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.

0046

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Part I		t identification information								
F	or calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/2	016		and ending 12	2/31/2	2016			
Α	This ret	urn/report is for:	a single-employer plan			n (not multiemployer) (ployer information in ac		_			
			a one-participant plan	af	foreign plan	•			,		
В	This retu	ırn/report is	the first return/report	=	final return/report						
_			an amended return/report	a s	short plan year return	/report (less than 12 m	onths	5)			
С	Check b	oox if filing under:	Form 5558	automatic extension DFVC program							
_			special extension (enter descr								
	Part II		ormation—enter all requested inf	formation	on						
1	a Name	of plan					1b	Three-digit			
LYE	BECK MU	RPHY, LLP 401(K) I	PLAN					plan number	001		
							4.0	(PN) •			
							10	Effective date of 01/01	r plan 1/2001		
2			loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Boy)			2b	Employer Identif	fication Number		
			nce, country, and ZIP or foreign post		(if foreign, see instru	uctions)		(=::+)			
LYE		RPHY, LLP				ŕ	2C	Sponsor's telep 206-230	hone number 1-4255		
							2d Business code (see instructions)				
790	0 SE 28T	H STREET, SUITE	500				541110				
IVIE	RCER ISL	LAND, WA 98040									
_											
3	a Plan ad	dministrator's name	and address X Same as Plan Spor	nsor.			3b	Administrator's	EIN		
							3с	Administrator's t	elephone number		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.											
		or's name	umber from the last return/report.				4c	PN			
5	a Total r	number of participant	ts at the beginning of the plan year					ia	(
			ts at the end of the plan year				5	b			
(C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)							;			
	d(1) Tota	al number of active p	participants at the beginning of the plant	an year	٢		5d	(1)	(
	d(2) Tota	al number of active p	participants at the end of the plan year	ar			5d	(2)			
		• •	at terminated employment during the				5	ie	(
С			e or incomplete filing of this return				use is	s established.			
S	B or Sche		other penalties set forth in the instruc and signed by an enrolled actuary, a nplete.								
	IGN		d/valid electronic signature.		05/12/2017	LORY R. LYBECK		_			
	ERE	Signature of plan	administrator		Date	Enter name of individ	ual ei	anina as plan adr	ninistrator		

Date

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

SIGN HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib		,						X Ye	es No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Y	es No
	If you answered "No" to either line 6a or line 6b, the plan cann		,						ш	ш
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not de	etermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
a	Total plan assets	7a		367275	5	384389				
b	Total plan liabilities	7b		0)					0
С	Net plan assets (subtract line 7b from line 7a)	7c		367275	,	384389				89
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		26573						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							265	73
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		8290						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1169						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							94	59
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				17114				14
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ictions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary F	Fiduciary Correction	10a		X				
b	<u> </u>	t? (Do not	include transactions	10b		X				
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 by fraud or dishonesty?	,	'	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e	X					2241
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						

Form	5500	-SF	201	6

Page 3-	1	
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Part	VI P	ension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500) and line 11a below)						Yes	No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the C 2				[Yes	X No	
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see insignificant the waiver.	ns, and	d enter		e of the lo		ng	
If	_	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line				<u>y</u>		ai	
		ne minimum required contribution for this plan year			12b				
C Enter the amount contributed by the employer to the plan for this plan year 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)									
e		e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		I/A
Part		Plan Terminations and Transfers of Assets						· · · · · · · · · · · · · · · · · · ·	
13a	Has a	resolution to terminate the plan been adopted in any plan year?				X Ye	s	No	
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou I of the PBGC?		er the			Yes	X No)
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identassets or liabilities were transferred. (See instructions.)	tify the	olan(s) to				
	13c(1) N	lame of plan(s):		13c(2)	EIN(s)		13	13c(3) PN(s)	
_									
Part		Trust Information							
14a	Name o	f trust			14b	Trust's I	EIN		
14c	Name o	of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions			ı				
15a	Is the p	olan a 401(k) plan? If "No," skip b		Yes			No		
		d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		safe h	ign-based "Prior year" ADP test				
				"Curre	ent year test	~"	N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					centage Average N/A				N/A
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the lett								
	letter_	lan is an individually-designed plan that received a favorable determination letter from the IRS, e/	enter the	date	of the n	nost rec	ent dete	rminatio	n
18	Were a	d Benefit Plan or Money Purchase Pension Plan Only: Iny distributions made during the plan year to an employee who attained age 62 and had not sep?		from	Ye	s	No		
19	Was ar	ny plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	s	No		

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.

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

		lentification Information	on	and another	10/21/20	16
For calendar plan year :		A STATE OF THE PARTY OF THE PAR	01/01/2016	and ending	12/31/20	
A This return/report is	for:		ist of participating en	an (not multiemployer) (nployer information in ac	rilers checking this cordance with the	form instructions.)
		a one-participant plan	a foreign plan			
B This return/report is	F	the first return/report	the final return/report			
	Ĭ	an amended return/report	a short plan year retur	n/report (less than 12 m	onlhs)	
Check box if filing up	nder: F	7 Farm 5558	automatic extension		DEVC program	
officer dox it mining of		special extension (enter de				
Part II Basic P	lan Inform	mation—enter all requested				
a Name of plan	ian imon	mation—enter all requested	IIIOIIIIBIOII		1b Three-digit	
YBECK MURPHY,	LLP 401	L(K) PLAN			plan numbe	001
,		,,			(PN) 1c Effective da	to of plan
					01/01/20	
2a Plan sponsor's nar	ne (emplove	er, if for a single-employer pla	n)			entification Number
Mailing address (in	dude room.	apt., suite no, and street, or	P.O. Box)		(EIN) 91 - 2	013832
City or town, state Lybeck Murphy,		country, and ZIP or foreign p	ostal code (il toreign, see ins	tructions)		elephone number
lybeck marphy,	ппь				206-230-	
900 SE 28th S	treet.	Suite 500			541110	de (see instructions)
	,				341110	
Mercer Island		WA 98040)			
3a Plan administrator	s name and	l address 🛛 Same as Plan S	ponsor.		3b Administrati	or's EIN
					3C Administrat	or's telephone number
4 If the name and/or	EIN of the	plan sponsor has changed sir	nce the last return/report filed	for this plan, enter the	4b EIN	
		ber from the last return/report		•	4c PN	
THE STOCK OF THE STOCK	adicioante a	It the beginning of the plan ye	27		Ca.	
					Ch.	
		at the end of the plan year coount balances as of the end			`	
				,	5c	
d(1) Total number o	factive part	lcipants at the beginning of th	e plan year	***************************************	5d(1)	
d(2) Total number of	factive part	icipants at the end of the plan	ı year		5d(2)	
Number of participants	pants that to	erminaled employment during	the plan year with accrued b	enefits that were less	5e	
Caution: A penalty fo	r the late o	r incomplete filing of this re	turn/report will be assesse	d unless reasonable c		d.
Under penalties of per SB or Schedule MB co	iury and oth mplotet/an	er penalties set forth in the in: d signed by an enrolled actua	structions. I declare that I have	e examined this return/r	eport, including, if	applicable a Scheduler
belief, it is true, correct	Lang earno	lete.	-1.1.	Trans.		
SIGN HERE		a company and the company of the com	5/12/2017			
Signatur	of plan Ad	ministrator	Date '	Enter name of indivi	dual signing as pla	n administrator
SIGN HERE						
Signature	of employ	er/plan sponsor ime, if applicable) and addres	Date	Enter name of indivi	dual signing as em	ployer or plan sponsor
Constitution of the same		inte, ii applicable) and addres	s (include room or suite num	per)	Preparer's telep	hone number
For Panerwork Padvette	n Aet Netle	, soo the Instructions for Form				
	Act Houce	, see the instructions for Form	5500-SF,			Form 5500-SF (2016)

	Form 5500-SF 2016		Page 2							
b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an Indeper and condit ot use Fo	ndent qualified public a lons.) rm 5500-SF and must	ccounta Instea	nt (IQI	PA) Form	6500.			Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	smsuce b	rogram (see ERISA se	ction 40	21)? .		Yes	No	∐ Not o	determined
Pa	rtill Financial Information									
7	Plan Assets and Liabilities	福武藝	(a) Beginning o	f Year	_		(b) End	of Year	
a	Total plan assets	7a		367,2	275					384,389
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c		367,2	275					384,389
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)			SHILINGS					
	(2) Participants	8a(2)			25.0	M.Th			學報 沒	进步走。"
	(3) Others (including rollovers)	8a(3)					基件語			
b	Other income (loss)	8b			73			掘山	經經經	
С	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	altitude de la companya della companya de la companya de la companya della compan	製鐵道	驪			es commence and control		26,573
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		8,3	290					
- 6	Certain deemed and/or corrective distributions (see instructions)	86			Ř		E	13.5		是他的人
_f	Administrative service providers (salaries, fees, commissions)	8f		1,3	169	Reit		學院	43.55	
g	Other expenses	89			100	数据	100		製造。這	學教制研制
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	THE REPORT OF THE PARTY.		100					9,459
1	Net income (loss) (subtract line 8h from line 8c)	81						Name of the last	ROWER THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUMN TWO IN COLUMN TW	17,114
j	Transfers to (from) the plan (see instructions)	8]			13			原關		
Pa	rt IV	77.9								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D	feature c	odes from the List of Pl	an Cha	acteri	stic Co	des in	the ins	lructions	:
b	If the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Pla	n Chara	cteris	tic Cod	ies in th	ne instr	uctions:	
Pă	Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amo	unt
8	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a		х				
1	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	17 (Do not	include transactions	10b		х	T 1			11
	Was the plan covered by a fidelity bond?			10c	х					75,00
_	Did the plan have a loss, whether or not reimbursed by the plan's			404		х				

Х

Х

X

X

10e

10f

10g

10h

2,241

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

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an Individual account plan, was there a blackout period? (See instructions and 29 CFR

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? (See instructions.)....

f Has the plan falled to provide any benefit when due under the plan?

2520.101-3.)

Form 5500-SF 2016	Page 3-)3			
art VI Pension Funding Compliance			Data dada O		П	П.,
(Form 6500) and line 11a below)	unding requirements? (If "Yes," see Instructions and				Yes	<u> </u>
1a Enter the unpaid minimum required contributions (2) Is this a defined contribution plan subject to the m	for all years from Schedule SB (Form 5500) line 40 thirmum funding requirements of section 412 of the	Code or se	11a ction 302 of		∏ Yes	N N
(If "Yes," complete line 12a or lines 12b, 12c, 12d	l, and 12e below, as applicable.)				_	
If a waiver of the minimum funding standard for a granting the waiver.		, Month	and enter t Day	he date of the	letter ru ear	ding ———
If you completed line 12s, complete lines 3, 9, and	l 10 of Schedule MB (Form 5500), and skip to lin	e 13.				
b Enter the minimum required contribution for this pla	ın year					
C Enter the amount contributed by the employer to the	e plan for this plan year		120			
d Subtract the amount in line 12c from the amount is		e left of a	12d			
Will the minimum funding amount reported on line				Yes N	lo 🗌	N/A
IT VII Plan Terminations and Transfers						
38 Has a resolution to terminate the plan been adopted				X Yes	No	
If "Yes," enter the amount of any plan assets that	reverted to the employer this year		13a			
	s or beneficiaries, transferred to another plan, or br			_ Y	es 🛛 1	No
	ere transferred from this plan to another plan(s), ide					
13c(1) Name of plan(s):		13	c(2) EIN(8)		13c(3) F	N(s)
antivile Trust Information						
4a Name of trust			14b	Trust's EIN		
14c Name of trustee or custodian			14d	Trustee's or o telephone nu		า'8
PartiX IRS Compliance Questions						
15a is the plan a 401(k) plan? If "No," skip b		י 🗆 📖	Yes	[] N	0	116-1-11
15b How did the plan satisfy the nondiscrimination req		U s)esign-base afe harbor		rior yea st	r" ADP
401(k)(3) for the plan year? Check all that apply:		III '	Current yea VDP test	" [N	/A	
16a What testing method was used to satisfy the cover year? Check all that apply:	rage requirements under section 410(b) for the pla		Ratio percentage test	Average benefit		<u> </u>
16b Did the plan satisfy the coverage and nondiscrim	ination requirements of sections 410(b) and 401(a) other plan under the permissive aggregation rules?		Yes	_ N	lo	
17a if the plan is a master and prototype plan (M&P)	or volume submitter plan that received a favorable	RS option	letter or ad	visory letter, e	nter the	date c

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

Yes

Yes

[] No

No

and the serial number

service?

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 % during the prior plan year?.....

18 Defined Benefit Plan or Money Purchase Pension Plan Only: