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

This Form is Open to Public Inspection

Pension Be	enerit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instr	uctions to the Form 550	0-SF.			
Part I	Annual Report	Identification Information						
For calenda	ar plan year 2012 or f	iscal plan year beginning 01/01/2	2012	and ending 1	12/31/2	:012		
	turn/report is for:	a single-employer planthe first return/report	a multiple-employer the final return/repor	plan (not multiemployer)		a one-partici	pant plan	
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)			
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC progra	am	
• Oncor.	oox ii iiiiiig aliaoi.	special extension (enter descri			L			
Part II	Pasia Blan Infe							
		ormation—enter all requested info	ormation		1h	Thron digit		
1a Name	or pian LINE 403(B) PLAN					Three-digit plan number		
TOOD EII EE	114E 400(B) 1 E/114					(PN) ▶	001	
					1c	Effective date o	f plan	
						07/01	/1995	
2a Plan sp FOOD LIFE		ddress; include room or suite numbe	r (employer, if for a singl	e-employer plan)		Employer Identi (EIN) 91-10	ification Num 190450	nber
1702 N.E. 1	50TH STREET				2c	Sponsor's telep		er
	E, WA 98155-7226				2d	Business code (ions)
3a Plan a	dministrator's name a	nd address XSame as Plan Sponso	or Name Same as Pl	an Sponsor Address	3b	Administrator's	EIN	
					3c	Administrator's	telephone ni	umber
		e plan sponsor has changed since the	he last return/report filed	for this plan, enter the	4b	EIN		
		imber from the last return/report.			4c	DN		
	or's name	s at the beginning of the plan year			+ -	T		07
					5a			97
		s at the end of the plan year			5b			89
		account balances as of the end of the		•	5c			86
·	•						× Yes	□ No
_		ts during the plan year invested in ellof the annual examination and report	-				<u> </u>	□ 140
		6? (See instructions on waiver eligibil					X Yes	No
If you	answered "No" to	either line 6a or line 6b, the plan ca	annot use Form 5500-S	F and must instead use	Form	5500.		
Caution: A	penalty for the late	or incomplete filing of this return	report will be assesse	d unless reasonable cau	use is e	established.		
Under pena	alties of perjury and o	ther penalties set forth in the instruct	tions, I declare that I hav	e examined this return/rep	port, in	cluding, if applic	able, a Sche	edule
	edule MB completed a true, correct, and com	and signed by an enrolled actuary, as aplete.	s well as the electronic vo	ersion of this return/report	t, and to	o the best of my	knowledge	and
SIGN HERE	Filed with authorized	I/valid electronic signature.	10/10/2013	MARY NIEUWSMA				
TILIXL	Signature of plan	administrator	Date	Enter name of individ	ual sigr	ning as plan adr	ninistrator	
SIGN								
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual sigr	ning as employe	er or plan spo	onsor
Preparer's		name, if applicable) and address; inc	clude room or suite numb			arer's telephone		
					1			
					1			
Ī								

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	f Year		
<u>.</u>	Total plan assets	7a	95868				(b) Lila o	10793	38	
	Total plan liabilities							10100	0	
	Net plan assets (subtract line 7b from line 7a)	·						10793		
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount	,,,			(b) To		50	
	Contributions received or receivable from:		(a) Amount				(b) 10	ıaı		
	(1) Employers	8a(1)	3185	2						
	(2) Participants	8a(2)	6598	36						
	(3) Others (including rollovers)	8a(3)	16	52						
b	Other income (loss)	8b	10209	90						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						20009	90	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7905	i9						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	34	13						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						794	02	
ī	Net income (loss) (subtract line 8h from line 8c)	8i						1206	88	
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	rt IV Plan Characteristics	٠,	l							
9a		feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructi	ons:		
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 instructio	ns:		
_										
Par						1				
10	During the plan year:			1	Yes	No	-	mount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	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	X				100	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		X				
	• Were any fees or commissions paid to any brokers, agents, or oth									
Ŭ	insurance service or other organization that provides some or all o									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR			Х				
	2520.101-3.)			10h		^				
İ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i						
Part	t VI Pension Funding Compliance						•			
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							∏ Ye	з П	No
11:	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding						EDISA2	☐ Ye	, <u>v</u>	No
14				or se	CHOIL	3UZ UI	ERIOA!		^	140
	(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 bein			ctions	and 4	enter th	ne date of the	a letter r	ulina	
	granting the waiver.	-			, and t	Day		ear	amig	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b				

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	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?		Yes X 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		Yes X 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):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

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

OMB Nos. 1210-0110 1210-0089

2012

	the Internal Revenue Code (the Code). This Form is Open to Public							
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part	I Annual Report Id	lentification Information						
For cale	endar plan year 2012 or fisca	al plan year beginning	01/01/2012	and ending		12/31/201	.2	
A This	return/report is for:	x a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	oant plan	
B This	return/report is:	the first return/report	the final return/report	, , ,				
		an amended return/report		n/report (less than 12 m	antha\			
C Cho	ck box if filing under:	-		ni/report (less than 12 m	ontns)	_		
C Che	ck box if filing under:	=	automatic extension			DFVC progra	m	
-		special extension (enter description						
Part I	Basic Plan Inform	nation—enter all requested inform	nation			SAL THE MAC		
	me of plan				1b	Three-digit		
Foo	od Lifeline 403(b) Plan				plan number		
					_	(PN) ▶	001	
						Effective date of		
2a Pla	n snonsor's name and addre	ess; include room or suite number (e				07/01/1995		
Foo	od Lifeline	ss, include room or suite number (6	amployer, if for a single-	employer plan)		Employer Identif		
					-	(EIN) 91-109		
					2c	Sponsor's telep		
170	02 N.E. 150th Str	eet			0-1	(206) 545-		
Sha	oreline						see instructions)	
		address XSame as Plan Sponsor N		98155-7226		813000		
	in danimion dior o name and i	Address Againe as Flair Sportsor I	varie Usame as Plar	Sponsor Address	30	Administrator's E	-IN	
					3c	Administrator's t	elephone number	
						, idirili iloti di ci	cicpitotic tramber	
				ĺ				
		200.00						
4 If th	e name and/or EIN of the pl	an sponsor has changed since the l	last return/report filed for	or this plan, enter the	4b	EIN		
		er from the last return/report.					****	
	onsor's name		-		4c	PN		
		the beginning of the plan year			5a		97	
b Tota	al number of participants at	the end of the plan year			5b		89	
C Nur	mber of participants with acc	ount balances as of the end of the	plan vear (defined bene	fit plans do not				
con	nplete this item)				5c		86	
6a We	ere all of the plan's assets du	uring the plan year invested in eligib	le assets? (See instruct	tions.)			X Yes No	
b Are	you claiming a waiver of the	e annual examination and report of a	an independent qualifie	d public accountant (IOI	201			
und	der 29 CFR 2520.104-46? (S	See instructions on waiver eligibility	and conditions.)				X Yes No	
		er line 6a or line 6b, the plan cann						
Caution	: A penalty for the late or i	ncomplete filing of this return/rep	ort will be assessed u	unless reasonable cau	se is e	stablished.		
Under pe	enalties of perjury and other	penalties set forth in the instructions	s, I declare that I have o	examined this return/rep	ort, inc	cluding, if applica	ble, a Schedule	
belief, it i	is true, correct, and complete	signed by an enrolled actuary, as we	as the electronic vers	sion of this return/report,	and to	the best of my	knowledge and	
	1 3							
SIGN	Lanuar -	Biscomer	10/10/2013	Tanva Bir	500	omb		
HERE	S:		Date	Enter name of individu				
	I Signature of byan adm			Enter name of individu	ıaı sıar	iing as bian adm		
SICN	Signature of plan adm	^	1 1 0			the state of the s	inistrator	
SIGN HERE	Janya-	Buscone	10/10/2013			mb	inistrator	
HERE	Signature of employer	Buscone) /plan sponsor	10/10/2013	Tanya Bis	SCC al sign	ing as employer	or plan sponsor	
HERE	Signature of employer	Buscone	10/10/2013	Tanya Bis	SCC al sign	ing as employer		
HERE	Signature of employer	Buscone) /plan sponsor	10/10/2013	Tanya Bis	SCC al sign	ing as employer	or plan sponsor	
HERE	Signature of employer	Buscone) /plan sponsor	10/10/2013	Tanya Bis	SCC al sign	ing as employer	or plan sponsor	
HERE	Signature of employer	Buscone) /plan sponsor	10/10/2013	Tanya Bis	SCC al sign	ing as employer	or plan sponsor	

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) En	id of	Year		
	Total plan assets	. 7a	95	8,68	80	- Heroconette			1,0	79,	368
	Total plan liabilities	7b			0						С
200	Net plan assets (subtract line 7b from line 7a)	7c	95	8,68	30				1,0	79,	368
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		\perp		(b)) Tota	d		
a	Contributions received or receivable from: (1) Employers	8a(1)	3	1,85	52						
	(2) Participants	8a(2)	6	5,98	36				-		
	(3) Others (including rollovers)	8a(3)		16	62	144	useles el				
<u>b</u>	Other income (loss)	8b	10	2,09	90						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	00,0	090
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7	9,05	59						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0						
10000	Administrative service providers (salaries, fees, commissions)	8f		34	13						
q	Other expenses	8g			0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		24 Desc	+	- 7				79,4	102
	Net income (loss) (subtract line 8h from line 8c)	8i			_					20,6	
j	Transfers to (from) the plan (see instructions)			-	0						300
Par	t IV Plan Characteristics	8j			o						
9a	If the plan provides pension benefits, enter the applicable pension $2\mathrm{M}$										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Chara	cterist	ic Cod	les in	the instru	ctions	ă.		
Par	V Compliance Questions										
10	During the plan year:				Yes	No	Т —	Λ.	ount		
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ions within t	he time period described in	10a		Х			ount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	lude transactions reported	10a		Х					
С	Was the plan covered by a fidelity bond?			10c	Х				1	00,0	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	, that was caused by fraud	10d		Х					
е	* It It It I I I I I I I I I I I I I I I	er persons b	by an insurance carrier,	10e		Х				VO - 200 II	
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end	1.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instructi	ons and 29 CFR	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 2520.101	e required n	otice or one of the	10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Yes	s," see instructions and com	plete	Sched	ule Si	3 (Form	Tr	Yes	П	No
11a	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?.	.TT	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicabl	e.)								
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortized	in this plan year, see instruc	tions,	and e	nter th Day		the le		ling	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	5500), and skip to line 13.	180				1000-010		- W	
b	Enter the minimum required contribution for this plan year					12b			901 - 21		

	F	Form 5500-SF 2012 Page 3 -						
c	Subt	or the amount contributed by the employer to the plan for this plan year Tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus ative amount)	sign to the left of a	12c				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	1	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?			Yes X	No		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were of the	e all the plan assets distributed to participants or beneficiaries, transferred to another p e PBGC?	lan, or brought under the	control		П	Yes	No No
С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another pl h assets or liabilities were transferred. (See instructions.)	an(s), identify the plan(s)	to				
1	Sant Harris	Name of plan(s):	1	3c(2) E	EIN(s)	\top	13c(3)	PN(s)
Part	VIII	Trust Information (optional)						
					ts 50% (50000)	6		
148	vame	of trust		14b ⁻	Γrust's EIN	<u> </u>		