## 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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ctions to the Form 550	0-SF.	
Part I		<b>Identification Information</b>				
For calenda	ar plan year 2012 or fi	iscal plan year beginning 07/01/2	2012	and ending 0	06/30/2	2013
	urn/report is for:	a single-employer plan	H	olan (not multiemployer)		a one-participant plan
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descri	ption)			
Part II	Basic Plan Info	ormation—enter all requested info	ormation			
1a Name	•	•			1b	Three-digit
GORDON FI	NCH HOMES, INC. D	EFINED BENEFIT PLAN				plan number
						(PN) ▶ 002
					1c	Effective date of plan
<b>30</b> Diame		Idan and Sankada and an and an architecture has	. (		Ol-	07/01/2005
GORDON F	ponsor's name and ad INCH HOMES, INC.	ddress; include room or suite numbe	r (employer, if for a single	e-employer plan)	26	Employer Identification Number (EIN) 91-1453713
					2c	Sponsor's telephone number
101 N. ARG	ONNE RD SUITE C					509-926-7013
SPOKANE,	WA 99212				2d	Business code (see instructions) 236110
<b>3a</b> Plan a	dministrator's name a	nd address XSame as Plan Sponso	or Name Same as Pla	ın Sponsor Address	3b	Administrator's EIN
					3с	Administrator's telephone number
<b>1</b> If the a			h - l t t t fil l t	(a	41-	
		e plan sponsor has changed since the mber from the last return/report.	ne last return/report filed t	for this plan, enter the	40	EIN
	or's name	mber nem the last return repert.			4c	PN
•		at the beginning of the plan year			-	8
		s at the end of the plan year			5b	,
		account balances as of the end of the			30	
		account balances as of the end of the	• • •	•	5c	
<b>6a</b> Were	all of the plan's asset	s during the plan year invested in eli	igible assets? (See instru	ctions.)		X Yes No
<b>b</b> Are yo	ou claiming a waiver o	f the annual examination and report	of an independent qualifi	ed public accountant (IQ	PA)	
		? (See instructions on waiver eligibil				<del>-</del>
lf you	answered "No" to e	ither line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form	5500.
		or incomplete filing of this return	•			
		ther penalties set forth in the instruct				
	true, correct, and com	nd signed by an enrolled actuary, as plete.	s well as the electronic ve	rsion or this return/report	., and i	to the best of my knowledge and
,						
SIGN HERE	Filed with authorized	/valid electronic signature.	01/08/2014	GORDON FINCH		
HEKE	Signature of plan a	ıdministrator	Date	Enter name of individu	ual sig	gning as plan administrator
SIGN						
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual sic	gning as employer or plan sponsor
Preparer's		name, if applicable) and address; inc				parer's telephone number (optional)
					1	

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Do	4 III   Financial Information		<u> </u>				
Pai	t III Financial Information  Plan Assets and Liabilities		(a) Beginning of Ves				(h) End of Voor
		70	(a) Beginning of Yea		+		(b) End of Year
	Total plan assets	7a 7b	44000	0			499456 0
	Net plan assets (subtract line 7b from line 7a)	7b	44065				499456
		70		00			
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	4200	0			
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	5160	)5			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					93605
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3034	2			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	446	3			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					34805
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					58800
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 1A 1G 1I	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in tl	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X	
b	·	? (Do not	include transactions reported	10b		X	
C	Was the plan covered by a fidelity bond?			10c	Χ		70000
d	, , ,			100			70000
	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 cinstructions.)	of the bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount a					X	
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		Χ	
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h			
D1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part 11	Is this a defined benefit plan subject to minimum funding requirem						
11a	5500) and line 11a below)  Enter the amount from Schedule SB line 39					11a	1es   NO
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>
а	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	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo						
b	Enter the minimum required contribution for this plan year					12b	

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			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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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?			X	Yes	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, transfer of the PBGC?	red to another plan, or brought und	er the c	ontro			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the p	lan(s) t	0				
1	3c(1) Name of plan(s):		13	3c(2) l	EIN(s)	)	13c(3	<b>)</b> PN(s)
Part	VIII Trust Information (optional)	_						
14a 1	Name of trust			14b	Trust'	s EIN		

## 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

2012

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Part I	Annual Report Identification Information			,
For calenda	ar plan year 2012 or fiscal plan year beginning 07	/01/2012	and ending	06/30/2013
A This ret	turn/report is for: X a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-participant plan
B This ret	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 mo	onths)
C Check	box if filing under: Form 5558	automatic extension		DFVC program
	special extension (enter description	n)		_
Part II	Basic Plan Information—enter all requested information	tion		
1a Name				1b Three-digit
	Finch Homes, Inc. Defined Benefit P.	lan		plan number (PN) • 002
				1c Effective date of plan
				07/01/2005
2a Plan si	ponsor's name and address; include room or suite number (er	nployer, if for a single-	employer plan)	2b Employer Identification Number
Gordon	Finch Homes, Inc.			(EIN) 91-1453713
				2c Sponsor's telephone number
101 N.	Argonne Rd Suite C			509-926-7013
Spokane	e WA 99212			2d Business code (see instructions) 236110
	dministrator's name and address XSame as Plan Sponsor N	ame XSame as Plar	n Sponsor Address	3b Administrator's EIN
		Ы	•	
				<b>3c</b> Administrator's telephone number
4 If the r	name and/or EIN of the plan sponsor has changed since the la	ast return/report filed for	or this plan, enter the	4b EIN
	, EIN, and the plan number from the last return/report.			_
	or's name			4c PN
<b>5a</b> Total r	number of participants at the beginning of the plan year			5a
	number of participants at the end of the plan year			5b
	er of participants with account balances as of the end of the p lete this item)			5c
· · · · ·	all of the plan's assets during the plan year invested in eligibl			X Yes N
<b>b</b> Are yo	ou claiming a waiver of the annual examination and report of a	n independent qualific	ed public accountant (IQ	PA) ∑ Yes □ N
	29 CFR 2520.104-46? (See instructions on waiver eligibility a			
	answered "No" to either line 6a or line 6b, the plan cannot be a lot a spin and the filing of this return/ran			
	A penalty for the late or incomplete filing of this return/rep alties of perjury and other penalties set forth in the instructions			
SB or Sche	edule MB completed and signed by an enrolled actuary, as we	ell as the electronic ver	sion of this return/report	t, and to the best of my knowledge and
	true, correct, and complete.			
SIGN	X (D-1Amil	1-7-14	Gordon Finch	And the second s
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan energy	Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's	Signature of employer/plan sponsor name (including firm name, if applicable) and address; include			Preparer's telephone number (optional)
	,,,,,		, , ,	, , , , , , , , , , , , , , , , , , , ,

	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	. 7a	4.	4065	6		4994
b	Total plan liabilities	7b			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	4	4065	6		4994
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		4200	0.0		
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		5160	)5		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					9360
d	Benefits paid (including direct rollovers and insurance premiums			3034			
	to provide benefits)	. 8d		3034	-		· · · · · · · · · · · · · · · · · · ·
	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f			+		
<u>g</u>	Other expenses	8g		446	3		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			+		348
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					588
	Transfers to (from) the plan (see instructions)	8j					
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	IA 1G 1I  If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	he instructions:
Б	In the plan provides welfare benefits, effer the applicable welfare is	saluie cou	es from the clat of Flan Oflara	otonst	10 000	103 117 1	ne mandonona.
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu					Х	
		aciary Con	rection Program)	10a		Λ	
IJ	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10a 10b		Х	
	on line 10a.)	? (Do not	include transactions reported		Х		700
	on line 10a.)	? (Do not	include transactions reported	10b 10c	Х		700
c	on line 10a.)	? (Do not	include transactions reported	10b	Х	Х	700
c	on line 10a.)	fidelity bo	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c	X	Х	700
c	on line 10a.)	fidelity bo	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d	X	X	700
c	on line 10a.)	fidelity bo	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d	Х	X X	700
d e	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 insurance service or other organization that provides some or all dinstructions.)  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 lf this is an individual account plan, was there a blackout period?	fidelity bo ner person of the bene ns of year o	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f	X	X X X	700
e f	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 insurance service or other organization that provides some or all dinstructions.)  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	fidelity bo ner person of the bene ns of year of	include transactions reported  and, that was caused by fraud s by an insurance carrier, efits under the plan? (See  end.)  uctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g	Х	X X X	700
e f g h	on line 10a.)	fidelity bo ner person of the bene ns of year of	include transactions reported  and, that was caused by fraud s by an insurance carrier, efits under the plan? (See  end.)  uctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g 10h	X	X X X	700
d e	on line 10a.)	fidelity bo mer person of the bene n? s of year of (See instru- the require- 1-3	include transactions reported  and, that was caused by fraud  s by an insurance carrier, efits under the plan? (See  end.)  uctions and 29 CFR  d notice or one of the  Yes," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X A	3 (Form
e f g h	on line 10a.)	fidelity bo mer person of the bene n? (See instru- he require- 1-3	include transactions reported  and, that was caused by fraud  s by an insurance carrier, efits under the plan? (See  end.)  uctions and 29 CFR  d notice or one of the  Yes," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X A	3 (Form
e f g h	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 insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bo ner person of the bene ns of year of (See instruction 1-3	include transactions reported  and, that was caused by fraud s by an insurance carrier, efits under the plan? (See  end.)  uctions and 29 CFR  d notice or one of the  Yes," see instructions and con	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X Adule SE	3 (Form Yes X N
C   d   e   f   g   h   i	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 insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	fidelity bo mer person of the bene n? s of year of (See instru- 1-3	include transactions reported  and, that was caused by fraud  s by an insurance carrier, efits under the plan? (See  end.)  uctions and 29 CFR  d notice or one of the  Yes," see instructions and come ents of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X Adule SE	3 (Form Yes X N
6 d d d d d d d d d d d d d d d d d d d	on line 10a.)	fidelity bo mer person of the bene n? sof year of (See instru- nents? (If "	include transactions reported  and, that was caused by fraud  s by an insurance carrier, efits under the plan? (See  end.)  uctions and 29 CFR  d notice or one of the  Yes," see instructions and com  ents of section 412 of the Code able.)  ed in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X Adule SE	3 (Form Yes X N
6 d d d d d d d d d d d d d d d d d d d	on line 10a.)	fidelity bo mer person of the bene n? s of year of (See instru- the required 1-3 ments? (If "	include transactions reported  and, that was caused by fraud  s by an insurance carrier, efits under the plan? (See  end.)  uctions and 29 CFR  d notice or one of the  Yes," see instructions and com  ents of section 412 of the Code able.)  ed in this plan year, see instructions and com  Mor	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X A X A A A A A A A A A A A A A A	B (Form Yes X N  ERISA? Yes X N  ene date of the letter ruling
6	on line 10a.)	fidelity bo mer person of the bene in?  (See instru- he require- 1-3 ments? (If "	include transactions reported  and, that was caused by fraud  s by an insurance carrier, efits under the plan? (See  end.)  cuctions and 29 CFR  d notice or one of the  Yes," see instructions and coments of section 412 of the Code able.) end in this plan year, see instructions and skip to line 13.	10b 10c 10d 10e 10f 10g 10h 10i nplete	Schec	X X X X A X A A A A A A A A A A A A A A	B (Form Yes X N  ERISA? Yes X N  ene date of the letter ruling