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).

1210-0089

OMB Nos. 1210-0110

2012

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	01101011 201	non Guarany Gorporanon		Complete all entries in ac	cordance with the	he instructi	ons to the Form 550	<u>0-SF.</u>				
	art I			entification Information								
For	calenda	ar plan year 2012 or fis	cal	plan year beginning 01/01	/2012		and ending 1	0/31/2	2012			
Α .	This retu	urn/report is for:	X	a single-employer plan	a multiple-er	mployer plan	(not multiemployer)		a one-partici	oant plan		
В .	This retu	urn/report is:		the first return/report	X the final retu	ırn/report						
			П	an amended return/report	X a short plan	year return/r	eport (less than 12 m	onths))			
C	Check b	oox if filing under:	Ī	Form 5558	automatic ex	xtension			DFVC progra	am		
		3	Ħ	special extension (enter desc	ription)				ш -			
Pa	art II	Basic Plan Info	rm	ation—enter all requested in	formation							
	Name o			ation an requested in	omation			1b	Three-digit			
			NS	S, INC., P.S. 401(K) PROFIT S	HARING PLAN A	ND TRUST			plan number			
									(PN) •	001		
								1c	Effective date o	•		
22	Dlan an	anger's name and ad-	J=00	say inalyada raam ar ayita ayamb	or (omployer if to	r o oinglo on	anlayer alan)	2h	01/01			
FEDE	Flan Sp ERAL W	/AY FAMILY PHYSICI	ANS	ss; include room or suite numb S, INC., P.S.	er (employer, ii io	r a single-en	nployer plan)	20	Employer Identi (EIN) 91-09	97927		
								20	Sponsor's telep	hone number		
3461	6 11TH	PLACE SOUTH, SUIT	E 4	1						253-927-9460 ss code (see instructions)		
		'AY, WA 98003						2d	Business code			
									62111	l1		
3a	Plan ac	dministrator's name an	d a	ddress XSame as Plan Spons	sor Name San	ne as Plan S	ponsor Address	3b	Administrator's	EIN		
								30	Administrator's	telephone number		
								30	Auministrator 5	telephone number		
4			•	n sponsor has changed since	the last return/rep	ort filed for t	this plan, enter the	4b	EIN			
_			nbe	r from the last return/report.				4c PN				
		or's name	_ 4 41					1	PN			
				he beginning of the plan year				5a		15		
b				he end of the plan year				5b		(
С				ount balances as of the end of			•	5c		C		
6a		,		ring the plan year invested in e					L	X Yes No		
b				annual examination and report								
	under	29 CFR 2520.104-46?	(Se	ee instructions on waiver eligib	ility and condition	s.)				X Yes No		
	If you	answered "No" to ei	the	r line 6a or line 6b, the plan o	annot use Form	5500-SF an	nd must instead use	Form	5500.			
Cau	ıtion: A	penalty for the late of	r ir	ncomplete filing of this return	n/report will be a	ssessed un	less reasonable cau	ıse is	established.			
				penalties set forth in the instru								
		dule MB completed ar rue, correct, and comp		igned by an enrolled actuary, a	as well as the elec	ctronic version	on of this return/report	, and	to the best of my	knowledge and		
SIG		Filed with authorized/valid electronic signature. 03/06/2013 KELLY VAN WYHE										
HEF	KE.	Signature of plan a	imt	nistrator	Date		Enter name of individe	ual siç	gning as plan adr	ninistrator		
SIG	N											
HEF	RE	Signature of emplo	yer/	plan sponsor	Date		Enter name of individ	ual sig	ning as employe	er or plan sponsor		
Pre	parer's r	name (including firm n	ame	e, if applicable) and address; ir	clude room or su					number (optional)		
i e												

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Por	+ III Eingneich Information								
	t III Financial Information Plan Assets and Liabilities		(a) Paginning of Var				(h) End of Voor		
	Total plan assets	. 7a	(a) Beginning of Yea		(b) End of Ye		(b) End of Year		
	Total plan liabilities	7a 7b	172310	0			0		
	Net plan assets (subtract line 7b from line 7a)	7c	172318				0		
	Income, Expenses, and Transfers for this Plan Year	70		,,,			-		
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)	757	0					
	(2) Participants) Participants							
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	18321	0					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					213341		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	193347	'1					
e	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	305	8					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1936529		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-1723188		
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2J 2K 2G 2R 2F	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	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
Part	Part V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а				10a		X	7		
b		? (Do not	include transactions reported	10b		X			
				10c	X		405000		
d	· · · · · · · · · · · · · · · · · · ·			100			125000		
	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 pla			10f		X			
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 10h		X			
i	If 10h was answered "Yes," check the box if you either provided the second seco	he require	d notice or one of the						
Dout	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
11									
11a	5500) and line 11a below) Yes No 11a Enter the amount from Schedule SB line 39								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month Day Year								
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul								
b	Enter the minimum required contribution for this plan year					12b			

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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?	X	res 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, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

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. 2012

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I	Annual Repor	t Identification Information								
For	calenda	ar plan year 2012 or		/01/2012	and ending		10/31/201	2			
Α	This ret	turn/report is for:	X a single-employer plan	multiple-employer p	an (not multiemployer)		a one-particip				
В	This ret	turn/report is:	the first return/report	he final return/report							
				a short plan year retu	m/report (less than 12 m	nonths	s)				
С	Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am			
			special extension (enter description))							
Pa	art II	Basic Plan Inf	ormation—enter all requested informati	on							
1a	Name	of plan				1b	Three-digit				
	FEDE:	RAL WAY FAMI		plan number							
	401 (K) PROFIT SHA	ARING PLAN AND TRUST			4.	(PN) •	00	1		
						10	O1/01/1994				
2a	Plan s	ponsor's name and a	ddress; include room or suite number (em	ployer, if for a single-	employer plan)	2h	Employer Identif		ahar		
	FEDE:	RAL WAY FAMII	LY PHYSICIANS,			20	(EIN) 91-099	7927	nber		
	INC.	, P.S.				2c	Sponsor's telepi		er		
	3461	6 11TH PLACE	SOUTH, SUITE 4				(253) 927-				
			Sooth, Soile 4			2d	Business code (see instruct	tions)		
3a		RAL_WAY dministrator's name a	and address XSame as Plan Sponsor Na		98003	3h	621111 Administrator's B	=INI			
			and address Education do Figure Openior Hai	me Godine as Flair	Sporisor Address	JD	Administrator 5 t	LIIN			
						3с	Administrator's t	elephone n	umber		
4	If the r	name and/or EIN of ti	ne plan sponsor has changed since the las	st return/report filed for	or this plan, enter the	4b	EIN				
•	name	, EIN, and the plan n	umber from the last return/report.								
		or's name	s at the beginning of the plan year			4c	PN				
						5a					
			s at the end of the plan year account balances as of the end of the pla			5b			0		
	compl	ete this item)	r account balances as of the end of the pla	m year (delined bene	nit pians do not	5с			0		
6a	Were	all of the plan's asse	ets during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes	No		
b	Are yo	ou claiming a waiver	of the annual examination and report of an	independent qualifie	d public accountant (IQI	PA)			п.,		
	If vou	answered "No" to	6? (See instructions on waiver eligibility an either line 6a or line 6b, the plan cannot	d conditions.)	and must instead use	 Earm		X Yes	∐No		
Cai			or incomplete filing of this return/repo								
Und	der pena	alties of perjury and o	other penalties set forth in the instructions.	declare that have	examined this return/ren	ort ir	cluding if applica	able a Sch	edule		
SB	or Sche	edule MB completed	and signed by an enrolled actuary, as well	as the electronic vers	sion of this return/report	, and	to the best of my	knowledge	and		
Dell	ei, it is i	true, correct, and cor	nprete.								
SIG			6	3-4-13	ALLEN C. ALLEM	IAN					
HE	RE	Signature of plan	advantistrator	Date	Enter name of individu	ual sic	ning as plan adm	ninistrator			
SIG		177		3-4-12	ALLEN C. ALLEM						
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spon								onsor			
Pre	paref's	name (including firm	name, if applicable) and address; include	room or suite number	r (optional)		arer's telephone				
	/										

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_										
Pai										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of Year		
a	Total plan assets	7a	1,72	3,18	88	0				
	Total plan liabilities	7b			0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	1,72	3,18	,188				0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			otal				
	Contributions received or receivable from:	8a(1)		7,57	, ,					
	(1) Employers	8a(2)	i							
	(3) Others (including rollovers)	8a(3)	2.	22,561 n						
	Other income (loss)	8b	1.0	3,21	Ť					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	10.	J , Z 1	. 0			21	3,341	
	Benefits paid (including direct rollovers and insurance premiums	80						2.1	13,341	
	to provide benefits)	8d	1,93	3,47	1					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		3,05	8					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1,93	36,529	
	Net income (loss) (subtract line 8h from line 8c)	8i						(1,723	3,188)	
j	Transfers to (from) the plan (see instructions)	8j			0					
Par	t IV Plan Characteristics	-,								
	If the plan provides pension benefits, enter the applicable pension 3D 2E 2J 2K 2G 2R 2F	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the instruc	ions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instructi	ons:		
Part	ant V. Compilian of Overtions									
10					Yes	No	<u> </u>	A		
	During the plan year: Was there a failure to transmit to the plan any participant contribute.	tione withi	n the time period described in		163	NO		Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corı	rection Program)	10a		Х				
D	on line 10a.)			10b		Х				
	Was the plan covered by a fidelity bond?			10c	Х			1 .	25,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud		Λ	Х			25,000	
	or dishonesty?			10d		Λ				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or									
	instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i						
Part		1 0		101						
11		onte2 (lf "	Voe " ean instructions and com	nloto	Schoo	ای ماید	R /Form			
	5500) and line 11a below) Yes No									
	1a Enter the amount from Schedule SB line 39									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiverMonth DayYear									
	you completed line 12a, complete lines 3, 9, and 10 of Schedule					40.				
b	Enter the minimum required contribution for this plan year				I	12b				

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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	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 Y	'es No	
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	control	control X Yes N		
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan(s)	to		
1	3c(1) Name of plan(s):		13c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a i	Name of trust		14b Tr	ust's EIN	