the plan number from the last return/report. a Sponsor's name			4c PN	10
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year			4c PN 5a	12
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year			4c PN	12
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	n year (defined bene	fit plans do not	4c PN 5a	14 14
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan complete this item) 6a Were all of the plan's assets during the plan year invested in eligible as	n year (defined bene assets? (See instruct	fit plans do not	4c PN 5a 5b 5c	14
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan complete this item)	n year (defined bene assets? (See instruct independent qualifie	fit plans do not tions.)	4c PN 5a 5b 5c	14 14 X Yes No
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)	fit plans do not tions.)d public accountant (IQ	4c PN 5a 5b 5c	14 14 X Yes No
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.) use Form 5500-SF	fit plans do not tions.) d public accountant (IQ	4c PN 5a 5b 5c PA) Form 5500.	14 X Yes No X Yes No
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.)d public accountant (IQ and must Instead use ERISA section 4021)?	4c PN 5a 5b 5c PA) Form 5500.	14 14
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.) use Form 5500-SF rance program (see	fit plans do not tions.)	4c PN 5a 5b 5c PA) Form 5500	14 14 X Yes No X Yes No No No Not determined
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.)	4c PN 5a 5b 5c PA) Form 5500. Ise is established ort, including, if	14 14 X Yes No X Yes No No No tdetermined ed. fapplicable, a Schedule
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.)	4c PN 5a 5b 5c Form 5500. See is establish port, including, if t, and to the bes	14 14 X Yes No X Yes No No Not determined ed. fapplicable, a Schedule
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.) d public accountant (IQ and must Instead use ERISA section 4021)? unless reasonable cau examined this return/repor	4c PN 5a 5b 5c Form 5500. See is established ort, including, if t, and to the besen	14 14 X Yes No X Yes No No No Not determined ed. f applicable, a Schedule t of my knowledge and
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	assets? (See instructindependent qualified conditions.)	fit plans do not tions.) d public accountant (IQ and must Instead use ERISA section 4021)? unless reasonable cau examined this return/re sion of this return/repor	4c PN 5a 5b 5c Form 5500. See is established ort, including, if t, and to the besen	14 14 X Yes No X Yes No No No Not determined ed. f applicable, a Schedule t of my knowledge and
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	assets? (See instructindependent qualified conditions.)	fit plans do not tions.)	4c PN 5a 5b 5c Form 5500. See is established out, including, if t, and to the best K ual signing as p	14 14 12 13 14 14 15 16 17 18 18 19 19 19 19 19 19 19 19
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.)	4c PN 5a 5b 5c PA) Form 5500. Ise is established ort, including, if the and to the best t	14 14 X Yes No X Yes No No No tdetermined ed. f applicable, a Schedule t of my knowledge and
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.)	4c PN 5a 5b 5c PA) Form 5500. Ise is established ort, including, if the and to the best t	14 14 12 13 14 14 15 16 17 18 18 19 19 19 19 19 19 19 19
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.)	4c PN 5a 5b 5c PA) Form 5500. Ise is established ort, including, if the and to the best t	14 14 12 13 14 14 15 16 17 18 18 19 19 19 19 19 19 19 19
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.)	4c PN 5a 5b 5c PA) Form 5500. Ise is established ort, including, if the and to the best t	14 14 12 13 14 14 15 16 17 18 18 19 19 19 19 19 19 19 19

Pai	t III Financial Information										_
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Ye	ar		
а	Total plan assets	7a	82	2504	9				10	222	39
b	Total plan liabilities	7b		170	0					45	36
С	Net plan assets (subtract line 7b from line 7a)	7c	82	2334	9				10	177	03
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
а	Contributions received or receivable from:	0-44		2819	9						
-	(1) Employers	8a(1)		5941					-		_
	(2) Participants	8a(2)		3341	2			2 :			
	(3) Others (including rollovers)	8a(3)	1.	1382		-				+	-
	Other income (loss)	8b		1302						014	22
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+		71. I II I	4-1		014	33
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		451	9						
	Certain deemed and/or corrective distributions (see instructions)	8e			s l	i e	74.1		JJ F		×.
f	Administrative service providers (salaries, fees, commissions)	8f		256	0	. 10.	1000	Y E	g	(d)X	H
2.07	Other expenses	8g						1	1		Į,
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	A THE STATE OF THE	9".						70	
ī	Net income (loss) (subtract line 8h from line 8c)	8i							1	943	54
j	Transfers to (from) the plan (see instructions)	8j			10	Tes.		14/3	- 1	W	
Par	t IV Plan Characteristics										
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for										_
Part	V Compliance Questions										_
10	During the plan year:			_	Yes	No		Amo	unt		_
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ciary Corre	ction Program)	10a		Х					
	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					750	00
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 instructions.)	of the bene	fits under the plan? (See	10e	х					43	45
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		Х					
h		(See instruc	tions and 29 CFR	10h		Х					8
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	ne required	notice or one of the	10i				V.		T	
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	П	No.
11a			1.07.05			11a				-	
12	Is this a defined contribution plan subject to the minimum funding		***************************************				FRISA?	П	Yes	N N	40 —
-12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	70412 13	eta o	01 30	GUUII	OUE UI	LINGAL		. 55	14.1	
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortize	d in this plan year, see instru		and e	enter ti Day	ne date of t	he let		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul					Duy					_
	Enter the minimum required contribution for this plan year			,		12b					

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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				
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?				es [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?				Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?						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 the p	olan(s) t	0				
	3c(1) Name of plan(s):		13	3c(2) E	EIN(s)		13c(3	B) PN(s)
							Î	
Part	VIII Trust Information (optional)							
	Name of trust			14b	Trust's	EIN		