## 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

2011

This Form is Open to Public Inspection

	Complete all entries in accord	aance witi	n the instructions to the Form 55	00-5F.					
	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 07/01/201	1	and ending	06/30/2	012				
A	This return/report is for: X a single-employer plan	a multiple	e-employer plan (not multiemployer)	a one-participant plan					
В	This return/report is: the first return/report	the final re	eturn/report						
	an amended return/report	a short pla	an year return/report (less than 12 r	nonths)					
C	Check box if filing under: X Form 5558	automatic	extension	DFVC program					
	special extension (enter descriptio		L						
Do	Irt II Basic Plan Information—enter all requested informa	,							
		ation		1h	There all all				
	Name of plan  DON FINCH HOMES, INC. 401(K) PROFIT SHARING PLAN				Three-digit plan number				
OOK	DON'T INOTITIOMES, INC. 401(N) TROTTI CHARING TEAN				(PN) ▶ 001				
				1c	Effective date of plan				
					07/01/1999				
	Plan sponsor's name and address; include room or suite number (en	mployer, if	for a single-employer plan)		Employer Identification Number				
GUR	DON FINCH HOMES, INC.			-	(EIN) 91-1453713				
				2c	Sponsor's telephone number				
	N. ARGONNE RD SUITE C			0-1	509-926-7013				
SPOI	KANE, WA 99212			<b>2</b> a	Business code (see instructions) 236110				
32	Plan administrator's name and address (if same as plan sponsor, er	otor "Como	.,,,	2h	Administrator's EIN				
	DON FINCH HOMES, INC. 101 N. ARGO			30	91-1453713				
	SPOKANE, W	/A 99212		3c	Administrator's telephone number				
					509-926-7013				
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN				
9	name, EIN, and the plan number from the last return/report.  Sponsor's name			4c	DN				
5a	-			_	14				
				ou					
b	Total number of participants at the end of the plan year			5b	11				
С	Number of participants with account balances as of the end of the p complete this item)			5c	11				
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No				
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 a		•		X Yes   No				
_	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.					
Pa	rt III Financial Information			1					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	. 7a	667362		495566				
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	667362		495566				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:	0-(4)	4014						
	(1) Employers	8a(1)	6080						
	(2) Participants	8a(2)	0000						
	(3) Others (including rollovers)	8a(3)	20004						
b	Other income (loss)		-29861		40707				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-19767				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	142571						
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f	9458						
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			152029				
i	Net income (loss) (subtract line 8h from line 8c)				-171796				
i	Transfers to (from) the plan (see instructions)								
•	-/	ı Oj	İ						

Form	5500.	SF.	201

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Dart IV	Plan Characteristics
Part IV	Pian Unaracteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2K 2R 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:		Yes	No		Amo	ount		
а	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.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c	Χ					70000	
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					
е	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					
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					
İ	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							
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					П	Yes	☐ No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver								
lf y	ou 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					
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 o negative amount)			12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	_ N	No	N/A	
art	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?			XY	es 1	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?			ntrol		П	Yes	X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to						
1	3c(1) Name of plan(s):		130	(2) EII	۷(s)		<b>13c(3)</b> PN(s)		
								• •	
Causi	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable		so is	oetab!i	shad				
	· · · · · · · · · · · · · · · · · · ·					noble.	0 Cab -	dulc	
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re								

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/15/2013	GORDON FINCH
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## 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

2011

This Form is Open to Public Inspection

Pa												
For c	For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012											
Ат	his return/report is for: 🔲 a si	ngle-employer plan	a multiple-	employer plan	(not multiemployer)	nultiemployer) a one-participant plan						
Вт	his return/report is:	is return/report is:										
	☐ an a	port (less than 12 mor	nths)									
C Check box if filling under: X Form 5558 automatic extension							DFVC program					
•		cial extension (enter description	l			ı						
			•									
Par		n—enter all requested inform	ation			1h	Three-digit					
	Name of plan rdon Finch Homes, Inc.	401(k) Profit Sha	rina Pl	l l			plan number					
001	den i mem memes, ime.	102 (11)					(PN) • 001					
							Effective date of plan					
							07/01/1999					
	Plan sponsor's name and address; in 'don Finch Homes, Inc.	clude room or suite number (e	employer, if	for a single-em	ployer plan)		Employer Identification Number (EIN) 91-1453713					
GOL	don Finen Homes, inc.						Sponsor's telephone number					
101	N. Argonne Rd Suite	С					509-926-7013					
							Business code (see instructions)					
Spc	okane WA	99212					236110					
3a i	Plan administrator <u>'s</u> name and addre	ss (if same as plan sponsor, e	nter "Same	")		3b	Administrator's EIN					
Gor	don Finch Homes, Inc.					_	91-1453713					
	. N. Argonne Rd Suite kane WA	C 99212				3c	Administrator's telephone number 509-926-7013					
	If the name and/or EIN of the plan sp		last return/r	eport filed for the	is plan, enter the	4b	EIN					
	name, EIN, and the plan number from	m the last return/report.				4c	DN					
	Sponsor's name	ii of the plan year					14					
	Total number of participants at the be	• • •			<b>⊢</b>	5a						
	Total number of participants at the e					5b_	11					
	Number of participants with account complete this item)					5c	11					
	Were all of the plan's assets during						🛛 Yes 🗌 No					
b	Are you claiming a waiver of the ann	ual examination and report of	an indepen	dent qualified p	ublic accountant (IQP	PA)	a a					
	under 29 CFR 2520.104-46? (See in						X Yes ∐ No					
	If you answered "No" to either 6a		orm 5500-	SF and must in	istead use Form 550	U.						
Par				(a) Ba	-ll of Voor		(b) End of Year					
	Plan Assets and Liabilities			(a) Beç	ginning of Year 66736	2	495566					
_	Total plan assets				00730.	_	493300					
	Total plan liabilities				66736	_	495566					
	Net plan assets (subtract line 7b from		. 7с	,		4						
	Income, Expenses, and Transfers fo			(a	) Amount	-	(b) Total					
	Contributions received or receivable (1) Employers		8a(1)		401	4						
	(2) Participants				608	0						
	(3) Others (including rollovers)											
_	Other income (loss)			-2986								
	Total income (add lines 8a(1), 8a(2),		8c				-19767					
	Benefits paid (including direct rollove	ers and insurance premiums			14257	1						
to provide benefits)												
f Administrative service providers (salaries, fees, commissions)					945	8						
	Other expenses					7						
•	Total expenses (add lines 8d, 8e, 8f					1	152029					
	Net income (loss) (subtract line 8h fr					-	-171796					
	Transfore to (from) the plan (see ins					-	1.1,50					

Par	t IV	Plan Characteristics								
9a		e plan provides pension benefits, enter the applicable pension featu A 2E 2G 2J 2K 2R 3D	ure codes from the	List of Plan Chara	acteris	stic Co	des in	the instructi	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Part	V	Compliance Questions								
10		ring the plan year:				Yes	No		mount	
а	Wa	is there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary		10a		Х				
b		re there any nonexempt transactions with any party-in-interest? (Deline 10a.)			10b		Х			
С	C Was the plan covered by a fidelity bond?									70000
d										
е	ins	ere any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	e benefits under the	e plan? (See	10e	·	Х			
f	На	s the plan failed to provide any benefit when due under the plan?			10f		Х			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10a		Х			
h		nis is an individual account plan, was there a blackout period? (See			10h		Х			
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	•		10i					
Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements							Yes	No
	(If ' If a gra	his a defined contribution plan subject to the minimum funding requ Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being an nting the waiver.	e.) mortized in this plar	n year, see instruc	ctions,	and e	enter th	ne date of th		ıling
		completed line 12a, complete lines 3, 9, and 10 of Schedule ME				г		T	W. F.	
b	Ent	er the minimum required contribution for this plan year					12b			
		er the amount contributed by the employer to the plan for this plan	•				12c			
	neç	otract the amount in line 12c from the amount in line 12b. Enter the lative amount)					12d		1	
		the minimum funding amount reported on line 12d be met by the fundamental funding amount reported on line 12d be met by the fundamental fu	unding deadline?					Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a		s a resolution to terminate the plan been adopted in any plan year?					(X)	res No		
	If "	es," enter the amount of any plan assets that reverted to the employees	oyer this year		1	3a				0
	of t	re all the plan assets distributed to participants or beneficiaries, tran							Yes	X No
	wh	uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne plai				T	
1	3c(1	) Name of plan(s):				13	c(2) El	N(s)	13c(3	) PN(s)
Cauti	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed u	unless reasonab	le cau	ıse is	estab	lished.		
SB or	r Sch	nalties of perjury and other penalties set forth in the instructions, I d nedule MB completed and signed by an enrolled actuary, as well as s true, correct, and complete.								
SIG	, [	Manstri	4-11-13	Gordon Find	ch					
HER		¥	Date	Enter name of in	<u>ndi</u> vidu	ıal sig	ning a	s plan admir	istrator	
8101				***************************************						
SIGN		Signature of employer/plan sponsor	Date	Enter name of in	ndividu	ıal sig	ning a	s employer o	r plan sp	onsor

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