For	m 5500-SF	/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 of the Employ			nd 4065 of the Employee	e	2012		
	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).					This Form is Open to Public		
Pension Be	nefit Guaranty Corporation	ctions to the Form 5500)-SF.	Inspection				
Part I		entification Information			- / · //			
For calenda	ar plan year 2012 or fisca	-		G	2/31/2			
A This ret	urn/report is for:	a single-employer plan		lan (not multiemployer)		a one-participant plan		
B This ret	urn/report is:	the first return/report	the final return/report					
	an amended return/report a short plan year return/report (less than 12 m)		
C Check box if filing under:					DFVC program			
		special extension (enter descriptio	n)					
Part II	Basic Plan Inform	nation—enter all requested information	ation					
1a Name	•				1b	Three-digit		
TWIN LAKES	GOLF & COUNTRY CI	_UB 401(K) PLAN				plan number (PN) ▶ 001		
					1c	Effective date of plan		
						01/01/2000		
2a Plan sp TWIN LAKES	oonsor's name and address GOLF & COUNTRY C	ess; include room or suite number (e LUB	mployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-0817896		
3583 S. W. 3	20TH ST				2c	Sponsor's telephone number 253-838-0432		
	/AY, WA 98023				2d	Business code (see instructions) 713900		
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor N	lame Same as Plar	n Sponsor Address	3b	Administrator's EIN		
						Administrator's telephone number		
		lan sponsor has changed since the lier from the last return/report.	ast return/report filed fo	or this plan, enter the	4b	EIN		
a Sponso		·			4c	PN		
5a Total r	number of participants at	the beginning of the plan year			5a	23		
b Total r	number of participants at	the end of the plan year			5b	14		
		count balances as of the end of the p			5 -			
					5c	14 Vaa [] Na		
		uring the plan year invested in eligible annual examination and report of a				X Yes No		
		See instructions on waiver eligibility a				Yes No		
		er line 6a or line 6b, the plan cann						
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	se is	established.		
SB or Sche		r penalties set forth in the instructions signed by an enrolled actuary, as we te.						
SIGN	Filed with authorized/va	lid electronic signature.	07/04/2013	ROSS ROBINSON				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	gning as plan administrator		
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	gning as employer or plan sponsor		
Preparer's		ne, if applicable) and address; includ	e room or suite numbe			barer's telephone number (optional)		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

 7 Plan Assets and Liabilities a Total plan assets 							
		(a) Beginning of Year			(b) End of Year		
-	7a	23606	0			281564	
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	23606	0		281564		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from:	a (1)		•				
(1) Employers			0				
(2) Participants		1154		_			
(3) Others (including rollovers)			0				
b Other income (loss)		3418	7	_			
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 				_		45729	
to provide benefits)			0				
e Certain deemed and/or corrective distributions (see instructions)) 8e		0				
f Administrative service providers (salaries, fees, commissions)	8f	22	5				
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					225	
i Net income (loss) (subtract line 8h from line 8c)	8i					45504	
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
 9a If the plan provides pension benefits, enter the applicable pensi 2E 2F 2J 3D b If the plan provides welfare benefits, enter the applicable welfar 							
Part V Compliance Questions							
10 During the plan year:				Yes	No	Amount	
a Was there a failure to transmit to the plan any participant contr 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F	Fiduciary Correct	ion Program)	10a	X		7750	
b Were there any nonexempt transactions with any party-in-inter on line 10a.)	`	•	10b		X		
C Was the plan covered by a fidelity bond?			10c	X		30000	
d Did the plan have a loss, whether or not reimbursed by the pla or dishonesty?		5	10d		x		
e Were any fees or commissions paid to any brokers, agents, or insurance service or other organization that provides some or a instructions.)	all of the benefits	under the plan? (See	10e	x		1192	
${f f}$ 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 amour	nt as of year end)	10g		Х		
h If this is an individual account plan, was there a blackout period	d? (See instructio	ons and 29 CFR	10h	x			
2520.101-3.)	d the required no				х		
	•		10i				
2520.101-3.) If 10h was answered "Yes," check the box if you either provide	•		10i				
 2520.101-3.) i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520. Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 	rements? (If "Yes	," see instructions and com	plete	Scheo	lule SB (F	orm	
2520.101-3.) i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520. Part VI Pension Funding Compliance	rements? (If "Yes	," see instructions and com	plete		lule SB (F	orm	
 2520.101-3.) If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520. Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requir 5500) and line 11a below). 	.101-3	," see instructions and com	plete		11a	Yes X No	
 2520.101-3.) If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520. Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requir 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum fund 	rements? (If "Yes	," see instructions and com of section 412 of the Code	plete		11a	Yes X No	
 2520.101-3.) If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520. Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requir 5500) and line 11a below). Enter the amount from Schedule SB line 39. 	.101-3 rements? (If "Yes ding requirements low, as applicable being amortized i	," see instructions and com of section 412 of the Code e.) n this plan year, see instruc	plete or se	ection (11a 302 of ER	Yes X No	
 2520.101-3.) i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520. Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requir 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 fund (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e bel a If a waiver of the minimum funding standard for a prior year is being the standard for a p	.101-3 rements? (If "Yes ling requirements low, as applicable being amortized i	," see instructions and com of section 412 of the Code e.) n this plan year, see instruct	plete or se	ection (11a 302 of ER	ISA? Yes X No	

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	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?						
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

Form 5500-SF	Bonofit Plan					OMB Nos. 12 12	10-0110 10-0089
Department of the Treasury Internal Revenue Service	Trousdry					012	
Department of Labor Employee Benefits Security Administratio	Retirement Income Security Act of 19	(a) of	This Form i	s Open to F	Public		
Pension Benefit Guaranty Corporation	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.						
	rt Identification Information						
For calendar plan year 2012 or		4		2/31/			
A This return/report is for:			an (not multiemployer)		a one-particip	pant plan	
B This return/report is:		e final return/report	n/report (less than 12 mc	onthe			
		utomatic extension	meport (less than 12 mc	Jiuis)	DFVC progra	m	
C Check box if filing under:	special extension (enter description)	atomatic extension					
Part II Basic Plan Int			and the second sec				
1a Name of plan	formation—enter all requested information	on		1h	Three-digit		
Twin Lakes Golf & Country Club	o 401(k) Plan			1.0	plan number (PN) ▶	001	
				1c	Effective date of 01/01/2		
2a Plan sponsor's name and a Twin Lakes Golf & Country Club	address; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	Employer Identif (EIN) 91-081		nber
3583 S. W. 320th St.				2c	Sponsor's telep (253) 83		er
Federal Way, WA 98023				2d	Business code (713900		ions)
	and address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN	
				3c	Administrator's t	elephone ni	umber
4 If the name and/or EIN of t	the plan sponsor has changed since the las	t return/report filed fc	or this plan, enter the	4b	EIN		
	number from the last return/report.			4c			
5a Total number of participan	ts at the beginning of the plan year			5a			23
b Total number of participan	ts at the end of the plan year			5b			14
	h account balances as of the end of the pla			5c			14
	ets during the plan year invested in eligible a				*****	X Yes	No
	of the annual examination and report of an 6? (See instructions on waiver eligibility and					X Yes	□ No
	either line 6a or line 6b, the plan cannot	the second se					
	e or incomplete filing of this return/repor		207 21.00				
	other penalties set forth in the instructions, and signed by an enrolled actuary, as well mplete.						
SIGN Jun m	glun	4/12/13	Ross Robinson				
HERE Signature of plan	administrator	Date	Enter name of individu	al sig	ning as plan adm	ninistrator	
SIGN HERE							
	loyer/plan sponsor name, if applicable) and address; include r	Date	Enter name of individu		ning as employe arer's telephone		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(
For Paperwork Reduction Act Nor 2013-05-14T10:56:30.306-05:00	tice and OMB Control Numbers, see the instru	ctions for Form 5500-	SF.		F	orm 5500-SI v.	(2012) 120126

Part	III Financial Information				-				
7 Pla	an Assets and Liabilities		(a) Beginning of Year		+-		(b) End c	of Year	
a To	tal plan assets	7a	23606	0	_			281564	
	tal plan liabilities	7b							
C Ne	et plan assets (subtract line 7b from line 7a)	7c	23606	236060			281564		
	come, Expenses, and Transfers for this Plan Year		(a) Amount		-		(b) To	otal	
	ontributions received or receivable from:) Employers	8a(1)	(D	64				
) Participants	8a(2)	1154						
	Others (including rollovers)	8a(3)		0			the states		See.
	her income (loss)	8b	3418	-					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						45729	
d Be	provide benefits)	8d	(0				40720	
e Ce	ertain deemed and/or corrective distributions (see instructions)	8e		0	23				1
f Ad	ministrative service providers (salaries, fees, commissions)	8f	225	5					
g Ot	her expenses	8g							
h To	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h						225	
i Ne	et income (loss) (subtract line 8h from line 8c)	8i						45504	
j Tra	ansfers to (from) the plan (see instructions)	8j							
b If	the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Charac	stariat	in Cod	es in the	e instructio	ns:	
Part V	Compliance Questions			clensi					
Part V				stenst					
10 c a v	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within t	he time period described in	10a	Yes	No		Amount	7750
10 c a v b v	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within t iciary Correc ? (Do not inc	he time period described in tion Program)		Yes				7750
10 [a v b v	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	tions within th uciary Correc ? (Do not inc	he time period described in tion Program) lude transactions reported	10a	Yes	No			
10 [a v b v c v d [During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within the second	he time period described in tion Program) lude transactions reported , that was caused by fraud	10a 10b	Yes X	No			
10 c a v b v c v d c c v in c	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest 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 othe nsurance service or other organization that provides some or all of the plan that the plan that provides some or all of the plan that the plan that provides some or all of the plan that plan the plan that provides some or all of the plan that plan the plan that plan the pla	tions within the second	he time period described in tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes X	No X			30000
10 [a v b v c v d [c v in in	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Nere there any nonexempt transactions with any party-in-interest 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 oth nsurance service or other organization that provides some or all on instructions.)	tions within the second	he time period described in tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes X X	No X X X			30000
10 c a v b v c c d c v ir ir ir ir ir ir ir	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest 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 oth nsurance service or other organization that provides some or all on nstructions.) Has the plan failed to provide any benefit when due under the plan	tions within the second	he time period described in tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f	Yes X X	No X X X X			30000
10 C a V b V c c V d C c v iii iii f F g C	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Nere there any nonexempt transactions with any party-in-interest 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? Nere any fees or commissions paid to any brokers, agents, or oth nsurance service or other organization that provides some or all on nstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	tions within the second	he time period described in tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes X X	No X X X			30000
10 C a V b V c c V d C c d C c d f f f h H 2	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Nere there any nonexempt transactions with any party-in-interest 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? Nere any fees or commissions paid to any brokers, agents, or oth nsurance service or other organization that provides some or all or nstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a f this is an individual account plan, was there a blackout period? (250.101-3.)	tions within the second	he time period described in tion Program)	10a 10b 10c 10d 10e 10f	Yes X X	No X X X X			30000
10 C a V b V c c V d C c d C c d f f f h H g Z i h	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was 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 oth nsurance service or other organization that provides some or all or nstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a f this is an individual account plan, was there a blackout period? (2520.101-3.) f 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	tions within the iciary Correct ? (Do not income fidelity bond, fidelity b	he time period described in tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g	Yes X X X	No X X X X			30000
10 C a V b V c c V d C c d C c d f f f h H 2 2 i H Part V	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within the second	he time period described in tion Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X X	No X X X X X X X X X X X X X			30000
10 C a V b V c c V d C c V d C c d C c d C d f f h H 2 2 i H e e V 11 Is 5	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within the iciary Correct ? (Do not income fidelity bond, fidelity fidelity bond, fidelity	he time period described in tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 1.) ions and 29 CFR otice or one of the s," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X X Sched	No X X X X X X X ule SB (Form		30000
10 C a V b V c c V d C c d C c d C c d f f f f f f f f f f f f f f f f f f	During the plan year: Nas there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within the aciary Correct ? (Do not income fidelity bond fidelity bond fithe benefits n? s of year end (See instruction ne required not 1-3	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X X X Sched	No X X X X X X ule SB (Form	Amount	30000 1192
10 C a V b V c c V d C c V d C c c V d C c c v i i i f f f h H f 2 2 i l f f h H f 2 2 i 1 1 a v 2 c v c v c v c v c v c v c v c v c v	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Nere there any nonexempt transactions with any party-in-interest on line 10a.)	tions within the iciary Correct ? (Do not income fidelity bond, fidelity fideli	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X X X Sched	No X X X X X X ule SB (Form	Amount	30000 1192
10 C a V b V c c V d C c V V V d C c V V V d C c V V V d C c V V V V V V V V V V V V V V V V V V V	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within the iciary Correct ? (Do not income fidelity bond, fidelity fidelity bond, fidelity f	he time period described in tion Program)	10a 10b 10c 10d 10d 10g 10h 10j 10h 10i 0 or se	Yes X X X Sched	No X X X X X X X Ule SB (11a 302 of EF	Form RISA?	Amount	30000 1192
10 c a v b v c c v d c c v d c c v d c c v d c c v d c d c d c d c d c d c d c d c d c d c	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within the locary Correct of the locary fidelity bond fidelity bond for the benefits of the benefits of the benefits of year end (See instruction of the required of the required of the requirement of the section of the section of the requirement of the section of the requirement of the section of th	he time period described in tion Program)	10a 10b 10c 10d 10d 10g 10h 10j 10h 10i 0 or se	Yes X X X Sched	No X X X X X X X X Ule SB (11a 302 of EF	Form RISA?	Amount	30000 1192

			1		_
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 X N	0	
	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 c of the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))			
1	3c(1) Name of plan(s): 13	c(2) E	IN(s)	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN