## 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

2012

This Form is Open to Public Inspection

Р	ension Be	nefit Guaranty Corporation	▶ Complete all entries in acc	ordance	with the instruc	tions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pá	art I	Annual Report I	Identification Information						
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012		and ending	2/31/2	2012	
		urn/report is for:	X a single-employer plan     ∴ the first return (read out)			an (not multiemployer)		a one-partici	oant plan
В	This ret	urn/report is:	the first return/report		nal return/report				
			an amended return/report	a shor	t plan year return	/report (less than 12 m	onths)		
С	Check b	oox if filing under:	Form 5558	auton	natic extension			☐ DFVC progra	am
			special extension (enter descrip	ption)					
Pa	art II	Basic Plan Infor	rmation—enter all requested info	rmation					
	Name						1b	Three-digit	
FLAT	TOP R	ANCH LLC 401K PRO	FIT SHARING PLAN					plan number	001
							10	(PN)	
							10	Effective date o	•
2a	Plan sr	oonsor's name and add	dress; include room or suite number	r (employe	er if for a single-e	employer plan)	2h	Employer Identi	
		RANCH LLC		(0p.0)	o.,o. a og.o .	mpioyor piani	_~		82077
							2c	Sponsor's telep	hone number
2521	FISHH	OOK PARK ROAD						509-54	
PRE	SCOTT	, WA 99348-0000					2d	Business code (	(see instructions)
								11190	00
3a	Plan a	dministrator's name and	d address 🗵 Same as Plan Sponso	or Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
							30	A desiniate at a ria	talanhana numbar
							30	Administrators	telephone number
4			plan sponsor has changed since th	ne last ret	urn/report filed fo	r this plan, enter the	4b	EIN	
_		·	nber from the last return/report.						
		or's name					4c	PN	
			at the beginning of the plan year				5a		9
b			at the end of the plan year				5b		7
С			account balances as of the end of th	. ,	`	•	5c		7
60			destandant de la companya de la comp						
oa b		· ·	during the plan year invested in eliquithe annual examination and report	-	,	•			X Yes   No
D			' (See instructions on waiver eligibili						X Yes No
	If you	answered "No" to eit	ther line 6a or line 6b, the plan ca	nnot use	Form 5500-SF a	and must instead use	Form	5500.	
Cau	ıtion: A	penalty for the late o	or incomplete filing of this return/	report wi	ill be assessed ι	ınless reasonable cau	ıse is	established.	
			ner penalties set forth in the instructi						
		edule MB completed and crue, correct, and comp	nd signed by an enrolled actuary, as	well as the	he electronic vers	sion of this return/report	t, and	to the best of my	knowledge and
Deli	CI, IL IS I	rue, correct, and comp							
SIG	iN	Filed with authorized/v	valid electronic signature.	04	4/23/2013	DAVID HOVDE			
HE	RE	Signature of plan ad	dministrator	D	ate	Enter name of individ	ual sic	ning as plan adr	ninistrator
SIG	:N	· ·	valid electronic signature.	0-	4/23/2013	DAVID HOVDE		, ,	
HE			-		oto		uol oid	rning on omploye	ar or plan apanaar
Pre	parer's	Signature of employ name (including firm na	yer/pian sponsor ame, if applicable) and address; inc		ate n or suite number	Enter name of individ			number (optional)
	,		, , , , , , , , , , , , , , , , , , , ,			X 1 * * * * /			()

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Er	d of Y	ear		_
a	Total plan assets	7a	77916				(8) =:		68958	7	
	Total plan liabilities	7b							-		_
	Net plan assets (subtract line 7b from line 7a)	7c	77916	in					68958	7	_
	Income, Expenses, and Transfers for this Plan Year	,,,			-		/h		30000		_
	Contributions received or receivable from:		(a) Amount				(a)	Total			
u	(1) Employers	8a(1)	1141	1							
	(2) Participants	8a(2)	926	88							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	4613	1							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							66810	)	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	15617	0					000.		
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	21	3							
q	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							15638	3	_
	Net income (loss) (subtract line 8h from line 8c)	8i							-8957		
	Transfers to (from) the plan (see instructions)	8j							0001		
Par	t IV Plan Characteristics	oj .									_
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the insti	uctions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions:			
Part	V Compliance Questions									-	_
	•				V	N <sub>2</sub>					
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribute.	tiono with:	n the time naried described in		Yes	No		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corı	rection Program)	10a		X					
	on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					10000	)0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	·	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of					V					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	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						
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	X						
Part						-					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							 	Yes	X N	lo
11a						11a		<u> </u>	<u> </u>		_
12	Is this a defined contribution plan subject to the minimum funding				ction		ERISA?	] [	Yes	X No	ю
	(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 amortiz	ed in this plan year, see instru		and e	enter th Day	e date d	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

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	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 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 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		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

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## Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2012

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ı	Pension Benefit Guaranty Corporation	► Complete all entries in ac	cordance with the instruct	ions to the Form 5500	-SF.	
P	art I Annual Report	Identification Information	01/01/0010	and anding	12/31/	2012
For	calendar plan year 2012 or fis		01/01/2012	and ending		
Α	This return/report is for:	x a single-employer plan	a multiple-employer pla	n (not multiemployel)	∐aor	ne-participant plan
В	This return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return	/report (less than 12 mo		
С	Check box if filing under:	Form 5558	automatic extension		∐ DF\	VC program
•	0	special extension (enter descr	iption)			
Б	art II Basic Plan Info	ormation enter all requested	information			
	Name of plan				1b Three	-digit number
		401K PROFIT SHARING PL	AN		(PN) I	1 000
	FLAI TOP RANCH LILE	. 40111				ive date of plan
						1/1998
2a	Plan sponsor's name and a	ddress; include room or suite numb	er (employer, if for a single-	employer plan)		oyer Identification Number 91-1182077
	FLAT TOP RANCH LLC	•				sor's telephone number
						9) 547-9682
	2521 FISHHOOK PARK	( ROAD			2d Busin	ess code (see instructions)
		WA 99348-0000			1119	
32	PRESCOTT  Plan administrator's name a	and address X Same as Plan Sp	onsor Name 🔲 Same as P	lan Sponsor Address	<b>3b</b> Admii	nistrator's EIN
					3c Admir	nistrator's telephone number
_		he plan sponsor has changed since	the last return/report filed for	r this plan, enter the	4b EIN	
4	name. EIN, and the plan nu	umber from the last return/report.	the race retaining per me a se			
;	a Sponsor's name				4c PN	9
5	a Total number of participant	ts at the beginning of the plan year	***************************************	•••••••	5a 5b	<del>9</del>
k	<ul> <li>Total number of participant</li> </ul>	ts at the end of the plan year		ft plans do not	30	
(	Number of participants with	h account balances as of the end of	the plan year (defined bene	iit pians do not	5c	7
6	Were all of the plan's asse	ts during the plan year invested in e	ligible assets? (See instruct	ons.)		Yes ☐No
	h Are you claiming a waiver	of the annual examination and repo	rt of an independent qualifie	d public accountant (IQ	PA)	X Yes No
•	under 29 CFR 2520.104-4	6? (See instructions on waiver eligit	oility and conditions.)			XITES []NO
_	If you answered "No" to	either line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	rorm souu.	lished
_	Caution: A penalty for the la	te or incomplete filing of this retu	rn/report will be assessed	evamined this return/re	enort includi	ng, if applicable, a Schedule
Į	Under penalties of perjury and	other penalties set forth in the instr d and signed by an enrolled actuary	uctions, i declare that i have , as well as the electronic ve	rsion of this return/repo	rt, and to the	best of my knowledge and
ŀ	sB or scriedule MB completed belief, it is true, correct, and co	omplete.			$ \lambda$	, ,
	Nage (	R Howell	4/17/13	DAVID	<u> K.                                    </u>	HOVDE
	HERE Signature of plan ac	dministrator	Date	Enter name of individu	al signing as	s plan administrator
	Duna	Ritordo	4/17/13	DAUIL	) K	HOVDE
	HERE Signature of employ	ver/plan sponsor	Date	Enter name of individu		s employer or plan sponsor
	Preparer's name (including fire	m name, if applicable) and address;	include room or suite numb	er (optional)	Preparer's	s telephone number (optional)
	,					
ļ						

C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commisions 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	10
Total plan assets	10
b Total plan lassitis	10
b Total plan liabilities.  C Net plan assets (subtract line 7b from line 7a) 7c 7c 779,160 (889,55).  Replan assets (subtract line 7b from line 7a) 7c (a) Amount (b) Total 1contributions received or received promise from:  (1) Employers 8a(1) 11,411 (1) 11,411 (1) 12,411 (1) 12,411 (1) 13,411 (1) 14,411 (1)	10
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers  8a(2) 9, 268  2(2) Participants  3 Others (including rollovers) 8a(3)  b Other income (loss) 8b 46, 131  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 6c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d to provide benefits) 8d d Differ expenses 8d d T56, 170  g Other expenses (add lines 8d, 8e, 8f, and 8g) 8f d Administrative service providers (salaries, fees, commissions) 8f d Total expenses (add lines 8d, 8e, 8f, and 8g) 8h d Total expen	83
8 Income, Expenses, and Transfers for fits Plan Pear Contributions received or receivable from: (1) Employers 8a(2) 9, 268  2(2) Participants 8a(2) 9, 268  3 Others (including rollovers) 8a(3)  b Other income (loss) 8b 46, 131  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 66, 8  6 Elements paid (including direct rollovers and insurance premiums to provide benefits). 8	83
(1) Employers	83
(2) Participants	83
Salay   Sala	83
b Other income (loss) (See instructions)	83
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	83
d Benefits paid (including direct rollovers and insularice premiants to provide benefits)  e Certain deemed and/or corrective distributions (see instructions) 8e  f Administrative service providers (salaries, fees, commissions) 8f  g Other expenses	
e Certain deemed and/or corrective distributions (see instructions) 8e  f Administrative service providers (salaries, fees, commissions) 8f  Administrative service providers (salaries, fees, commissions) 8f  Other expenses	
Part V Compliance Questions    Part V Compliance Questions   Part V Question   Part	
f Administrative service providers (salaries, fees, commissions)	
Other expenses   Seg	
In Total expenses (add lines 8d, 8e, 8f, and 8g)  I Net income (loss) (subtract line 8h from line 8c)  I Transfers to (from) the plan (see instructions)  Part IV Plan Characteristics  9a 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 3D  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  During the plan year:  a 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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)  c Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, lose insurance service or other organization that provides some or all of the benefits under the plan? (See insurance service or other organization that provides some or all of the benefits under the plan? (See insurance service or other organization that provides some or all of the benefits under the plan? (See	
i Net income (loss) (subtract line 8h from line 8c)	σ,
Transfers to (from) the plan (see instructions)   8j	
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Was there a failure to transmit to the plan any participant contributions within the time periods within the period of the period of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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	
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b Were there any nonexempt transactions with any party-in-interest? (both the included declared and interest).  C Was the plan covered by a fidelity bond?	
on line 10a.)	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity borld, that was caused by the plan's fidelity by the plan's	00,000
or dishonesty?	
Were any fees or commisions 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     insurance service or other organization that provides some or all of the benefits under the plan? (See     insurance carrier,	
insurance service or other organization that provides some or all organization that provides some or all organization that provides some or all organization that provides some organization t	
and the same honofit when due under the plan?	
f Has the plan failed to provide any benefit when due unter-due un	
The state of the s	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
i 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	
exceptions to providing the notice applied under 20 91.	
Part VI Pension Funding Compliance	
11 is this a defined bettern plan subject to	
	s X N
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter of the waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter of the waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter of the waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter of the waiver of the minimum funding standard for a prior year is being amortized in this plan year.	es X 1
	es X N
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	es X N
b Enter the minimum required contribution for this plan year	es X N
b Enter the minimum required contribution for this plan year	es X 1