For	m 5500-SF	Short Form Annu	•		Employee OMB Nos. 1210 1210			
	ment of the Treasury al Revenue Service	This form is required to be file	Benefit Pla		ree Retirement <b>2015</b>			
Employee Ber	partment of Labor nefits Security Administration			6057(b) and 6058(a) of the	b) and 6058(a) of the Internal This Form is Public Insp			
	hefit Guaranty Corporation			structions to the Form 5				
For calenda	r plan year 2015 or fisc	dentification Information al plan year beginning 06/01/		and ending	5/31/2016			
	urn/report is for:	a single-employer plan		er plan (not multiemployer) employer information in ac	(Filers check	0		
<b>B</b> This retu	rn/report is	the first return/report an amended return/report	X the final return/repo	ort turn/report (less than 12 m	onths)			
C Check b	ox if filing under:	Form 5558 special extension (enter desc	automatic extensio	n	m			
Part II	Basic Plan Inforr	<b>mation</b> —enter all requested ir						
1a Name o		·			(PN)	umber	001	
						06/01/		
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.0 country, and ZIP or foreign pos		nstructions)	(EIN)	91-092		
FARRELLS HEALTH CENTERS, INC.				r's telephone number 360-377-0164				
2011 NW MY	HRE RD SUITE 301				2d Busine	ess code (se	e instructions)	
SILVERDALE	, WA 98383-8561					62149	8	
3a Plan ad	Iministrator's name and	address XSame as Plan Spon	sor.		<b>3b</b> Admin	istrator's El	N	
					<b>3c</b> Admin	iistrator's te	ephone number	
		plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN			
name, <b>a</b> Sponso		per from the last return/report.			<b>4c</b> PN			
5a Total n	umber of participants at	t the beginning of the plan year.			5a		10	
		t the end of the plan year			5b		0	
		count balances as of the end of			5c		0	
		cipants at the beginning of the p			5d(1)		10	
		cipants at the end of the plan ye			5d(2)		0	
than 1	00% vested	rminated employment during the incomplete filing of this retur			5e	liched	0	
Under penal SB or Scheo	Ities of perjury and othe	r penalties set forth in the instru- signed by an enrolled actuary,	ctions, I declare that I ha	ave examined this return/re	port, includin	g, if applica		
SIGN	Filed with authorized/va		03/07/2017	CARL CRAMER				
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing a	s plan admi	nistrator	
SIGN HERE	Signature of omploy	or/plan anongor	Dete	Entor nome of individ		o omployor		
Preparer's n	Signature of employe name (including firm nar	ne, if applicable) and address (i	Date nclude room or suite nur	Enter name of individ nber )	Preparer's t			
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.		F	orm 5500-SF (2015)	

			0								
	<ul> <li>a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> <li>c Yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V</li></ul>										
	If you answered "No" to either line 6a or line 6b, the plan cann		,	,							
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_	No ∏ I	Not determined		
	rt III Financial Information	•	<b>0</b> (		,		L				
7	Plan Assets and Liabilities		(a) Beginning	n of Ve	ar			(b) End o	f Voar		
<u>,</u>	Total plan assets	. 7a			151		(b) End of Year				
· · · ·	Total plan liabilities	70 7b		0.0							
	Net plan assets (subtract line 7b from line 7a)	7.0 7.0		916	151				0		
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amou					(b) To	tal		
	Contributions received or receivable from: (1) Employers	8a(1)			568			(b) 10			
	(2) Participants	8a(2)		2	274						
	(3) Others (including rollovers)	8a(3)			0						
b	Other income (loss)	8b		-42	878						
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-40036		
d	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	. 8d		873	648						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f	Administrative service providers (salaries, fees, commissions)	8f		2	467						
g	Other expenses	8g			0	_					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					876115				
<u>    i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-916151				
j	Transfers to (from) the plan (see instructions)										
	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2G 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	he instructi	ons:		
B	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coc	les in th	e instructio	ns:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x					
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X					
c	reported on line 10a.) Was the plan covered by a fidelity bond?			10b 10c		x					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
e				IVU		~					
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х				0		
h	If this is an individual account plan, was there a blackout period? 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							
j	Did the plan trust incur unrelated business taxable income?			10i							

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500) and line 11a below)			ule SB	(Form	Yes	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	02 of E	RISA?	Yes	× No

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Page **3** - 1

					Т		
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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 Ye	es No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou			-		0
D		e PBGC?			. 1	X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I			
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part		Trust Information					
				116	Trusťs E		
144	Name	e of trust		140		IIN	
14c	Nam	e of trustee or custodian		14d		's or custoc ne number	lian's
Par	t IX	IRS Compliance Questions		1			
15a	Is th	e plan a 401(k) plan?		Y	es	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- ased safe arbor nethod	e AD tes	P/ACP st
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es	No	
16a	Chec	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цp	Ratio ercentag est		verage enefit test
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No	
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///	•				structions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinior	n or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last fa	avorable	
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No	
19	Were	in-service distributions made during the plan year?		Y	es	No	
	lf "Ye	es," enter amount		19			
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A

р.З

Department of the Treasury	Short Form Ann	ual Return/Repoi Benefit Plan	rt of Small Empl	oyee	OMB Nos. 1210-011 1210-008		
Department of Labor	This form is required to be I Income Security Act of 19		1065 of the Employee D	etirement	2015		
Employee Benefits Security Administratio Pension Benefit Guaranty Corporation		Revenue Code (the Co	de).	This Form is Ope			
······································	Complete all entries in the second	n accordance with the ins	tructions to the Form 55	00-SF.	Public Inspection		
Part I Annual Repor	IL IQENTIFICATION Informatio	<u>n</u>			······································		
For calendar plan year 2015 or		06/01/2015	and ending	05/3	31/2016		
A This return/report is for:	X a single-employer plan	list or participating e	plan (not multiemployer) mployer information in ac	(Filers check cordance with	ing this box must attach a https://www.ing.com/attach.all.com/attach.a		
		a foreign plan					
<b>B</b> This return/report is	the first return/report	X the final return/report					
	an amended return/report	🔲 a short plan year retu	m/report (less than 12 mo	onths)			
C Check box if filing under:	X Form 5558	automatic extension			VC program		
	special extension (enter des						
Part II Basic Plan Inf	ormation-enter all requested i	nformation					
1a Name of plan			······	1b Three-	diait		
FARRELLS HEALTH CEN	TERS, INC. PENSION T	RUST	r F	plan nu (PN)	umber 001		
			-	1c Effectiv	/e date of plan		
2a Plan sponsor's name (empl	oyer, if for a single-employer plan)	· · · · · · · · · · · · · · · · · · ·			1/1988		
Mailing address (include roo	om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos	() Box)	ructions)		rer Identification Number 91-0925311		
FARRELLS HEALTH CE	NTERS, INC.	nel bobe (n ibreigh, ace mat			or's telephone number 377-0164		
2011 NW MYHRE RD SI	UITE 301		-	2d Business code (see instructions) 621498			
SILVERDALE	WA 98383-85				-		
	MA 98383-85 nd address XSame as Plan Spon			9h	<u></u>		
	_			3b Adminis 3C Adminis			
					strator's EIN		
name, can, and the plan nu.	e plan sponsor has changed since mber from the last return/report.						
a Sponsor's name	mber from the last return/report.	the last return/report filed f	or this plan, enter the	3C Adminis 4b EIN 4c PN			
a Sponsor's name 5a Total number of participants	at the beginning of the plan year.	the last return/report filed f	or this plan, enter the	3C Adminis 4b EIN	strator's telephone number		
a Sponsor's name 5a Total number of participants b Total number of participants	at the end of the plan year	the last return/report filed f	or this plan, enter the	3C Adminis 4b EIN 4c PN	strator's telephone number		
<ul> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants</li> <li>c Number of participants with complete this item)</li> </ul>	at the end of the plan year	the last return/report filed f	or this plan, enter the	3C Adminis 4b EIN 4c PN 5a	strator's telephone number		
<ul> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active pair</li> </ul>	at the beginning of the plan year. at the end of the plan year account balances as of the end of rticipants at the beginning of the plan	the last return/report filed f the plan year (defined bene lan year	or this plan, enter the	3C Adminis 4b EIN 4c PN 5a 5b	strator's telephone number		
a Sponsor's name <b>5a</b> Total number of participants <b>b</b> Total number of participants <b>c</b> Number of participants with complete this item) <b>d(1)</b> Total number of active pair <b>d(2)</b> Total number of active pair	at the beginning of the plan year. at the end of the plan year account balances as of the end of rticipants at the beginning of the plan year	the last return/report filed f the plan year (defined bene lan year	or this plan, enter the	3C Adminis 4b EIN 4c PN 5a 5b 5c	strator's telephone number 10 0 10 10		
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<ul> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active paie</li> <li>d(2) Total number of active paie</li> <li>e Number of participants that than 100% vested.</li> </ul>	at the beginning of the plan year. at the end of the plan year account balances as of the end of rticipants at the beginning of the plan yes terminated employment during the	the last return/report filed f the plan year (defined bene lan year ar	or this plan, enter the	3C         Adminis           4b         EIN           4c         PN           5a         5b           5b         5c           5d(1)         5d(2)           5e         5	strator's telephone number 10 0 10 0 0 0		
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<ul> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active pait</li> <li>d(2) Total number of active pait</li> <li>d(3) Total number of active pait</li> <li>d(1) Total number of active pait</li> <li>d(1) Total number of active pait</li> <li>d(2) Total number of active pait</li> <li>d(2) Total number of active pait</li> <li>d(3) Total number of active pait</li> <li>d(1) Total number of active pait</li> <li>d(2) Total number of active pait</li> <li>d(2) Total number of active pait</li> <li>d(3) Total number of active pait</li> <li>d(1) Total number of active pait</li> <li>d(2) Total number of active pait</li> <li>d(2) Total number of active pait</li> <li>d(2) Total number of active pait</li> <li>d(3) Total number of active pait</li> <li>d(2) Total number of active pait</li> <li>d(3) Total number of active pait</li> <li>d(4) Total number of active pait</li> <li>d(2) Total number of active pait</li> <li>d(3) Total number of active pait</li> <li>d(4) Total number of active pait</li> <li>d(4</li></ul>	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan rticipants at the end of the plan yes terminated employment during the or incomplete filing of this return be penalties set forth in the instruc- del signed by an enrolled actuary of	the last return/report filed f the plan year (defined bene lan year ar plan year with accrued ben <u>n/report will be assessed</u> ctions, I declare that I have as well as the electronic ver	or this plan, enter the efft plans do not nefits that were less unless reasonable cause examined this return/report, a	3C         Adminis           4b         EIN           4c         PN           5a         5           5b         5           5c         5d(1)           5d(2)         5e           e is establis	strator's telephone number 10 0 10 0 hed.		
<ul> <li>a Sponsor's name</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active paid (2) Total number of participants that than 100% vested</li> <li>Caution: A penalty for the late of and other penalties of perjury and other penalty penal</li></ul>	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan rticipants at the end of the plan yes terminated employment during the or incomplete filing of this return her penalties set forth in the instruct id signed by an enrolled actuary, a base.	the last return/report filed f the plan year (defined bene lan year plan year with accrued ben <u>n/report will be assessed</u> ctions. I declare that I have as well as the electronic ver	or this plan, enter the sfit plans do not hefits that were less <b>unless reasonable caus</b> examined this return/report, a Carl Cramer	3C       Adminis         4b       EIN         4c       PN         5a       5b         5b       5c         5d(1)       5d(2)         5e       e is establis         rt, including, and to the beside       5d(1)	strator's telephone number 10 0 0 10 0 10 0 hed. if applicable, a Schedule st of my knowledge and		
a Sponsor's name         5a Total number of participants         b Total number of participants         c Number of participants with complete this item)         d(1) Total number of active pair         d(2) Total number of active pair         de Number of participants that than 100% vested         Caution: A penalty for the late of under penalties of perjury and otters of schedule MB completers are belief, it is true, correct, and completers are belief, it is true. correct, and completers are belief. It is true. correct and completers of penalty of plan a Sign the schedule of plan a signature of plan a signater of plan a signature of plan a signater	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan rticipants at the end of the plan yes terminated employment during the or incomplete filing of this return her penalties set forth in the instruct id signed by an enrolled actuary, a base.	the last return/report filed f the plan year (defined bene lan year ar plan year with accrued ben <u>n/report will be assessed</u> ctions, I declare that I have as well as the electronic ver	or this plan, enter the efft plans do not nefits that were less unless reasonable cause examined this return/report, a	3C       Adminis         4b       EIN         4c       PN         5a       5b         5b       5c         5d(1)       5d(2)         5e       e is establis         rt, including, and to the beside       5d(1)	strator's telephone number 10 0 0 10 0 10 0 hed. if applicable, a Schedule st of my knowledge and		
<ul> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active participants that than 100% vested.</li> <li>C Number of participants that than 100% vested.</li> <li>Caution: A penalty for the late of the late of the second of the late of the second of the late of the second of the late of the la</li></ul>	moer 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 rticipants at the beginning of the plan rticipants at the end of the plan ye- terminated employment during the or incomplete filing of this return her penalties set forth in the instruc- to signed by an enrolled actuary, a object.	the last return/report filed f the plan year (defined bene lan year e plan year with accrued ben n/report will be assessed ctions, I declare that I have as well as the electronic ver 3/7/17 Date	or this plan, enter the effit plans do not pefits that were less unless reasonable cause examined this retum/report, a Carl Cramer Enter name of individua	3C Adminis 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is establis rt, including, and to the beson of t	itrator's telephone number 10 10 0 10 0 10 10 10 0 hed. if applicable, a Schedule st of my knowledge and plan administrator		
a Sponsor's name         5a Total number of participants         b Total number of participants         c Number of participants with complete this item)         d(1) Total number of active pair         d(2) Total number of active pair         del number of participants that than 100% vested         Caution: A penalty for the late of under penalties of perjury and otter penalties of penalty for the late of penalty penalt	moer 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 rticipants at the beginning of the plan rticipants at the end of the plan ye- terminated employment during the or incomplete filing of this return her penalties set forth in the instruc- to signed by an enrolled actuary, a object.	the last return/report filed f the plan year (defined bene lan year e plan year with accrued ben n/report will be assessed ctions, I declare that I have as well as the electronic ver 3/7/17 Date Date	or this plan, enter the effit plans do not pefits that were less unless reasonable cause examined this return/report, a Carl Cramer Enter name of individua	3C       Adminis         4b       EIN         4c       PN         5a       5b         5b       5c         5d(1)       5d(2)         5e       e is establis         rt, including, and to the beside of the base       1         I signing as p       1	strator's telephone number 10 0 10 0 10 10 0 hed. if applicable, a Schedule st of my knowledge and		
a Sponsor's name         5a Total number of participants         b Total number of participants         c Number of participants with complete this item)         d(1) Total number of active pair         d(2) Total number of active pair         del number of participants that than 100% vested         Caution: A penalty for the late of under penalties of perjury and otter penalties of penalty for the late of penalty penalt	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan rticipants at the end of the plan ye- terminated employment during the or incomplete filing of this return her penalties set forth in the instruc- to signed by an enrolled actuary, a blete.	the last return/report filed f the plan year (defined bene lan year e plan year with accrued ben n/report will be assessed ctions, I declare that I have as well as the electronic ver 3/7/17 Date Date	or this plan, enter the effit plans do not pefits that were less unless reasonable cause examined this return/report, a Carl Cramer Enter name of individua	3C       Adminis         4b       EIN         4c       PN         5a       5b         5b       5c         5d(1)       5d(2)         5e       e is establis         rt, including, and to the beside of the base       1         I signing as p       1	10 10 0 10 0 10 0 10 0 10 10		

Form 5500-SF	Short Form Annual Return/Report of Small Employee OMB Not Benefit Plan					OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be file	This form is required to be filed under sections 104 and 4065 of the Employee Retiren					
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Public In					Form is Open to lic Inspection	
	Complete all entries in dentification Information		tructions to the Form 5500-	SF.			
For calendar plan year 2015 or fisc		06/01/2015	and ending	05/	31/201	.6	
A This return/report is for:	X a single-employer plan ] a one-participant plan		plan (not multiemployer) (File mployer information in accord		-		
<b>B</b> This return/report is	the first return/report	the first return/report X the final return/report					
	an amended return/report	a short plan year retu	rn/report (less than 12 month	s)			
C Check box if filing under:	X Form 5558	automatic extension		[] [	OFVC prog	ram	
	special extension (enter desc						
	mation—enter all requested in	formation				1	
<b>1a</b> Name of plan FARRELLS HEALTH CENTE	RS, INC. PENSION TR	RUST	10	Thre plan (PN)	number	001	
			10	Effec	tive date c		
	apt., suite no. and street, or P.C			<b>)</b> Empl		fication Number	
City or town, state or province, FARRELLS HEALTH CENT	country, and ZIP or foreign post TERS, INC.	tal code (if foreign, see ins	tructions) 20	2c Sponsor's telephone number			
2011 NW MYHRE RD SUITE 301       360-377-0         2012 NW MYHRE RD SUITE 301       621498				ness code			
SILVERDALE	WA 98383-85	61					
<b>3a</b> Plan administrator's name and	address XSame as Plan Spon	SOF.			nistrator's	EIN telephone number	
name, EIN, and the plan num	plan sponsor has changed since per from the last return/report.	the last return/report filed		D EIN			
a Sponsor's name				PN			
<b>5a</b> Total number of participants a				5a 5b		10	
	t the end of the plan year count balances as of the end of		actit plana da pat	5D 5C		0	
						0	
d(1) Total number of active parti		•		d(1) d(2)		<u> </u>	
<ul> <li>d(2) Total number of active parti</li> <li>Number of participants that te than 100% vested</li> </ul>		e plan year with accrued b	enefits that were less	5e		0	
Caution: A penalty for the late or	incomplete filing of this retur	n/report will be assessed	d unless reasonable cause i				
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	signed by an enrolled actuary, a						
SIGN			Carl Cramer				
HERE Signature of plan ad	ministrator	Date	Enter name of individual s	igning a	as plan adı	ministrator	
SIGN							
HERE Signature of employe		Date	Enter name of individual s	igning	as employe	er or plan sponsor	
Preparer's name (including firm na	ne, if applicable) and address (ii	nclude room or suite numb	per ) Pre	eparer's	telephone	number	
For Paperwork Reduction Act Notice						Form 5500-SE (2015)	

<ul> <li>6a Were all of the plan's assets during the plan year invested in eligit</li> <li>b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cameration of the plan cameration of</li></ul>	an indeper and condit	ndent qualified public a	account	ant (IQ	PA)			No
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No Not detern	nined
Part III Financial Information	_				_			
7 Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End of Year	
a Total plan assets	. 7a		91	6,15	1			0
<b>b</b> Total plan liabilities	. 7b							
C Net plan assets (subtract line 7b from line 7a)	. 7c		91	6,15	1			0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Total	
a Contributions received or receivable from:	80(4)			56	8			
(1) Employers	. 8a(1)			2,27				
(2) Participants	. 8a(2)			4,41	<u>-</u>			
(3) Others (including rollovers)	. 8a(3)		1	2,87	0			
<b>b</b> Other income (loss)	1		- 1	2,07	0		1	0,036
<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						-4	5,030
to provide benefits)	. 8d		87	3,64	8			
e Certain deemed and/or corrective distributions (see instructions)	. 8e				0			
f Administrative service providers (salaries, fees, commissions)	. 8f			2,46	7			
g Other expenses	. 8g				0			
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						87	6,115
i Net income (loss) (subtract line 8h from line 8c)	. 8i						-91	6,151
j Transfers to (from) the plan (see instructions)	- 8i				0			
Part IV Plan Characteristics								
9a       If the plan provides pension benefits, enter the applicable pension         2E       2J       2K       2G       3D         B       If the plan provides welfare benefits, enter the applicable welfare								
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amount	
a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program).	Voluntary F	iduciary Correction	10a		х			
<b>b</b> Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		х			
<b>C</b> Was the plan covered by a fidelity bond?			10c		х			
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
e Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of	the benefits under	10e		х			
${f f}$ Has the plan failed to provide any benefit when due under the pla	an?		10f		х			
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g	Х				
<b>h</b> 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 exceptions to providing the notice applied under 29 CFR 2520.10			10i					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance			. •,			<u> </u>		

	······································	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
40		

A?... Yes X No

Form 5500-SF 2015

Page 3 -

	(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 instruct granting the waiver		nter the Day	e date of t	the letter ru Year	ling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Duy_			
b E	Inter the minimum required contribution for this plan year		12b			
CE	nter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part V	II Plan Terminations and Transfers of Assets			i manati		
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	s No	
-	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	under the co	ntrol	X	Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	ne plan(s) to		1		
	c(1) Name of plan(s):	<b>13c(2)</b> E	EIN(s)		13c(3)	PN(s)
Part	/III Trust Information					
	ame of trust		14b <sup>-</sup>	Frust's Ell	N	
14c	Name of trustee or custodian		<b>14d</b> Trustee's or custodian's telephone number			
Part	IX IRS Compliance Questions	I				
15a	s the plan a 401(k) plan?		Ye	S	No	
	f "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and en natching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based saf		fe ADP/ACP test	
t	f the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curre esting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)(2(a)(2)(ii))?	(m)-	Ye		No	
<b>16a</b> (	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 4	410(b):		atio ercentage st		erage nefit test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combini his plan with any other plans under the permissive aggregation rules?		Ye	S	No	
	las the plan been timely amended for all required tax law changes?		Ye		No	N/A
f	or tax law changes and codes).	. Enter the a	••	-		nstructions
17c i	f the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan the advisory letter, enter the date of that favorable letter and the letter's serial numbers of the series		to a fa	vorable I	RS opinion	or
17d	f the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter letermination letter	the date of t	the pla	n's last fa	vorable	
	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has nade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isla		Yes	6	No	
<b>19</b> v	Vere in-service distributions made during the plan year?		Ye	s	No	
I	f "Yes," enter amount		19			
	Vere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wheth etired), as required under section 401(a)(9)?		Ye	S	No	N/A

Department of the Treasury Internal Revenue Service

Part I

Identification

## 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

Α	Name of filer, plan administrator, or plan sponsor (see instructions)	B Filer's id	B Filer's identifying number (see instructions)					
	FARRELLS HEALTH CENTERS, INC.	Employe	Employer identification number (EIN) (9 digits XX					
	Number, street, and room or suite no. (If a P.O. box, see instructions)			91-092	25311			
	2011 NW MYHRE RD SUITE 301	Social se	curity num	ber (SSN)	(9 digits XXX->	(X-XXXX)		
	City or town, state, and ZIP code							
	SILVERDALE, WA 98383-8561							
С	Plan name	Plan		Plan year ending—				
	T lan name	number		мм	DD	ΥΥΥΥ		
	FARRELLS HEALTH CENTERS, INC. PENSION TRUST	0 0	1	05	31	2016		
Pa	rt II Extension of Time To File Form 5500 Series, and/or Form	3955- <b>SSA</b>						
1	Check this box if you are requesting an extension of time on line 2 to file t in Part 1, C above.	he first Form 55	00 series	return/re	eport for the	plan listed		

- I request an extension of time until <u>03 / 15 / 2017</u> to file Form 5500 series (see instructions).
   Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 03 / 15 / 2017 to file Form 8955-SSA (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

## Part III Extension of Time To File Form 5330 (see instructions)

4	kogu opt en extension of time until ( / to to file Form 5220
4	I request an extension of time until /// / to file Form 5330. You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
	Tou may be approved for up to a 6 month extension to me form 5550, after the normal due date of form 5550.
а	Enter the Code section(s) imposing the tax
b	Enter the payment amount attached
с	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date
5	State in detail why you need the extension:
	·
nder r	enalties of periury. I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Cat. No. 12005T