-	rm 5500-SF	Short Form Annua	I Return/Repor Benefit Plan	rt of Small Employee OMB Nos. 12					
	artment of the Treasury rnal Revenue Service	This form is required to be filed u		4065 of the Employee R	etirem				
	epartment of Labor Benefits Security Administration	Income Security Act of 1974 (E	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Inte Revenue Code (the Code).						
Pension Be	enefit Guaranty Corporation		Complete all entries in accordance with the instructions to the Form 5500-SF.						
Part I		dentification Information cal plan year beginning 01/01/2014 and ending 12/31/2014							
For calenua	ar plan year 2014 of its	scal plan year beginning 01/01/2014		and ending 12/ plan (not multiemployer) (ov must attach a list		
	uturn/report is for: urn/report is	a one-participant plan the first return/report an amended return/report	of participating emploing a foreign plan the final return/report	loyer information in accord	dance	with the form ins			
C Check	Check box if filing under: Special extension (enter description)						am		
Part II	Basic Plan Info	rmation—enter all requested inform	mation						
1a Name	1a Name of plan LYBECK MURPHY, LLP 401(K) PLAN						001		
					1c	(PN) ► Effective date c 01/01			
2a Plan s		dress; include room or suite number	(employer, if for a single	e-employer plan)			ification Number 013832		
	TH STREET, SUITE 500	0			2c	Sponsor's telep 206-23	ohone number 30-4255		
MERCER ISI	MERCER ISLAND, WA 98040						(see instructions) 10		
					30	Administrator's	telephone number		
		e plan sponsor has changed since the mber from the last return/report.	e last return/report filed	for this plan, enter the	4b				
<u> </u>	sor's name				4c				
		at the beginning of the plan year					14		
		at the end of the plan year					12		
		account balances as of the end of the			50	0	12		
d(1) Tot	al number of active par.	rticipants at the beginning of the plan	ı year		5d(*	1)	12		
d(2) Tot	al number of active par	rticipants at the end of the plan year.			5d((2)	12		
		erminated employment during the pla			50	e	0		
Caution: A	A penalty for the late of	or incomplete filing of this return/r	eport will be assessed	d unless reasonable cat	use is (established.			
SB or Sche	alties of perjury and oth edule MB completed an true, correct, and comp	her penalties set forth in the instruction and signed by an enrolled actuary, as a plete.	ons, I declare that I have well as the electronic ve	examined this return/rep ersion of this return/report	port, in t, and t	cluding, if applic to the best of my	able, a Schedule knowledge and		
SIGN	Filed with authorized/	valid electronic signature.	10/07/2015	LORY R. LYBECK					
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	ual sig	ning as plan ad	ministrator		
SIGN HERE	<u> </u>				<u> </u>		-		
	Signature of employ	yer/plan sponsor name, if applicable) and address (inclu	Date	Enter name of individuous (optional)	-		er or plan sponsor e number (optional)		

	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 indepei and condit	ndent qualified public accounta ions.)	nt (IQ	(PA)		 Yes No		
С	If the plan is a defined benefit plan, is it covered under the PBGC in								
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea			(b) End of Year			
а	Total plan assets	7a	10222	1022239			955791		
b	Total plan liabilities	7b	45	536			25		
С	Net plan assets (subtract line 7b from line 7a)	7c	10177	703			955766		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total		
	Contributions received or receivable from:			0					
	(1) Employers								
	(2) Participants	cipants							
	(3) Others (including rollovers)	8a(3)		0	_				
	Other income (loss)	8b	567	46	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		56746		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1155	88					
	Certain deemed and/or corrective distributions (see instructions)								
	Administrative service providers (salaries, fees, commissions)	8f	30)95					
	Other expenses	8g		0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				118683			
	Net income (loss) (subtract line 8h from line 8c)	8i					-61937		
	Transfers to (from) the plan (see instructions)								
<u> </u>	t IV Plan Characteristics	8j							
9a b Part	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 fer V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribu 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 on line 10a.)		-	10b		х			
С	Was the plan covered by a fidelity bond?			10c	x		75000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
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	Х		5999		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g		Х			
 h				iug		~			
<u> </u>	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 2520.10			10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)						

Page 3 - 1

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 onegative amount)	of a	12d		
e 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?		· 🗆 ۲	Yes 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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

Form 5500-SF Short Form Annual Return/Report of Small Employee									
Department of the Treasury Internal Revenue Service	This form is required to be filed	//	2014						
Department of Labor Employee Benefits Security Administration	Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal								
Pansion Benefit Guaranty Corporation		cordance with the Inst	ructions to the Form 5	500-SF.					
For calendar plan year 2014 or fisc	al plan year beginning	01/01/2014	and ending	12/	31/201	4			
	a single-employer plan		plan (not multiemployer) over information in accor						
B This return/report is	the first return/report an amended return/report	the final return/report	m/report (less than 12 m	onths)					
C Check box if filing under:	Check box if filing under: SForm 5558 automatic extension Dispectal extension (enter description)								
Part II Basic Plan Infor	mation-enter all requested info	rmation	+						
1a Name of plan LYBECK MURPHY, LLP 40				(PN)	number	001			
					01/200				
2a Plan sponsor's name and addr Lybeck Murphy, Llp	ess; include room or suite number	employer, if for a single	e-employer plan)	2 al 1542-54	loyer identi) 91-20:	fication Number			
						ohone number			
7900 SE 28th Street,	Surce 500			206-230-4255 2d Business code (see instructions)					
Mercer Island 3a Pian administrator's name and	WA 98040				541110 Administrator's EIN				
	plan sponsor has changed since ti	ne last retum/report filed	for this plan, enter the	4b EIN					
name, EIN, and the plan num a Sponsor's name	ber from the last return/report.			4c PN					
5a Total number of participants a	t the beginning of the plan year					14			
b Total number of participants a	t the end of the plan year			. 5b		12			
	ccount balances as of the end of the		•	5c		12			
d(1) Total number of active part	cipants at the beginning of the pla	n year		5d(1)		12			
d(2) Total number of active part	cipants at the end of the plan yea	r		5d(2)		12			
	minated employment during the pl			5e		0			
Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and bellef, it is true, correct, and compl	r incomplete filing of this return er penalties set forth in the instruct I signed by an enrolled actuary, as	report will be assesse lons, I declare that I hav	l unless reasonable ca examined this return/re	port, includi	ing, if appli				
SIGN			LORY R. LYBEC	:K					
HERE Signature of plan ad	ministrator	Date	Enter name of Individ	tual signing	as plan ad	ministrator			
FIERE Signature of employ Preparer's name (including firm na		Date clude room or suite num	Enter name of Indivision of Indivision (Optional)			er or plan sponsor e number (optional)			
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the	Instructions for Form 550	0-SF.			Form 5500-SF (2014) v. 140124			

Form 5500-SF 2014		Page 2							
 6a Were all of the plan's assets during the plan year invested in eligib b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or time 6b, the plan cann 	an Indeper and conditi iot use Fo	ndent qualified public accountan ions.) rm 5500-SF and must instead	nt (IQI I use	PA) Form	5500.		п.	'es	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in Rart:III Financial Information	nsurance p	rogram (see ERISA section 40)	21)7 .		Yes		Not de	termin	
	1.7862	()	_	T		41 F			
7 Plan Assets and Liabilities		(a) Beginning of Yea	223	-		(b) End	of feat	_	791
a Total plan assets	78	102	453						25
b Total plan liabilities	7b	101	.770	_				955	5766
C Net plan assets (subtract line 7b from line 7a)	. 7c		. / / 0	-	2				700
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)	(a) Amount		0		(0)	<u>fotal</u>	6.M	2.53
(2) Participants	. 8a(2)			0	1 20		Ξ÷.		3.11
(3) Others (including rollovers)	8a(3)			0	法花		10	il est	5.0
b Other Income (loss)			5674	6		1 5 1	1.2. 26	a an an an	15
C Total income (add lines Ba(1), 8a(2), 8a(3), and 8b)	- 8c	达了这些 你们的。"	41.17	4				56	5746
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	T			588					
e Certain deemed and/or corrective distributions (see instructions)	80			0	部署	的主义		141	
f Administrative service providers (salaries, fees, commissions)	. 8f		309	5		1.1.13			12.15
g Other expenses	. 8g			0	- C.A.,				34
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		1% (j					118	3683
Net income (loss) (subtract line 8h from line 8c)	. 81	图影中国达第38 出于 · · · · · · · · · · · · · · · · · ·		1				-61	1937
J Transfers to (from) the plan (see instructions)	8)						35.5	80	
Part M. Compliance Questions		-							
10 During the plan year:				Yes	No		Amou	nt	
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	luciary Cor	rection Program)	10a		x				
b Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		x				
C Was the plan covered by a fidelity bond?			10c	x				75	5000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х				
Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or al instructions.)	l of the ber	nefits under the plan? (See	10e	x				5	5999
			10f		х	Č.			
f Has the plan falled to provide any benefit when due under the plan	diff monthly		-	-					
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year		10g		X				
 g Did the plan have any participant loans? (If "Yes," enter amount in h If this is an Individual account plan, was there a blackout period? 2520.101-3.) 	as of year ' (See Instr	ucilons and 29 CFR	10g 10h		x x				ţ.
 g Did the plan have any participant loans? (If "Yes," enter amount a h lf this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 	as of year (See Instr the require	uctions and 29 CFR							
 g Did the plan have any participant loans? (If "Yes," enter amount a h if this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 	as of year (See Instr the require	uctions and 29 CFR	10h					2	
 g Did the plan have any participant loans? (If "Yes," enter amount a h if this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 	as of year ? (See Instr the require 01-3 ments? (If '	uctions and 29 CFR ed notice or one of the "Yes," see instructions and con	10h 10l	Scheo	X Jule SE	3 (Form		Yes [No
 g Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 	as of year ' (See Instr the require 01-3 ments? (If '	uctions and 29 CFR ad notice or one of the "Yes," see instructions and con	10h 10l		X Jule SE	3 (Form		Yes	No
 g Did the plan have any participant loans? (If "Yes," enter amount a h if this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI. Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below). 	as of year (See Instr the require 01-3 ments? (If from Sche	uctions and 29 CFR ad notice or one of the "Yes," see instructions and con dule SB (Form 5500) line 39	10h 10l		X dule SE 11a			Yes T	No
 g Did the plan have any participant loans? (If "Yes," enter amount in h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI. Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below). 11a Enter the unpaid minimum required contribution for current year 	as of year of year of year of year of year of year of the require 01-3	uctions and 29 CFR ed notice or one of the "Yes," see instructions and con dule SB (Form 5500) line 39 tents of section 412 of the Code cable.)	10h 10l nplete	ection	X Jule SE 11a 302 of	ERISA?	. []	Yes X	No

	Enter the minimum required contribution for this plan year							_	
С	Enter the amount contributed by the employer to the plan for this plan year	11	2¢	T					
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)	1	2d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Π	Yes	Γ	No	Π	N//
art	Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		1	Ye	X	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a	Т					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						[] Y	es [X
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See Instructions.)) to							
1	3c(1) Name of plan(s):	13c(2)	IN(s)		130	(3) F	N(s

14a Name of trust	14b Trust's EIN