Foi	Form 5500-SF Short Form Annual Return/Report of Small Employee						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						2012				
De	Department of Labor         This form is required to be filed under sections 104 and 4065 of the Employ           Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60           the Internal Revenue Code (the Code).						s Open to Public				
	enefit Guaranty Corporation	<ul> <li>Complete all entries in accord</li> </ul>	,	,	0-SF	Ins	spection				
Part I	Annual Report Id	entification Information			-01.						
	ar plan year 2012 or fisca		2	and ending 1	2/31/2	2012					
A This ret	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan				
B This ret	turn/report is:	the first return/report	the final return/report								
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)	1					
C Check	C Check box if filing under: X Form 5558 automatic extension						DFVC program				
		special extension (enter descriptio	n)								
Part II	Basic Plan Inforn	nation—enter all requested informa	ation		r		1				
1a Name FARMIN RO	of plan THROCK & PARROTT, I	INC.			1b	Three-digit plan number (PN) ►	001				
					1c	Effective date o	•				
	ponsor's name and addre THROCK & PARROTT,	ess; include room or suite number (er INC.	mployer, if for a single-	employer plan)	2b	Employer Identi					
2110 N WA	SHINGTON ST.				2c	Sponsor's telep 509-32					
	WA 99205-4702				2d	Business code	(see instructions)				
	dministrator's name and a			Sponsor Address	3b	EIN 354469					
		SPOKANE, WA			3c	Administrator's 509-323	telephone number 3-3232				
name		lan sponsor has changed since the la er from the last return/report.	ast return/report filed fc	r this plan, enter the	4b 4c	EIN					
		the beginning of the plan year					21				
		the end of the plan year			5b		14				
		count balances as of the end of the p			55						
			•	-	5c		12				
	•	uring the plan year invested in eligibl		,			X Yes No				
		e annual examination and report of a See instructions on waiver eligibility a					X Yes No				
		er line 6a or line 6b, the plan canne	,								
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 HERE	Filed with authorized/val	lid electronic signature.	09/16/2013	KELLY EGAN							
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator				
SIGN											
			Enter name of individu								
Preparer's	name (including firm nan	ne, if applicable) and address; includ	e room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)				
For Paperw	ork Reduction Act Notice a	and OMB Control Numbers, see the inst	tructions for Form 5500-	SF.			Form 5500-SF (2012) v. 120126				

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar		(	b) End of Year		
a Total plan assets	7a	90868	37			1115955		
<b>b</b> Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	90868	57		1115955			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:		0005	~					
(1) Employers	8a(1)	2235		-				
(2) Participants	8a(2)	7161						
(3) Others (including rollovers)	8a(3)	163						
<b>b</b> Other income (loss)	8b	12568	9	-				
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c			_		221296		
to provide benefits)	8d	1402	8					
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					14028		
i Net income (loss) (subtract line 8h from line 8c)	8i					207268		
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
b If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare	eature codes	from the List of Plan Chara	cterist	ic Coc	les in the i	nstructions:		
10 During the plan year:				Yes	No	Amount		
<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> </ul>			10a		X	Amount		
<b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	ude transactions reported	10b		x			
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		100000		
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			100		x	100000		
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	ner persons b of the benefits	y an insurance carrier, under the plan? (See	10e	Х		6500		
f Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	.)	10q	Х		18668		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruction	ons and 29 CFR	10g		x	10000		
2020.101.0.)				1				
<ul> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul>			10i					
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10     Part VI Pension Funding Compliance	1-3	s," see instructions and com	plete		dule SB (F			
<ul> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> </ul>	1-3	," see instructions and com	plete	<u></u>	dule SB (F			
<ul> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39</li> </ul>	1-3	," see instructions and com	plete		11a	Yes No		
<ul> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39</li> </ul>	1-3 hents? (If "Yes requirements	," see instructions and com	plete		11a	Yes No		
<ul> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li></ul>	1-3 nents? (If "Yes requirements , as applicable ng amortized	s," see instructions and com of section 412 of the Code s.) in this plan year, see instruct	plete e or se	ection :	11a 302 of ER	Yes No		
<ul> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li></ul>	1-3 nents? (If "Yes requirements , as applicable ng amortized	s," see instructions and com of section 412 of the Code e.) in this plan year, see instruction	plete e or se	ection :	11a 302 of ER	ISA? Yes 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		he 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	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		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
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	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Benefit Plan						
Department of the Treasury Internal Revenue Service	This form is required to be fi		nd 4065 of the Employe	е		2012	
Department of Labor Employee Benefits Security Administration	Employee Benefits Security Administration the Internal Revenue Code (the Code).						
Pension Benefit Guaranty Corporation	Complete all entries in acco	ordance with the instruc	tions to the Form 5500	0-SF.		- 	
Part I Annual Report I or calendar plan year 2012 or fisc	dentification Information	01/01/2012	and ending		12/31/201	2	
	X a single-employer plan	a multiple-employer pl			] a one-partici	pant plan	
<b>B</b> This return/report is:							
	an amended return/report	ц ·	n/report (less than 12 mo	onths)			
Check box if filing under:	X Form 5558	automatic extension	t v		DFVC progra	am	
onoon box in ming andori	special extension (enter descrip			ľ			
Part II Basic Plan Infor	mation—enter all requested infor	· · · · · · · · · · · · · · · · · · ·					
a Name of plan					Three-digit		
FARMIN ROTHROCK & PA	RROTT, INC.				plan number (PN) 🕨	001	
				1c	Effective date of		
			01/01/198				
a Plan sponsor's name and add FARMIN ROTHROCK & PA	dress; include room or suite number ARROTT,INC.	employer, if for a single-	employer plan)		Employer Ident (EIN) 91-135	ification Number 54469	
2110 N. WASHINGTON S	JT.				Sponsor's teler 509-323-3		
SPOKANE	WA 99205-4702				Business code 524210	(see instructions)	
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address						CINI	
3a Plan administrator's name and	d address Same as Plan Sponso	or Name Same as Plar	Sponsor Address	3b	Administrator's		
FARMIN ROTHROCK & PA	ARROTT, INC.	or Name Same as Plar	n Sponsor Address	3c	91-135446	9 telephone number	
FARMIN ROTHROCK & PA 2110 N. WASHINGTON S SPOKANE 4 If the name and/or EIN of the	ARROTT, INC. 3T. WA 99205-4702 plan sponsor has changed since th			3c	91 - 135446 Administrator's 509 - 323 - 33	9 telephone number	
FARMIN ROTHROCK & PA 2110 N. WASHINGTON S SPOKANE 4 If the name and/or EIN of the	ARROTT, INC. 3T. WA 99205-4702			3c	91-135446 Administrator's 509-323-3 EIN	9 telephone number	
FARMIN ROTHROCK & PA 2110 N. WASHINGTON S SPOKANE If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name	ARROTT, INC. 3T. WA 99205-4702 plan sponsor has changed since th	ne last return/report filed fo	or this plan, enter the	3c 4b	91-135446 Administrator's 509-323-3 EIN	9 telephone number	
FARMIN ROTHROCK & PA 2110 N. WASHINGTON S SPOKANE If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants	ARROTT, INC. 3T. WA 99205-4702 plan sponsor has changed since the nber from the last return/report.	ne last return/report filed fo	or this plan, enter the	3c 4b 4c	91-135446 Administrator's 509-323-3 EIN	9 telephone number 232	
<ul> <li>FARMIN ROTHROCK &amp; PA</li> <li>2110 N. WASHINGTON S</li> <li>SPOKANE</li> <li>4 If the name and/or EIN of the name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants and b Total number of participants with a</li> </ul>	ARROTT, INC. T. WA 99205-4702 plan sponsor has changed since th nber from the last return/report. at the beginning of the plan year	ne last return/report filed fo	or this plan, enter the	3c 4b 4c 5a	91-135446 Administrator's 509-323-3 EIN	9 telephone number 232 21 14 12	
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<ul> <li>FARMIN ROTHROCK &amp; PA</li> <li>2110 N. WASHINGTON S</li> <li>SPOKANE</li> <li>If the name and/or EIN of the name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants at the second participants at complete this item)</li></ul>	WA 99205-4702 WA 99205-4702 Plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the solution of the plan year invested in eligible the annual examination and report	he last return/report filed for the plan year (defined bene gible assets? (See instruct of an independent qualifie	or this plan, enter the efit plans do not	3c 4b 4c 5a 5b 5c	91-135446 Administrator's 509-323-3 EIN PN	9 telephone number 232 21 14 12	
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Form 5500-SF 2012

Page 2

Par	t III   Financial Information									
7	Plan Assets and Liabilities	(a) Beginning of Ye			(b) End of Year					
а	Total plan assets	7a	9(	0868	7		1115955			
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	9(	2868	7		111595				
8 Income, Expenses, and Transfers for this Plan Year (a) A			(a) Amount				(b) T	otal		
	Contributions received or receivable from: (1) Employers	8a(1)	2	2235	9					
	(2) Participants	8a(2)		7161	.1					
	(3) Others (including rollovers)	8a(3)		163	7					
b	Other income (loss)	8b	12	2568	9					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							221296	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1402	8					
e	Certain deemed and/or corrective distributions (see instructions)	8e			19.00					
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							14028	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							207268	
j	Transfers to (from) the plan (see instructions)	· 8j								
b Par	If the plan provides welfare benefits, enter the applicable welfare for the second sec	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in tl	he instruct	ions:		
10	During the plan year:		· · · · · · · · · · · · · · · · · · ·		Yes	No	[	Amou	unt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		х				
b		t? (Do not	include transactions reported	10b		x				
c				10c	Х				100000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х				
e		her person of the bene	s by an insurance carrier,	10e	x				6500	
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g	Х				18668	
h	2520.101-3.)	·		10h		x				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Par	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)								Yes 🗌 No	
11a	a Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Code	e or se	ection	302 of	ERISA?		Yes 🛛 No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below									
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.		Mon	nth	, and e	enter th Day	ne date of	the lett Year	er ruling	
11	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	rm 5500), and skip to line 13.				r			
k	Enter the minimum required contribution for this plan year					12b	I			

Form 5500-SF 2012

Page 3 -

с	C Enter the amount contributed by the employer to the plan for this plan year								
d	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).								
e Will the minimum funding amount reported on line 12d be met by the funding deadline?							No	] N/A	
Part	VII Plan Terminations and Transfers of Assets								
13a	13a Has a resolution to terminate the plan been adopted in any plan year?								
	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?							Yes	X No	
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) t	0						
	I3c(1) Name of plan(s):	1:	3c(2) EIN(s)				13c(3) PN(s)		
			•						
	· · · · · · · · · · · · · · · · · · ·								
Part	VIII Trust Information (optional)								
14a	Name of trust		14b	Trus	ťs Ell	N			



Professional Benefit Services, Inc. Affordable administration of employee benefit plans

## Authorization to Electronically Sign and File 5500

I hereby authorize any employee of <u>Professional Benefit Services</u>, Inc. 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> Benefit Services, Inc.

Plan Name: Farmin, Bothrock & Parrott, Inc. Savings Plan

SIGN HERE Dated: Signature:

## NOTE TO USER:

A copy of this authorization must be kept in your records (but is not included in the filing). You must agree to communicate any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding the return/report upon electronically signing the filing.

To sign on behalf of the plan administrator, you must register as a "signer" at the DOL EFAST2 website and a signed copy of the 5500 form should be attached to the electronic filing as an "other attachment".