## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

## **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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit FLAT TOP RANCH LLC 401K PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 02/01/1998 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number FLAT TOP RANCH LLC (EIN) 91-1182077 Sponsor's telephone number 509-547-9682 2521 FISHHOOK PARK ROAD PRESCOTT, WA 99348-0000 Business code (see instructions) 111900 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year ..... 5a 11 **b** Total number of participants at the end of the plan year..... 5b 10 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 10 d(2) Total number of active participants at the end of the plan year..... 5d(2) 10 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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 Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN

Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ and condition	dent qualified public accounta	nt (IQ	PA)				ш П	es [	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA section 40	21)? .		Yes	No	N	Not de	termi	ned
Par	t III Financial Information										
_7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) E	nd of	Year		
	Total plan assets	. 7a	8562		-				90	6869	
	Total plan liabilities	7b	8562	0	-				00	0 6869	
	Net plan assets (subtract line 7b from line 7a)	. 7с		203	-					0009	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(k	) Tot	aı		
	(1) Employers	8a(1)	127	779							
	(2) Participants	8a(2)	93	327							
	(3) Others (including rollovers)	. 8a(3)									
	Other income (loss)		308	366							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							5	2972	-
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	22	276							
	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	8f		30							
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								2306	;
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	. 8i							5	0666	<u>;</u>
<u>j</u>	Transfers to (from) the plan (see instructions)	·· 8j									
b	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.	feature code	s from the List of Plan Charac	cterist	ic Cod	les in t	he instr	uctior	ns:		
10	During the plan year:				Yes	No		Α	mour	ıt	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					10	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е		her persons of the bene	by an insurance carrier, fits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	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 to exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es >	× No
11a	Enter the unpaid minimum required contribution for current year for					11a					
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	nts of section 412 of the Code	or se	ction	302 of	ERISA'	?	Y	es >	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below										
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and e	enter tl Day			e letter 'ear _	rulin	g 

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

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► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Farti Annual Repo	rt Identification Informatio	n		
For calendar plan year 2014 or	fiscal plan year beginning	01 (01 (001	and ending 12/	31/2014
A This return/report is for:	x a single-employer plan	a multiple-employer plan (no of participating employer info	t multiemployer) (Filers che	cking this box must attack a list
B This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/report	William a soor danied William	the form instructions)
	an amended return/report	a short plan year return/repo	rt (less than 12 months)	
C Check box if filing under:	Form 5558	_	· _	
•	special extension (enter desc	automatic extension	∐ t	DFVC program
Part II Basic Plan Int	ormation enter all requested			
1a Name of plan	ormation enter all requested	Information		
FLAT TOP RANCH LLC	2 401K PROFIT SHARING PI	AN	<b>1b</b> Thr plai (PN	number
0				ective date of plan /01/1998
2a Plan sponsor's name and a FLAT TOP RANCH LLC	ddress; include room or suite numb	er (employer, if for a single-employ		ployer Identification Number
			(EIN	I) 91-1182077
2521 FISHHOOK PARK ROAD			<b>2c</b> Spo (50	nsor's telephone number 9) 547-9682
US PRESCOTT WA 99348-00			2d Bus	ness code (see instructions)
3a Plan administrator's name a	ind address X Same as Plan Spo	onsor Name		inistrator's EIN
If the name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed for this plant		inistrator's telephone number
name, Ent, and the plan hur	mber from the last return/report.	ne last return/report filed for this pi	an, enter the 4b EIN	
Sponsor's name     Total number of participants			4c PN	
<b>b</b> Total number of participants	at the beginning of the plan year	***************************************	5а	11
C Number of participants with:	at the end of the plan yearaccount balances as of the end of the	***************************************	5b	10
complete this item)		***************************************	do not 5c	7
u(1) Total number of active part	icipants at the beginning of the plar	year		10
(2) Total number of active part	icipants at the end of the plan year	***************************************	5d(2)	10
less than 100% vested	erminated employment during the p	an year with accrued benefits that	were 5e	0
Caution: A penalty for the late	or incomplete filing of this return.	report will be assessed unless r	easonable seves is set-t-l	
videi pelialues di periury and off	ner penalties set forth in the instruct nd signed by an enrolled actuary, as	iama I -11 11 1 1 1 1 1 1 1 1 1 1 1 1 1		
SIGN Clause	RHoude	4/8/15 DA	vid R. H	Found 5
HERE Signature of plan admi	nistrator ,	1 •	me of individual signing as	olan administrator
SIGN found	K. Howald		via P	1 1
HERE Signature of employer/	plan sponsor	Date Enter no	mo of individual at a t	HOUGE
reparer's name (including firm na	ame, if applicable) and address; incl	ude room or suite number (optiona	Preparer's to	employer or plan sponsor elephone number (optional)
				the state of the s
or Dananuark Baduation A . ( )				

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6	a Were all of the plan's assets during the plan year invested in eligible	le assets?	(Sociantenations)					
k	Are you claiming a waiver of the annual examination and report of	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.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500 OF.							
C	PBGC ir	nsurance p	rogram (see ERISA section 4	021)?			No Not determined	
	ant III Financial Information							
	Plan Assets and Liabilities		(a) Beginning of Ye	ear			(b) End of Year	
<u>_a</u> b		. 7a	856,	203			906,869	
C C	Net plan accord (outbreet line 7) for all	T		0			0	
8	Income, Expenses, and Transfers for this Plan Year	. 7c	856,	203	_		906,869	
а	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	. 8a(1)	12,	<b>7</b> 79				
_	(2) Participants	8a(2)	9,	327				
b	(3) Others (including rollovers) Other income (loss)	8a(3)					4.7	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	30,	866				
d	Benefits paid (including direct rollovers and insurance premiums				4		52,972	
	to provide benefits)	8d	2,:	276				
f	Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	8e						
g	Cut.	8f		30	_		100	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g						
Ī	Net income (loss) (subtract line 8h from line 8c)	8h 8i					2,306	
<u>j</u>	Transfers to (from) the plan (see instructions)	8i					50,666	
	art IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature 2A 2E 2G 2J 2K 3D	ature codes	s from the List of Plan Charac	teristi	c Code	es in the i	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare feet							
	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	from the List of Plan Characte	eristic	Codes	in the ins	structions:	
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	N-		
а	and the distriction is the plant and participant contribution	ons within t	he time period described in	Τ	162	No	Amount	
b	more with more complete ansactions with any narry-in-interest?	/Do not inc	lunda Assessanti	10a		х		
	,		lude transactions reported	10b		x		
_ <u>c</u>	was the plan covered by a fidelity bond?	*****************	***************************************	10c	x		100,000	
ď	- 1 to plan have a loss, whether of hor reimbursed by the plan's fix	delity bond,	that was caused by fraud				100,000	
е	were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provide agents, or other insurance service.	noroone b		10d		x		
f		*************		10e		х		
	Has the plan failed to provide any benefit when due under the plan?	***************************************	***************************************	10f		х		
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.	.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructio	ons and 29 CFR	401				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required no	otice or one of the	10h		Х		
Pari	VI Pension Funding Compliance			10i				
11	Is this a defined benefit plan subject to minimum funding requirement	ts? (If "Yes	," see instructions and comple	ete Sc	hedul	⇒ SB (For	m	
11a	Enter the unpaid minimum required contribution for current year from	Schedule:	SB (Form 5500) line 30					
12	Is this a defined contribution plan subject to the minimum funding req	uirements	of section 412 of the Code or	section	n 302	of FRISA	A? Yes X No	
	(II Yes, complete line 12a or lines 12b, 12c, 12d, and 12e below, as	applicable	1					
а ——	If a waiver of the minimum funding standard for a prior year is being a granting the waiver	mortized ir	n this plan year, see instructio	ns, ar h	nd ente	er the date Day		
			1410110	· <u> </u>		Day _	Year	