-	Form 5500-SF Short Form Annual Return/Report of Small Employee			/ee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 or			nd 4065 of the Employee	4065 of the Employee		2012		
Employee B	Department of Labor mployee Benefits Security Administration tension Benefit Guaranty Comportion				(a) of	This Form is Open to Public Inspection		
Part I Annual Report Identification Information								
	lar plan year 2012 or fisca		2	and ending 1	2/31/2	.012		
A This re	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	ant plan	
B This re	turn/report is:	the first return/report	the final return/report					
)	an amended return/report	a short plan year retur	n/report (less than 12 mc	onths)			
C Check	box if filing under:		automatic extension	· 、	,	DFVC progra	m	
C Check		special extension (enter description						
Part II	Basic Plan Inform	nation—enter all requested informa	,					
1a Name	of plan	PLLC 401(K) PROFIT SHARING PL			1b	Three-digit plan number		
					4 -	(PN)	001	
					1c	Effective date of plan 01/01/1998		
	ponsor's name and addre	ess; include room or suite number (er , PLLC	mployer, if for a single-	employer plan)	2b	Employer Identif (EIN) 91-170		
200 SOUTH	I COLUMBIA, SUITE 300	200 SOUTH (COLUMBIA, SUITE 30	0	2c	Sponsor's telept 509-662		
	WENATCHEE, WA 98801 WENATCHEE, WA 98801				2d	d Business code (see instructions) 541330		
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address					3b	Administrator's EIN		
3c Administrator's telephone 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 this plan, enter the	4b EIN				
<u> </u>	sor's name	the basis of the state of the			4C PN			
	5a Total number of participants at the beginning of the plan year					5a 14		
		the end of the plan year			5b		12	
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)				5c		12		
							X Yes No	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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	Filed with authorized/va	lid electronic signature.	05/09/2013	MIKE ROLFS				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/va		05/09/2013	MIKE ROLFS				
HERE		č	Date					
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)								
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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 e 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 bare plan equiparticipant leage? (If fixes if enter equipart on of user equiparts on the equiparts of user equiparts on of user equiparts on of user equiparts on of user equiparts on the equiparts of user equiparts on the equiparts of user equiparts	Part III Financial Information							
b Total plan liabilities 7b 7c 750 750 c Net plan assets (subtract line 7b from line 7a) 7c 750 750 854468 b Income, Exprense, and Transfers for this Plan Year (a) Amount (b) Total (b) Total a Contributions received or receivable form: 84(1) 27186 (b) Total (c) Participants. 84(2) 37175 (c) (c) (c) (c) Differincome (loss) 84(3) 37175 (c) (c) <th>7 Plan Assets and Liabilities</th> <th></th> <th colspan="3">(a) Beginning of Year</th> <th colspan="3">(b) End of Year</th>	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year		
C Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a	75068	9			854498	
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Cartificulors received or receivable from: (1) Encloyers	b Total plan liabilities	7b						
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(2) Participants			0740	_				
(a) Others (including rollovers) 84(3) 84(3) (b) Other income (loss) 86 64947 (c) Total income (loss) 86 62947 (c) Total income (loss) 86 722308 (c) Determined and/or corrective distributions (see instruction) 86 743109 (c) Other expenses 89 74 (c) Other expenses 81 103309 (c) Transfore to (trom) the plan (see instructions) 81 103 (c) Other expenses 90 106 X (c) As there any nonexempt transactions and DOL's Voluntary Flaucary Cor								
b Other income (loss) 8b 64947 c Total income (add lines 8art), 8ar2), 8ar33, and 8b) 8c 120308 Benefits paid (including direct followers and maxance premiums in provide benefits) 8d 22391 C Total accome (add lines 8art), 6ar2, 8ar33, and 8b) 8d 22391 C Certain deemed and/or corrective distributions) 8f 3108 22449 C Other expenses 8g 103809 103809 Total expenses (add lines 64, 6e, 81, and 8g) 8i 103809 103809 Total expension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2/2 2/3 8 - 30 103809 If the plan provides persion benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2/2 2/3 - 38 - 30 Yes No Amount 20 During the plan provides version benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2/2 - 2/3 - 2/3 - 30 30 X 2 10 During the plan year: Yes No Amount 30 X 2 11 During the plan year:			3/1/	5				
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				_				
d Bendits paid (including direct rollovers and insurance premiums to provide bendits)			6494	1				
Bot 22391 e Cartain deemed and/or corrective distributions (see instructions)	-	80			_		129308	
f Administrative service providers (salaries, fees, commissions)		8d	22391					
g Other expenses Bg g h Total expenses (add lines 8d, 6e, 8t, and 8g) 8h 25:499 i Net income (loss) (subtract line 8h from line 8c) 8i 103809 j Transfers (torm) the plan (see instructions) 8j 103809 Part IV Plan Characteristics 9j 104800 28 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 3B 3D 103809 9a If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 3B 3D Amount 4 Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 250.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 2 c Was there any nonexempt transactions with any part-in-interest? (Do not include transactions reported to no line 10a) 10a X 10a X <td>e Certain deemed and/or corrective distributions (see instructions)</td> <td>8e</td> <td></td> <td></td> <td></td> <td></td> <td></td>	e Certain deemed and/or corrective distributions (see instructions)	8e						
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	 or dishonesty?	er persons by f the benefits as of year end See instruction required no l-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	Schee	X X X Iule SB (Fo	29026	
b Enter the minimum required contribution for this plan year	 or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as 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 the exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding (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 bein 	er persons by f the benefits as of year end See instruction e required no I-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i 0 or se	Schec	X X X Iule SB (Fo 11a 302 of ERIS	A? Yes X No	
	 or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as 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 the exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39 12 Is this a defined contribution plan subject to the minimum funding (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 bein granting the waiver. 	er persons by f the benefits as of year end See instruction required no l-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i 0 or se	Schec	X X X Iule SB (Fo 11a 302 of ERIS	29026 rm Yes X No SA? Yes X No ite of the letter ruling	

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 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		
	lf "Ye	es," 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?				Yes X No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
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