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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

				Complete all entries in a	accordanc	ce with the instru	ictions to the Form 550)0-SF.		
Par				ntification Information	n					
For ca	alenda	r plan year 2012 or fis	scal p	olan year beginning 06/0	1/2012		and ending	05/31/	2013	
A Th	nis retu	urn/report is for:	X	a single-employer plan	am	nultiple-employer p	olan (not multiemployer)		a one-partici	pant plan
B Th	nis retu	ırn/report is:	Ш	the first return/report	the	final return/report				
				an amended return/report	a sh	ort plan year retu	rn/report (less than 12 m	onths)	
C C	heck b	ox if filing under:	X	Form 5558	aut	omatic extension			DFVC progra	am
				special extension (enter des	cription)					
Par	t II	Basic Plan Info	rma	ntion—enter all requested i	nformation	1				
1a N	lame o	of plan		·				1b	Three-digit	
FARRE	LLS H	IEALTH CENTERS, II	NC. F	PENSION TRUST					plan number	
									(PN) •	001
								1c	Effective date o	•
2a ₽	Plan sp	onsor's name and add	dress	s; include room or suite num	ber (emplo	over. if for a single	e-emplover plan)	2b	Employer Identi	
FARRE	ELLS I	HEALTH CENTERS, I	NC.	,	(- (-	3	,			25311
								2c	Sponsor's telep	hone number
2011 N	IW MY	HRE RD SUITE 301							360-37	7-0164
SILVE	RDALE	E, WA 98383-8561						2d		(see instructions)
								ļ	62149	
3a ₽	Plan ad	lministrator's name an	nd ad	dress XSame as Plan Spo	nsor Name	e Same as Pla	in Sponsor Address	3b	Administrator's	EIN
								3c	Administrator's	telephone number
4 If	f the n	ame and/or EIN of the	e plar	n sponsor has changed since	e the last i	eturn/report filed	for this plan, enter the	4b	EIN	
			mber	from the last return/report.				4-	5	
		or's name							PN	
				e beginning of the plan year				5a		17
				e end of the plan year				5b		20
				unt balances as of the end o	•	•	•	5c		18
6a '	Were a	all of the plan's assets	s duri	ing the plan year invested in	eligible as	ssets? (See instru	ctions.)			X Yes No
		•		annual examination and rep	-	•	•			
ι	under :	29 CFR 2520.104-46?	? (Se	e instructions on waiver elig	ibility and	conditions.)				X Yes No
l	f you	answered "No" to ei	ither	line 6a or line 6b, the plan	cannot u	se Form 5500-SF	and must instead use	Form	5500.	
Cauti	on: A	penalty for the late of	or in	complete filing of this retu	rn/report	will be assessed	unless reasonable ca	use is	established.	
				enalties set forth in the instr						
		dule MB completed ar ue, correct, and comp		gned by an enrolled actuary,	, as well as	s the electronic ve	rsion of this return/repor	t, and	to the best of my	knowledge and
DOILOI	, 10 10 11	de, correct, and comp	oicic.	•			T			
SIGN		Filed with authorized/	valid	electronic signature.		03/17/2014	LISA JACKA			
HERE	=	Signature of plan a	dmir	nistrator		Date	Enter name of individ	dual siç	gning as plan adr	ministrator
SIGN										
HERE	=	Signature of emplo	ver/r	olan sponsor		Date	Enter name of individ	dual sid	ning as emplove	er or plan sponsor
Prepa	arer's r			, if applicable) and address;	include ro					number (optional)

Form 5500-SF 2012 Page **2**

-	1 0111 3300 01 2012		i age z		—		
Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	. 7a	66268				790483
b	Total plan liabilities	7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	66268	33			790483
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)	117				
	(2) Participants	8a(2)	468	34			
	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	12481	2			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					130667
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	250	00			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	36	57			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2867
i	Net income (loss) (subtract line 8h from line 8c)	8i					127800
j	Transfers to (from) the plan (see instructions)	8j					
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the instructions:
b	2E 2J 2K 2G 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature coc	les from the List of Plan Chara	cterist	ic Coc	les in t	the instructions:
~	in the plan provided wonare benefits, office the applicable wonare to	sature ooc	ico nom the List of Flair Ghara	otoriot	10 000	200 111 0	are mondonorio.
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		•	10a		X	
b		? (Do not	include transactions reported	10b		X	
c	Was the plan covered by a fidelity bond?			10c	X		50000
	Did the plan have a loss, whether or not reimbursed by the plan's			100			30000
	or dishonesty?	-		10d		X	
е	insurance service or other organization that provides some or all of	of the ben	efits under the plan? (See	40-		X	
	instructions.)			10e		X	
f	Has the plan failed to provide any benefit when due under the pla			10f		^	
g				10g	X		96805
h	2520.101-3.)			10h		X	
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			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a						11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)				
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	•			, and 6	enter th Day	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Fo	rm 5500), and skip to line 13.				1
b	Enter the minimum required contribution for this plan year					12b	

	Form 5500-SF 2012 Page 3 - 1			
	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	

360-377-8782

T-071 P0002/0005 F-649

Form 5500-SF

1 到过生

Brenn Phone

Tarif

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public

	4. 1	Pension Be	nelt Guaranty Corporation	► Complete all entries in ac	cordance with the instruct	tions to the Form 5500	-\$F.					
. ,		art l		Identification Information								
:	For	r c <u>alend</u>	ar plan year 2012 or fis	cal plan year beginning	06/01/2012	and ending		05/31 <u>/</u> 201:	3			
			urn/report is for:		a multiple-employer pla the final return/report	an (not multiemployer)		a cne-partici	pant plan			
	В	THIS FEL	urn/report is:	an amended return/report	a short plan year return	leaned lines than 12 mg	unthal					
	_	•		닐	<u> </u>	viębon (1885 maii 12 mc	линај					
	C	Check I	oox if filing under:	区 Form 5558	automatic extension			DFVC progra	em .			
				special extension (enter descr								
100	P	art (I	Basic Plan Info	rmation—enter all requested inf	ormation							
237 257		Name ARREL		TERS, INC. PENSION TR	RUST		1b	Three-digit plan number (PN)	001			
.Bregg									f plan			
Phone									3			
(:a)	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) FARRELLS HEALTH CENTERS, INC.							Employer Ident (EIN) 91-092	ification Number 25311			
	·~·						2c Sponsor's telephone number					
	.20)11 NI	MYHRE RD SUI	TE 301			27	360-377-0				
	. CT	LVERI	ንል፣.ም	WA 98383-856	.1		20	621498	(see instructions)			
						Sponsor Address	3b Administrator's EIN					
1	3a Plan administrator's name and address XSame as Plan Sponsor Name XSame as Plan Sponsor Address											
							3C	Administrator's	telephone number			
rit.	4			plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b	EIN				
35. 3.X	∫ fa		, EIN, and the plan num or's name	nber from the last return/report.			4c	PN				
$\gamma^{N}\rangle_{k}$	5a	•		at the beginning of the plan year			5a		17			
	ି b		number of participants	at the end of the plan year			5b		20			
ිලි. * -	C	Numb	er of participants with a	account balances as of the end of	the plan year (defined bene	fit plans do not						
				######################################			5c					
	6a		•	during the plan year invested in e				******	X Yes No			
	a			the annual examination and report (See instructions on waiver eligib					X Yes No			
				ther line 6a or line 6b, the plan o								
	Ca	ution: A	penalty for the late o	or incomplete filing of this return	n/report will be assessed u	inless reasonable cau	se is	established.				
	ŜВ	or Sche	allies of perjury and olf idule MB completed an irue, correct, and comp	ner penalties set forth in the instruction algored by an enrolled actuary, a plete:	ctions, I declare that I have e as well as the electronic vers	examined this return/report	oert, ir , and	scluding, if appli to the best of m	cable, a Schedule y knowledge and			
	SIC	3N·			03/16/2014	Carl Cramer						
		RE	Signature of plan a	dministrator	Date	Enter name of individ	ual sid	ning as olan ad	ministrator			
	Sic	GN			· · · · · · · · · · · · · · · · · · ·			<u>, , , , , , , , , , , , , , , , , , , </u>				
F15	UCDG'						vidual signing as employer or plan sponsor					
5.4	Pre	eparer's	name (including firm n	ame, if applicable) and address; ir	nclude room or suite number	r (optional)	Pre	oarer's telephon	e number (optional)			
(전) 1일:	1.48											
jan.	Wed.	Ē										
Fa.												
	الماماس											

	Form 5500-SF 2012		Page 2		-				
<u> </u>									
Par		· · ·							
1016	Plan Assets and Liabilities		(a) Beginning of Yea	r 5268	+		(b) End o		00403
	Total plan assets	7a	50	200	3				90483
	Total plan liabilities	7b			<u> </u>				0
11.3	Net plan assets (subtract line 7b from line 7a)	7c	•	5268	3			-	90483
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		+		(b) To	tal	
	Contributions received or receivable from: (1) Employers	8a(1)		117	1				
	(2) Participants	8a(2)		468	4				
	(3) Others (including rollovers).	8a(3)			┰				-
	Other income (loss)	8b	1.2	2481	2				· · · · · · · · · · · · · · · · · · ·
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	30667
	Benefits paid (including direct rollovers and insurance premiums	 							
	to provide benefits)	8d		250	0				
e	Certain deemed and/or corrective distributions (see instructions)	80					. .		
f	Administrative service providers (salaries, fees, commissions)	8f				•	•		
g	Other expenses	8g		36	7				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2867
71	Net income (loss) (subtract line 8h from line 8c)	8ì						1	27800
	Transfers to (from) the plan (see instructions)								
Par	IV Plan Characteristics	, ,	<u> </u>		-				
	If the plan provides pension benefits, enter the applicable pension	feature cod	les from the List of Plan Chara	acteris	tic Co	des in	the instruct	ions:	
S. Sandara	2E 2J 2K 2G 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Charac	cterist	ic Coc	es in ti	he instructio	ons:	
angi.									
Part					Ven	Na			
10	During the plan year:	A	the street and decading		Yes	No		Amount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corre	ection Program)	10a	Yes	No X		Amount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	uciary Come ? (Do not in	ection Program) notude transactions reported		Yes			Amount	uat-lucatorius validadilla Aussala
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidument transactions with any party-in-interest on line 10a.)	uciary Come ? (Do not in	oction Program)nclude transactions reported	10b		х		Amount	50000
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	uciary Come ?? (Do not in	oction Program)		Yes	х		Amount	50000
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	uciary Corre ? (Do not in fidelity bon	nction Program)nclude transactions reported	10b		х		Amount	50000
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	iciary Come (? (Do not in fidelity bon her persons	oction Program)	10b 10c		X X		Amount	50000
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	(Do not in fidelity bonner persons of the bene	action Program)	10b 10c		x		Amount	50000
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	iolary Correction of the bene-	nction Program)	10b 10c		X X		Amount	50000
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plantary in the	(Po not in fidelity bonner persons of the bene	oction Program)	10b 10c 10d 10d	х	x x x		Amount	
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other services or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a	idelity boner persons of the bene	action Program)	10b 10c 10d		x x x		Amount	50000
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plantary in the	fidelity bon fidelity bon fire persons of the bene fix of year en (See instru	action Program)	10b 10c 10d 10d	х	x x x		Amount	
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other under the plan instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity bon fidelity bon fire persons of the bene fix of year en (See instru	action Program)	10b 10c 10d 10e 10f 10g	х	x x x		Amount	
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bon fidelity bon fire persons of the bene fix of year en (See instru	action Program)	10b 10c 10d 10e 10f 10g 10h	х	x x x		Amount	
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all anstructions.) Has the plan failed to provide any benefit when due under the plandid the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	fidelity bon fidelity bon firer persons of the bene fice of year en fige instru	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X	3 (Form	Amount Yes	96805
10 a b c d d f	During the plan year: Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements to the provided that the plan has a defined benefit plan subject to minimum funding requirements to a defined benefit plan subject to minimum funding requirements.	fidelity bon fidelity bon fire persons of the bene fice instruction fidelity bon fire persons fine persons fine persons fine persons fine persons fidelity bon fi	notice or one of the	10b 10c 10d 10e 10f 10g 10h	X	X X X X	3 (Form		96805
10 a b c d f 9 h	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	fidelity bonner persons of the benefits of year en (See instruments? (If "Years?")	notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X	3 (Farm		96805 . No
10 a b c d d f	During the plan year: Was there a failure to transmit to the plan any participant contribution. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other transactions or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plantary the plantary participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements to a defined contribution plan subject to the minimum funding tending.	fidelity bon fidelity bon fire persons of the bene fice instru fier required finents? (If "Y	nclude transactions reported ad, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the "es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X	3 (Farm	☐ Yes	96805 . No
10 a b c d f 9 sh i Part 11 11a 12	During the plan year: Was there a failure to transmit to the plan any participant contribution. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	fidelity bon fidelity bon fidelity bon fire persons of the bene fice instru fidelity bon fire persons fine bene fine fine fine bene fine fine bene fine fine bene fine fine fine bene fine fine bene fine fine fine fine fine bene fine fine fine fine fine fine fine fine	notice or one of the res, " see instructions and community of section 412 of the Code and in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i nplete	X X Schen	X X X X X X 111a 302 of	3 (Form	☐ Yes	96805
10 a b c d d e e e e e e e e e e e e e e e e e	During the plan year: Was there a failure to transmit to the plan any participant contribution. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (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 beil granting the waiver.	fidelity bonner persons of the bene in? Is of year en (See instruments? (If "Year ents? (If "	nclude transactions reported and, that was caused by fraud by an insurance carrier, fits under the plan? (See and.)	10b 10c 10d 10e 10f 10g 10h 10i nplete	X X Schen	X X X X X A X A A A A A A A A A A A A A	3 (Form	Yes Yes	96805
10 a b c c d l l l l l l l l l l l l l l l l l	During the plan year: Was there a failure to transmit to the plan any participant contribution. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	fidelity bonner persons of the benefits of year en (See instruments? (If "Year and a supplied and another persons of the benefits of year en (See instruments? (If "Year another persons and another persons and amortized by the persons of the perso	notice or one of the fes," see instructions and community of section 412 of the Code add in this plan year, see instruc- Mon	10b 10c 10d 10e 10f 10g 10h 10i nplete	X X Scheo	X X X X X A X A A A A A A A A A A A A A	3 (Form	Yes Yes	96805

Farm 5500-SF 2012	Page 3 -	· · · · · · · · · · · · · · · · · · ·		
d Subtract the amount in line 12c from the amount negative amount)	d in any plan year? at reverted to the employer this year	of a 12d	Yes No	□ N/A
	nts or beneficiaries, transferred to another plan, or brought		Ye	s X No
of the PBGC?	were transferred from this plan to another plan(s), identify the instructions.)	ne plan(s) to		
13c(1) Name of plan(s):		13c(2) E	EIN(s) 13c(3) PN(s)
Part VIII Trust Information (optional)		1	<u>I</u>	
14a Name of trust		14b 1	Trust's EIN	
		·		

Form **5558** (Rev. August 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

➤ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
➤ Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1845-0212

File With IRS Only

Par	Identification												
A	Name of filer, plan administrator, or plan sponsor (see instructions)	В	Fil	er's i	identif	ying number (s	ee Instructi	ons)					
	FARRELLS HEALTH CENTERS, INC.				Employer identification number (EIN) (9 digits XX-XXXXXXX								
	Number, street, and room or suite no. (If a P.O. box, see instructions)					91-09	25311						
,	2011 NW MYHRE RD SUITE 301	1	So	cial	securit	y number (SSN)	(9 digits XX	X-XX-XXXX)					
(City or fown, state, and ZIP code												
	SILVERDALE, WA 98383-8561		_			P+1		V					
C	Plan name			lan nbe	ب		year end	- -					
			iiui i	IIDe	·(MM	טט	YYYY					
	FARRELLS HEALTH CENTERS. INC. PENSION TRUST	0	1	0	1	05	31	2013					
Part	Extension of Time To File Form 5500 Series, and/or Form 89	55-\$	\$\$/	A									
1	Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	first	For	m 5	500 s	eries return/r	eport for t	he plan listed					
2	I request an extension of time until 03 / 15 / 2014 to file Form Note. A signature IS NOT required if you are requesting an extension to file Form					nstructions).							
			_		-								
3	I request an extension of time until 03 / 15 / 2014 to file Form			•		structions).							
	Note. A signature IS NOT required if you are requesting an extension to file For	m 89:	55-	SSA	۱.								
	The application is automatically approved to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the third month after the n	this e	exte	nsio	on is								
Part	Extension of Time To File Form 5330 (see instructions)												
4	I request an extension of time until // to file Form You may be approved for up to a 6 month extension to file Form 5330, after the			due	date	of Form 533	0.						
	,												
а	Enter the Code section(s) imposing the tax	•	L	а									
b	Enter the payment amount attached		. ,		•	•	b						
c 5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/ State in detail why you need the extension:	amen	idm	ient	date	>	С						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		RHPV	****									
	\$												
	· · · · · · · · · · · · · · · · · · ·												
	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made or	n this fo	orm	are t	rue, co	prrect, and com	plete, and th	at I am authorized					
to prop	are this application.												