#### 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).

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OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Р		dance witl	the instructions to the Form 5500-	SF.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	/31/2	011		
Α -	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В -	This return/report is: the first return/report	the final re	eturn/report	•	<del>_</del>		
	·	a short nla	n year return/report (less than 12 mor	nths)			
_		•	, ,		DEVC progra	m	
C			extension		DFVC progra	m	
	special extension (enter description						
Pa	rt II Basic Plan Information—enter all requested information	ation					
	Name of plan			1b	Three-digit		
FARI	IIN ROTHROCK & PARROTT, INC.				plan number	001	
			-	4.	(PN) •	001	
				IC	Effective date of		
2a	Plan sponsor's name and address; include room or suite number (e	mployer if	for a single-employer plan)	2h	Employer Identif		
	MIN ROTHROCK & PARROTT, INC.	ilipioyei, ii	ioi a single-employer plan)		(EIN) 91-13		
			-		Sponsor's telep	hono numbor	
0440	N. WASHINGTON ST			20	509-323		
	N. WASHINGTON ST. (ANE, WA 99205-4702			2d	Business code (	see instructions)	
	,				52421	,	
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	.")	3b	Administrator's E	EIN	
FARI	IIN ROTHROCK & PARROTT, INC. 2110 N. WAS		ST.			54469	
	SPOKANE, W	VA 99205-4	4702	3с		elephone number	
					509-323	3-3232	
4	If the name and/or EIN of the plan sponsor has changed since the language and the plan number from the last return/report.	ast return/i	eport filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			<del>.о</del> 5а	T	1	
_			-	- Julian - J			
	Total number of participants at the end of the plan year			5b		2	
С	Number of participants with account balances as of the end of the participants item)	• (	•	5c		1	
62	Were all of the plan's assets during the plan year invested in eligible					X Yes No	
_	Are you claiming a waiver of the annual examination and report of a		· ·			<u> </u>	
-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			,		X Yes No	
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5500	).			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	. 7a	925038			908687	
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	925038			908687	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		, ,		(***)		
	(1) Employers	8a(1)	24675				
	(2) Participants	8a(2)	65315				
	(3) Others (including rollovers)	8a(3)	2959				
b	Other income (loss)	8b	-43337				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				49612	
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	. 8d	65114				
е	Certain deemed and/or corrective distributions (see instructions) $\dots$	. 8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f	849				
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				65963	
i	Net income (loss) (subtract line 8h from line 8c)					-16351	
i	Transfers to (from) the plan (see instructions)						
J	Transions to (norm) the plan (see monuchons)	8j					

Form	5500-	SF	201

Page	2	-	,		
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Dart IV	Dlan	Charac	teristics
Part IV	Plan	L.narac	Teristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 3D 2F
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

10	During the plan year:		Yes	No		Amount				
а	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)	10a		X		Amount				
b										
С	Was the plan covered by a fidelity bond?	10c	X				100000			
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		Х						
е	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				15933			
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 amount as of year end.)	10g	Χ				22239			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X						
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	10i								
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No			
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver									
If y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (enter a minus sign to the left 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									
	Has a resolution to terminate the plan been adopted in any plan year?			Ye	es X N	0				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			Ye	es X N	0				
13a		1 under	3a the co		es XN		X No			
13a b	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1 under	the co	entrol	es XN	o Yes	× No			
13a b c	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1 under	the co	entrol						
13a b c	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1 under	the co	ontrol		Yes				
13a b c	If "Yes," enter the amount of any plan assets that reverted to the employer this year	under	the co	ontrol 	N(s)	Yes				

SIGN	Filed with authorized/valid electronic signature.	07/12/2012	KELLY EGAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor



## Authorization to Electronically Sign and File 5500

I hereby authorize any employee of <u>Professional Benefit Services</u>, <u>Inc.</u> to electronically sign and file the 5500 forms on my behalf.

#### I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to <u>Professional</u> <u>Benefit Services, Inc.</u>

Plan Name:	Farmin, Rothrock & Parrott	401(k) Plan
	VIII &	Dated: 7-18-18
Signature:	Plan Trustee	Dated
	/ *	

#### 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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 of fiscal plan year beginning	/01/20:	11 and ending	1	2/31/2011
<u>, , , , , , , , , , , , , , , , , , , </u>	<del></del>	nployer plan (not multiemployer)	П	a one-participant plan
A This return/report is for:				
B This return/report is:	e final retu		the)	
an amended return/report as		rear return/report (less than 12 mor	шэ) Г	DFVC program
C Check box if filing under:	utomatic ex	tension	L	Di ve program
special extension (enter description)				
Part II Basic Plan Information—enter all requested information	on		1h 7	hree-digit
1a Name of plan				lan number
FARMIN ROTHROCK & PARROTT, INC.			. (	PN) • 001
				Effective date of plan 1/01/1987
2a Plan sponsor's name and address; include room or suite number (em	ployer, if fo	r a single-employer plan)	2b 8	Employer Identification Number
FARMIN ROTHROCK & PARROTT, INC.				EIN) 91-1354469
2110 N. WASHINGTON ST.				Sponsor's telephone number
		1		Business code (see instructions)
SPOKANE WA 99205-4702				524210
3a Plan administrator's name and address (if same as plan sponsor, ent	er "Same")			Administrator's EIN 91-1354469
FARMIN ROTHROCK & PARROTT, INC. 2110 N. WASHINGTON ST.			3c .	Administrator's telephone number 509-323-3232
SPOKANE WA 99205-4702	-1 1 1-0	not filed for this plan, enter the	4b	
4 If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	St letuin/le	port filed for allo plant, enter size	4c	
a Sponsor's name	-		5a	13
5a Total number of participants at the beginning of the plan year			5b	21
b Total number of participants at the end of the plan year		stined hanofit plans do not	30	
C Number of participants with account balances as of the end of the pl	ıan year (di	ellied betiefit plans do not	5c	11
2	e assets? (	See instructions.)		X Yes No
ba Were all of the plan's assets during the plan's out involved				<b>—</b> —
b Are you claiming a waiver of the annual examination and report of a	in independ ind conditio	ons.)		
b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo	in independ ind conditio	ons.)		
b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Formation	in independ ind conditio	ons.) F and must instead use Form 55		
<ul> <li>b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Formattill Financial Information</li> <li>7 Plan Assets and Liabilities</li> </ul>	in independ ind condition orm 5500-S	ons.)	00.	X Yes ∐ No
b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Formation  7 Plan Assets and Liabilities  a Total plan assets	n independ and condition orm 5500-S	ent qualified public accountain (tagens.)	00.	X Yes ∐ No
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b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information  7 Plan Assets and Liabilities  a Total plan assets	7a	(a) Beginning of Year 9250	00.	(b) End of Year 908687
b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Formatill Financial Information  7 Plan Assets and Liabilities  a Total plan assets	7a	(a) Beginning of Year 9250 (a) Amount	38	(b) End of Year  908687
b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information  7 Plan Assets and Liabilities  a Total plan assets	7a	(a) Beginning of Year 9250	38	(b) End of Year 908687
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b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information  7 Plan Assets and Liabilities  a Total plan assets  b Total plan liabilities  c Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8c 8c 8d 8e	(a) Beginning of Year 9250 (a) Amount  246 653 29 -433	00. 38 38 75 15 59 37	(b) End of Year 908687 (b) Total
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b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information  7 Plan Assets and Liabilities  a Total plan assets  b Total plan liabilities  c Net plan assets (subtract line 7b from line 7a)  8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)  b Other income (loss)  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  d Benefits paid (including direct rollovers and insurance premiums to provide benefits)  e Certain deemed and/or corrective distributions (see instructions)  f Administrative service providers (salaries, fees, commissions)	7a 7b 7c 8a(1) 8a(2) 8c 8c 8c 8f 8g	(a) Beginning of Year 9250 (a) Amount  246 653 29 -433	000. 388 388 775 115 599 377	(b) End of Year  908687  (b) Total  49612
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ŝ	Р	а	П	d	D.	1	١	J:		Pian	Characteristics	

Form 5500-SF 2011

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 2F

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					·			
10	During the plan year:		_		Yes	No	,	Amount	
а	Was there a failure to transmit to the plan any participant contributions v 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	10b		Х					
С	Was the plan covered by a fidelity bond?		10c	Х			:	100000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?		Х						
е	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the instructions.)	plan? (See	10e	х				15933	
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10g	Х				22239
h	If this is an individual account plan, was there a blackout period? (See ii 2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the req exceptions to providing the notice applied under 29 CFR 2520.101-3		1	10i					
Part	VI Pension Funding Compliance								
	ls this a defined benefit plan subject to minimum funding requirements? 5500))						•	Yes	∏No
-	Is this a defined contribution plan subject to the minimum funding require (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amorganing the waiver.	ortized in this plar	ı year, see instruct Month	ions,	and e	enter th	ne date of th		ıling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB				Г	12b			
	Enter the minimum required contribution for this plan year				-	12c			
	Enter the amount contributed by the employer to the plan for this plan ye Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)	esult (enter a minu	ıs sign to the left o	fa		12d			,
е	Will the minimum funding amount reported on line 12d be met by the fur	nding 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?						es X No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employ	yer this year		1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?							Yes	X No
C	If during this plan year, any assets or liabilities were transferred from thi which assets or liabilities were transferred. (See instructions.)	is plan to another	plan(s), identify the	e pla	n(s) to				
1	3c(1) Name of plan(s):				13	c(2) El	N(s)	13c(3	) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report w	ill be assessed ر	ınless reasonable	e cai	ıse is	establ	lished.		
SB or	r penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as t it is true, correct, and complete								
SIG	Myg	7-12-12	Kelly Egan						
HER		ate	Enter name of inc	dividu	ıal sig	ning a	s plan admii	nistrator	
SIGI	Killy &	7-11-12	Kelly Egan						
HER		ate	Enter name of inc	divid	ual sia	ning a	s emplover	or plan si	onsor