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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report le	dentification Information							
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1:	2/31/2	2013			
A This ret	a one-partici	pant plan							
B This ret	urn/report is:								
_		님 '		n/report (less than 12 mo	, —				
C Check I	box if filing under:	X Form 5558	utomatic extension		DFVC program				
Part II	Rasic Plan Infor	mation—enter all requested informati							
1a Name		mation—enter all requested informati	IOII		1h	Three-digit			
		1K PROFIT SHARING PLAN			10	plan number			
WILKINGON	WELLINEOU OLINIO 40	THE ROLL SHAKING LAN				(PN) ▶	001		
					1c	Effective date o	f plan		
						01/01			
	ponsor's name and add I WELLNESS CLINIC	ress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-11	fication Number 50570		
202 SOLITU	12TH AVENUE				2c	Sponsor's telephone number 509-453-5506			
YAKIMA, WA					2d	2d Business code (see instructions)			
3a Plan a	dministrator's name and	l address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	621111 3b Administrator's EIN				
					3с	Administrator's	telephone number		
4 If the r	name and/or FIN of the	nlan sponsor has changed since the las	st return/report filed fo	r this plan enter the	4b	EINI			
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					40	LIIN			
a Spons		·			4c	PN			
5a Total number of participants at the beginning of the plan year					5a		6		
b Total r	number of participants a	t the end of the plan year			5b		7		
		ccount balances as of the end of the pla	• •	'	5c		7		
6a Were	all of the plan's assets	during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No		
		he annual examination and report of ar					Vos □ No		
		(See instructions on waiver eligibility ar her line 6a or line 6b, the plan cannot					X Yes No		
-		•			_		1 Not dot		
C if the p	pian is a defined benefit	plan, is it covered under the PBGC inst	urance program (see	ERISA Section 4021)?	Ц	res Ino	Not determined		
Caution: A	penalty for the late or	r incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	se is	established.			
SB or Sche		er penalties set forth in the instructions, d signed by an enrolled actuary, as well ete.							
SIGN	Filed with authorized/v	alid electronic signature.							
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator		
SIGN									
HERE					ıal sin	ining as employe	er or plan sponsor		
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)							number (optional)		

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
				10			(b) Liiu oi	5715	8	
	Total plan liabilities	7b		0	1)	
	Net plan assets (subtract line 7b from line 7a)	7c	2000	0				57158	3	
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) Total			
	Contributions received or receivable from:		(a) Amount				(b) 101	aı		
	(1) Employers	8a(1)	1083	9						
	(2) Participants	8a(2)	2427	0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	204	9						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						37158	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<u>e</u>	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								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						3715	8	
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 2A 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructior	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Δ	mount		
а						X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
				10c		X				
d				100						
	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					V				
	instructions.)		. ,	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
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									
Part	VI Pension Funding Compliance									
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form									
112	5500) and line 11a below)									
12	· · · · · · · · · · · · · · · · · · ·		,				EDISV3	Yes	X	No
	Is this a defined contribution plan subject to the minimum funding	-		oi se	CHUII .	JUZ UI	LNISA!	<u> </u>	^	. 40
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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									
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			- 1		ı			
b	Enter the minimum required contribution for this plan year					12b	1			

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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?	Y	es 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 coof the PBGC?	ontrol		Yes X No				
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)							
14a Name of trust				14b Trust's EIN				

OMB Nos. 1210-0110

1210-0089

09/29/2014 23:10

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Form 5500-SF

Department of the Treasury Internal Revinue Service

Department of Lebor

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 section 8057(b) and 8058(a) of the Internet Research Code (the Carte)

2013

This Form is Open to Public

Pension Banelit Guaranty Corporation Fine Internal Revenue Code (the Code),	inspection					
Complete all entries in accordance with the instructions to the Form	5500-SF.					
For calendar plan year 2013 or fiscal plan year beginning 01/01/2023 and ending	4.6	2/31/2013				
A This return/report is for: x a single-employer plan a multiple-employer plan (not multiemploy						
	er) [] a one-particips	int plan			
B This return/report is:						
an amended return/report a short plan year return/report (less than 1	(2 months	-				
C Check box if filing under:	1	DFVC program				
special extension (enter description)						
Basic Plan Information enter all requested information						
1a Name of plan		Three-digit plan number				
Wilkinson Wellness Clinic 401x Profit Sharing Plan		(PN) Þ	001			
		Effective date of plan 01/01/2012				
2a Plan sponsors name and address; include room or suite number (employer, if for a single-employer plan)		Employer Identifi	cation Number			
WILKINSON WELLNESS CLINIC		(EIN) 91-1150570				
	2c	Sponsor's teleph	one number			
302 SOUTH 12TH AVENUE		(509) 453-5506				
	2 d	Buŝiness code (5 621111	ee instructions)			
US YAKIMA WA 98902 32 Plan administrator's name and address	2 2 la		161			
An Lists string service and strateges (V) desire to List abouted 1 service 7 posture as Lists about the Control	88 65	Administrator's EIN				
	20	A designation to the	elephone number			
	96	AGHINAUATOFS (6	septione number			
	ľ					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	e 4b	EIN				
name, EIN, and the plan number from the last return/report.	4.0					
Spensor's name Total number of participants at the beginning of the plan year	4c 5a	PN	6			
5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year	ALC: UNKNOWN BEAUTY		7			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not	F-		7			
6a Were all of the plan's assets during the plan year invested in slightle assets? (See instructions.)	HORE OC	1	X Yes No			
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant	AUDAY	(Alexandra Pro-Proposition	ETIAS TIMO			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)			XYes No			
If you answered "No" to either line 6s or line 6b, the plan cannot use Form 5500-SF and must instead a						
o If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 402	1)?	Yes 🔲 No	Not determined			
Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable	e cause in	established.				
Under penalties of perjury and other penalties set forth in the patructions, I declare that I have examined this return	m/report, in	cluding, if applica	ible, a Schedule			
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/n bellef, it is true, correct, and complete.	eport, and t	to the best of my	knowledge and			
BERT LAWER COSESCE 29 Spot 14 1 Ori-Hor	THAL	Kinson				
PIERE Signature of plan administrator Date Enter name of indi	,	(3	istrator			
DO Control Tark		Wilking				
HEIRE Signature of employer/plan sponsor Date Enter name of Indi						
Preparer's name (including firm name, if applicable) and address; include room or sulte number (optional)			number (optional)			
A STATE OF THE STA	1		· f-l-v			
	4, 45					

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	Form 5500-SF 2013		Page 2						
			4						
	Financial Information								
	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
a 7	Otal plan assets	7a	20,000					8	
b 7	Cotal plan liabilities werestood with the second consideration of the second considera	7b		0		0			0
G 1	Vet plan assets (subtract line 7b from line 7a)			0			57,15	8	
8 1	ncome, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total	
	Contributions received or receivable from:	0-145	10,83						10.00
	1) Employers	8=(1)	24,27		7.4				
	3) Others (Including rollovers)	8a(2)	23,27	<u> </u>				CATALOGUE A	
	Other income (loss)	8a(3) 8b	2.04	Δ.	in the second of				er alle de la company
-	Fotal Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1326				,
d l	Benefits paid (including direct rollovers and insurance premiums	00			2023M	e dela	A Secretary	37,15	30.45
t	o provide benefits)	8d			1,2		en diser		大大
9 (Certain deemed and/or corrective distributions (see instructions)	89							
ŧ /	Administrative service providers (salaries, fees, commissions)	81			N. C.		- Albert Tyle	Fac et	
9 (Other expenses	8g					47.4 J. #	944620744	44
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Web and the second						
1 /	Net income (loss) (subtract line 8h from line 8c)	81						37,15	
	Transfers to (from) the plan (see instructions)	8]							
	Plan Characteristics								-
9a	if the plan provides pension benefits, enter the applicable pension fe	eture cod	es from the List of Plan Characte	ristic	Code	s in th	ė instructior	ns:	-
	2A 2E 2C 2J 2K 3D								
Ь	If the plan provides welfare benefits, enter the applicable welfare fea	iture code	s from the List of Plan Character	Istic (Codes	In the	instructions		
-1	and blood branches are a section and a section and abbushed a section and							•	
153	Compliance Questions								-
10	During the plan year:				Yes	No		mount	
a		tions within	the time period described in		104	140	-	House	
	29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduc			10a		X			
Ь		7 (Do not i	nclude transactions reported						
	on line 100.)			10b		X			
0	Was the plan covered by a fidelity bond?			10c		Х			
<u>d</u>	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		ж			
9	Were any fees or commissions paid to any brokers, agents, or oth	er person	by an insurance carrier,						
	insurance service, or other organization that provides some or all instructions.)			40-	l	x			
				100	-	-			
<u>f</u>	Has the plan falled to provide any benefit when due under the plan			101		X			
9	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X			
_ h 	If this is an individual account plan, was there a blackout period? (2520,101-3.)			10h		ж	4		S. 129
1	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	ne require	i notice or one of the	101					
	*Vic Pension Funding Compliance						11.00	Carlo, (april o praga to sa	
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and comp	lete S	Chedi	ule SB	(Form	Uves 5	C] No.
118	5500) and line 11a below) Yes X No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39								
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code o	r sec	lion 30)2 of E	RISA?	Yes 2	S No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
a		ng amortiz	ed in this plan year, see instructi	ions,	and e	nter th	e date of th	etter ruling Year	,
H	If you completed line 12a, complete lines 3, 9, and 10 of Schedulo MB (Form 5500), and skip to line 13.								
<u></u> -		100				12b			
	services due duringular a selegia en metantimentell ini nita basi i Arsal - spenial		The second of th		and the last	3 (FE SEE			