Form 5500-SF Short Form Annual Return/Report of Small Emplo						OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	Be This form is required to be filed u	Ð	2	012				
	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 Employee Benefits Security Administration the Internal Revenue Code (the Code).						s Open to Public		
Pension Be	nefit Guaranty Corporation	Complete all entries in accordance	nce with the instruc	ctions to the Form 5500)-SF.	Ins	pection		
Part I		entification Information			0/04/	2010			
_	ar plan year 2012 or fisca				2/31/2				
	urn/report is for:			an (not multiemployer)		a one-particip	pant plan		
B This ret	urn/report is:		ne final return/report						
•		an amended return/report a s	n/report (less than 12 mc	onths)	-				
C Check b	box if filing under:			DFVC progra	m				
Dert II	Decie Dien Inform	special extension (enter description)							
Part II 1a Name		nation—enter all requested information	on		1h	Three-digit			
		PROFIT SHARING PLAN			10	plan number			
						(PN) 🕨	001		
					1c	Effective date of	•		
2a Plan sr	onsor's name and addre	ess; include room or suite number (emp	plover if for a single-	employer plan)	2b	08/16/ Employer Identif			
	ERVICES, LLC		sloyer, in for a single s		20	(EIN) 20-07			
PO BOX 130)1				2c	Sponsor's telephone number 509-544-8877			
RICHLAND,					2d	Business code (see instructions) 484200			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's E	-		
						3c Administrator's telephone number			
		lan sponsor has changed since the las er from the last return/report.	t return/report filed fc	or this plan, enter the	4b	EIN			
a Sponse	or's name				4c PN				
5a Total r	number of participants at	the beginning of the plan year			5a	5a			
		the end of the plan year			5b	1			
		count balances as of the end of the pla			5c		5		
_		uring the plan year invested in eligible					X Yes No		
b Are yo	ou claiming a waiver of th	e annual examination and report of an See instructions on waiver eligibility and	independent qualifie	d public accountant (IQF	PA)		X Yes No		
lf you	answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.			
		incomplete filing of this return/repor							
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 HERE Filed with authorized/valid electronic signature. 02/28/2013 BRANDON D. MUNN Signature of plan administrator Date Enter name of individe									
						ning as plan adm	ninistrator		
SIGN	- U I								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sid	ning as emplove	r or plan sponsor		
Preparer's		ne, if applicable) and address; include r					number (optional)		

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a Total plan assets	7a	14378				182035
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	14378	0		182035	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:		050				
(1) Employers	8a(1)	652				
(2) Participants	8a(2)	1581	9	_		
(3) Others (including rollovers)	8a(3)	0000	-			
b Other income (loss)	8b	2606	07			10110
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			_		48410
to provide benefits)	8d	990	5			
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses	8g	25	0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					10155
i Net income (loss) (subtract line 8h from line 8c)	8i					38255
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D b If the plan provides welfare benefits, enter the applicable welfare for the applicable welfa						
Part V Compliance Questions						
10 During the plan year:	Concentration of	and the second second second to a second		Yes	No	Amount
a 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		X	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	lude transactions reported	10b		x	
C Was the plan covered by a fidelity bond?			10c	Х		15000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	10000
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	of the benefits	s under the plan? (See	10e		×	
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 end	.)	10g		Х	
 h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	(See instruction	ons and 29 CFR	10g		x	
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	he required no	otice or one of the	10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Yes	s," see instructions and com	plete	Scheo	dule SB	(Form
11a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	e or se	ction 3	302 of I	ERISA? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
a If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortized	in this plan year, see instrue		, and e	enter th Day	e date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedul					12b	

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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	art 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				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
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

	ment of the Treasury		Benefit Plan			2012
Dep Employee Ber	al Revenue Service Dartment of Labor nefits Security Administration nefit Guaranty Corporation	Retirement Income Security	be filed under sections 104 Act of 1974 (ERISA), and s Internal Revenue Code (the accordance with the instr	a) of This Form	is Open to Public spection	
Part I		dentification Informatio		uctions to the Form 5500-	<u>9</u> .	· · ·
			01/2012	and ending 12	/31/2012	
A This retu	ırn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-partic	ipant plan
B This retu	ırn/report is:	the first return/report	the final return/repo	rt	· · ·	
	•	an amended return/report	a short plan year ret	urn/report (less than 12 mor	nths)	
C Check b	ox if filing under:	Form 5558	automatic extension	, I *	DFVC progr	am
		special extension (enter de	scription)			
Part II	Basic Plan Infor	mation-enter all requested	information			
1a Name o Munn Ag Sei	of plan rvices, LLC 401(k) Pro	fit Sharing Plan			1b Three-digit plan number (PN) ▶	001
					1c Effective date	of plan /2010
2a Plan sp Munn Ag Ser	oonsor's name and add rvices, LLC	Iress; include room or suite nur	nber (employer, if for a sing	ie-employer plan)	2b Employer Iden (EIN) 20077	
PO Box 130 [.]	1					148877
Richland, W	A 99352				2d Business code 48420	00
3a Plan ad	iministrator's name an	d address XSame as Plan Spo	onsor Name Same as P	lan Sponsor Address	3b Administrator's	S EIN
4 If the n						
	ame and/or HIN of the	plan sponsor has changed sin	ce the last return/report filed	for this plan, enter the	4b EIN	
name, a Sponso	EIN, and the plan nun	plan sponsor has changed sin hber from the last return/report.	ce the last return/report filed	l for this plan, enter the	4b EIN 4c PN	
name, a Sponso 5a Total n	EIN, and the plan nun or's name number of participants	nber from the last return/report. at the beginning of the plan yea	ar	l for this plan, enter the	4c PN 5a	
name, a Sponso 5a Total n b Total n	EIN, and the plan nun or's name number of participants number of participants	nber from the last return/report. at the beginning of the plan yea at the end of the plan year	ar		4c PN	<u>9</u> 6
name, a Sponso 5a Total n b Total n c Number	EIN, and the plan num or's name number of participants number of participants er of participants with a	nber from the last return/report. at the beginning of the plan yea	of the plan year (defined be	enefit plans do not	4c PN 5a	
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name, a Sponso 5a Total n b Total n c Numbe comple 6a Were b Are you under if you Caution: A Under pena	EIN, and the plan num or's name number of participants number of participants er of participants with a ete this item)	nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end during the plan year invested the annual examination and re (See instructions on waiver eli ther line 6a or line 6b, the plan or incomplete filing of this return ner penalties set forth in the ins and signed by an enrolled actuar	of the plan year (defined be in eligible assets? (See insti- gibility and conditions.) in cannot use Form 5500-5 turn/report will be assessed tructions. I declare that I ha	enefit plans do not ructions.) ified public accountant (IQF SF and must instead use F ad unless reasonable caus ve examined this return/rep	4c PN 5a	X Yes N Yes N Yes N
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name, a Sponso 5a Total n c Numbe comple 6a Were b Are you under if you Caution: A Under pena SB or Sche belief, it is t SIGN HERE Preparer's	EIN, and the plan num or's name number of participants number of participants er of participants with a ete this item)	nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end during the plan year invested i the annual examination and re (See instructions on waiver eli- ther line 6a or line 6b, the plan or incomplete filing of this ref her penalties set forth in the ins ad signed by an enrolled actuar plete. dministrator yer/plan sponsor ame, if applicable) and address	of the plan year (defined be in eligible assets? (See instr port of an independent qual gibility and conditions.) in cannot use Form 5500-s turn/report will be assessed tructions, I declare that I ha y, as well as the electronic of 2/22/13 bate Date s; include room or suite num	enefit plans do not fuctions.) ified public accountant (IQF SF and must instead use F ad unless reasonable caus we examined this return/rep version of this return/report, Brandon D. Munn Enter name of individu Enter name of individu ber (optional)	4C PN 5a	Yes N Yes N Yes N X Yes N N
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Form 5500-SF 2012

Page 2

Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Yea	ır .		
а	Total plan assets	assets 7a 1437						18	2035		
b	Total plan liabilities	7b .									
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	143780	143780			182035				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
а	ontributions received or receivable from:) Employers			l							
	(2) Participants	8a(2)	15819	9							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	26067	7							
. C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						4	8410		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9905	5							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g	250)			2				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					•	. 1	0155		
· i	Net income (loss) (subtract line 8h from line 8c)	. 81					• .	3	8255		
j	Transfers to (from) the plan (see instructions)	- 8j		•							
Pa	rt IV Plan Characteristics						14	÷ .			
b Par	2A 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare f tV Compliance Questions	eature coo	ies from the List of Plan Charac	cteristi	c Cod	es in ti	ne instruc	tions:	:		
10	During the plan year:				Yes	No		Amo	unt		
a	Was there a failure to transmit to the plan any participant contribution	Wana with									
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Cor	in the time period described in rection Program)	10a		x			•		
' k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Cor t? (Do not	rection Program) include transactions reported	10a 10b		х		•			
t 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Cor t? (Do not	rection Program) include transactions reported		x				15000		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	uciary Cor t? (Do not	rection Program) include transactions reported 	10b	×	х			15000		
C	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interess on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 	uciary Cor t? (Do not s fidelity bo her person of the ben	rection Program) include transactions reported bond, that was caused by fraud hs by an insurance carrier, lefits under the plan? (See	10b 10c	x	x			15000		
C	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) 	uciary Cor t? (Do not s fidelity bo her person of the ben	rection Program) include transactions reported bond, that was caused by fraud hs by an insurance carrier, lefits under the plan? (See	10b 10c 10d	x	x			15000		
(29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan 	uciary Cor t? (Do not s fidelity bo her persor of the ben	rection Program) include transactions reported ond, that was caused by fraud hs by an insurance carrier, lefits under the plan? (See	10b 10c 10d 10e	x	x x x			15000		
(29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount in If this is an individual account plan, was there a blackout period? 	uciary Cor t? (Do not s fidelity bo ther person of the ben an? as of year ' (See insti	rection Program) include transactions reported ond, that was caused by fraud ons by an insurance carrier, refits under the plan? (See end.)	10b 10c 10d 10e 10f	x	x x x x			15000		
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Form 5500-SF 2012

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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?		Yes 🔀 N	0
61-10-10-10-10-10-10-10-10-10-10-10-10-10	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 of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to	an a	· · ·
	13c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b ⊤	rust's EIN	