Form 5500-SF		Short Form Annual Ret	OMB Nos. 1210-0110 1210-0089								
Department of the Treasury Internal Revenue Service		Benefit Plan				2013					
	epartment of Labor enefits Security Administration	This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				58(a) of This Form is Open to Pub					
Pension Be	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I Annual Report Identification Information											
	ar plan year 2013 or fisca			<b>C</b>	2/31/2	_					
<ul> <li>A This return/report is for: a single-employer plan</li> <li>B This return/report is: The first return/report</li> <li>C the first return/report</li> <li>C the first return/report</li> </ul>						a one-participant plan					
<b>B</b> This ref	turn/report is:										
C Check box if filing under:					onths						
						DFVC progra	IM				
special extension (enter description)											
Part II		nation—enter all requested information	n		16	Thurso disit					
1a Name	of plan HT ENTERPRISES 401(I	K) PLAN				Three-digit plan number					
						(PN) ▶	001				
					1c	Effective date o	•				
2a Plan s	nonsor's name and addr	ess; include room or suite number (emp	lover if for a single	omployor plan)	2h	01/01					
	HT ENTERPRISES, INC			employer plan)		(=)	03697				
P.O. BOX 1						Sponsor's telep 509-764	4-9600				
MOSES LA	KE, WA 98837				2d	d Business code (see instructions) 423990					
<b>3a</b> Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         COURTRIGHT ENTERPRISES,INC.       P.O. BOX 1266						b Administrator's EIN 91-1503697					
MOSES LAKE, WA 98837 <b>3c</b> Administrator's telephone number 509-764-9600											
4 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.					4b	EIN					
<b>a</b> Spons	or's name				<b>4c</b> PN						
5a Total	number of participants at	the beginning of the plan year			5a						
<b>b</b> Total	number of participants at	the end of the plan year			5b						
		count balances as of the end of the plan	• •	-	5c		4				
<ul> <li>complete this item)</li></ul>							X Yes No				
-		er line 6a or line 6b, the plan cannot			_						
C If the	plan is a defined benefit p	blan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)? .		Yes No	Not determined				
Caution: A	A penalty for the late or	incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	ise is	established.					
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.											
SIGN	Filed with authorized/va	lid electronic signature.	03/10/2014	SUSAN COURTRIGH	RIGHT						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	dividual signing as plan administrator						
SIGN											
HERE		ignature of employer/plan sponsor Date Enter name of individ									
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) JODI CALHOUN RANDALL & HURLEY, INC. 601 W. RIVERSIDE SUITE 1600				Preparer's telephone number (optional) 509-838-5500							
SPOKANE, WA 99201											

Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning of Yea	ning of Year			(b) End of Year				
a Total plan assets	7a	9458	94585			106706				
<b>b</b> Total plan liabilities	7b	220	2200			0				
C Net plan assets (subtract line 7b from line 7a)	7c	9238	5	106706						
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
a Contributions received or receivable from:	8a(1)	167	7							
(1) Employers	, í	697								
(2) Participants	8a(2)	001								
<ul><li>(3) Others (including rollovers)</li><li>b Other income (loss)</li></ul>	8a(3) 8b	1628	3							
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80 80	10203			24027					
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	00				24937					
to provide benefits)	8d	1061	6							
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f									
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					10616				
i Net income (loss) (subtract line 8h from line 8c)	8i					14321				
<b>j</b> Transfers to (from) the plan (see instructions)	8j									
b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions										
	0 During the plan year:									
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					Х					
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х					
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		50000				
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					x					
f Has the plan failed to provide any benefit when due under the plan?										
I has the plan failed to provide any benefit when due the plan	<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.)									
	s of year end		10f 10a		X X					
	See instructi	.) ons and 29 CFR	10f 10g 10h							
<ul><li>g Did the plan have any participant loans? (If "Yes," enter amount as</li><li>h If this is an individual account plan, was there a blackout period? (</li></ul>	See instruction required not	.) ons and 29 CFR  otice or one of the	10g		Х					
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	See instruction required not	.) ons and 29 CFR  otice or one of the	10g 10h		Х					
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> </ul>	See instruction ne required no 1-3 ents? (If "Yes	.) ons and 29 CFR otice or one of the s," see instructions and com	10g 10h 10i		X X Iule SE					
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	See instruction re required no 1-3 ents? (If "Yes	.) ons and 29 CFR otice or one of the s," see instructions and com	10g 10h 10i	·····	X X Iule SE					
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year from the second secon</li></ul>	See instruction re required no 1-3 ents? (If "Yes om Schedule	.) ons and 29 CFR otice or one of the s," see instructions and com s SB (Form 5500) line 39	10g 10h 10i		X X dule SE					
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year from the second sec</li></ul>	See instruction re required no 1-3 ents? (If "Yes om Schedule requirements	.) ons and 29 CFR otice or one of the s," see instructions and com e SB (Form 5500) line 39 s of section 412 of the Code	10g 10h 10i		X X dule SE					
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-2010</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year fr</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> </ul>	See instruction re required no 1-3 ents? (If "Yes om Schedule requirements as applicable ng amortized	.) ons and 29 CFR otice or one of the s," see instructions and com e SB (Form 5500) line 39 s of section 412 of the Code e.) in this plan year, see instruct	10g 10h 10i plete e or se	ction :	X X Jule SE 11a 302 of					
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.)</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year fr</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> <li>a If a waiver of the minimum funding standard for a prior year is beir</li> </ul>	See instruction re required no 1-3 ents? (If "Yes om Schedule requirements as applicable ng amortized	.) ons and 29 CFR otice or one of the s," see instructions and com e SB (Form 5500) line 39 s of section 412 of the Code e.) in this plan year, see instruction	10g 10h 10i plete e or se	ction :	X X Jule SE 11a 302 of	ERISA? Yes No				

C	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?	Ye	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 c of the PBGC?	ontrol		Yes X No				
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.)								
13c(1) Name of plan(s):			l(s)	<b>13c(3)</b> PN(s)				
Part	VIII Trust Information (optional)		1					
14a	lame of trust	14b Trust's EIN						

Form 5500-SF Short Form An	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089					
Internal Revenue Service This form is require	and 4065 of the Employe		2	2013					
Department of Labor Employee Benefits Security Administration	B(a) of This Form is Open to Public Inspection								
Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I Annual Report Identification Inform For calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending		12/31/2013	3				
B This return/report is:									
C Check box if filing under:       Form 5558       a short plan year return/report (less than 12 months)									
C Check box if filing under:		DFVC progra	am						
Part II Basic Plan Information—enter all reque									
1a Name of plan	ested information		1h	Three-digit					
Courtright Enterprises 401(k) Plan			10	plan number					
-				(PN) 🕨	001				
				Effective date o 01/01/2010					
2a Plan sponsor's name and address; include room or suite Courtright Enterprises, Inc.	e number (employer, if for a singl	e-employer plan)	2b	Employer Identification Number (EIN) 91-1503697					
P.O. Box 1266			2c	Sponsor's telep					
			2d	509-764-9600 Business code (see instructions)					
Moses Lake WA 98	837		423990						
<b>3a</b> Plan administrator's name and address Same as Plan Courtright Enterprises, Inc.	<b>3b</b> Administrator's EIN 91-1503697								
courcingne Encerprises, inc.	3c Administrator's telephone number								
P.O. Box 1266		509-764-96	500						
Moses Lake WA 98837	•								
4 If the name and/or EIN of the plan sponsor has changed	d since the last return/report filed	for this plan, enter the	4b EIN						
name, EIN, and the plan number from the last return/re a Sponsor's name	port.		4						
5a Total number of participants at the beginning of the plan	vear			PN	-				
b Total number of participants at the end of the plan year			5a		5				
<ul> <li>C Number of participants with account balances as of the</li> </ul>			5b		4				
complete this item)			5c		4				
6a Were all of the plan's assets during the plan year inves	ted in eligible assets? (See instru	uctions.)			X Yes No				
<b>b</b> Are you claiming a waiver of the annual examination an									
under 29 CFR 2520.104-46? (See instructions on waive If you answered "No" to either line 6a or line 6b, the					X Yes No				
<ul> <li>C If the plan is a defined benefit plan, is it covered under t</li> </ul>	and the second se				Not determined				
Caution: A penalty for the late or incomplete filing of this									
Under penalties of perjury and other penalties set forth in the					able a Schedule				
SB or Schedule MB completed and signed by an enrolled ac belief, it is true, correct, and complete.	tuary, as well as the electronic v	ersion of this return/report,	and t	o the best of my	knowledge and				
SIGN Auson L. Catualt 3/1/14 Susan Courtright									
HERE Signature of plan administrator	Date	Enter name of individual signing as plan ac			ninistrator				
SIGN Span 2 - Contract	3/1/14	Susan Courtrig							
HERE Signature of employer/plan sponsor	Date	Enter name of individu	al sig	ning as emplove	r or plan sponsor				
Preparer's name (including firm name, if applicable) and add	ress; include room or suite numb	per (optional)		arer's telephone	number (optional)				
Jodi Calhoun Randall & Hurley, Inc.				509-838	-5500				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

WA

99201

601 W. Riverside

Suite 1600 Spokane

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ear		
а	Total plan assets				5	5 10670					
b	D Total plan liabilities										0
с	C Net plan assets (subtract line 7b from line 7a)				5				1	.06'	706
8	8 Income, Expenses, and Transfers for this Plan Year (a) Amount						(b) T	otal			
а										1	
	(2) Participants							5.01			
	(3) Others (including rollovers)										
b	b Other income (loss)										
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								249	937
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8d		1061	6						
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g							(NC) V	1.8	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	The second second							100	616
i	Net income (loss) (subtract line 8h from line 8c)	8i								143	321
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	-/ 1									
9a b Par											
10	V         Compliance Questions           During the plan year:				Yes	No		Amo	unt		
	a Was there a failure to transmit to the plan any participant contributions within the time period described in							AIIIC	Junit		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					Х					
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).					х					
С	C Was the plan covered by a fidelity bond?									500	000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					х					
e	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					x					
f	f Has the plan failed to provide any benefit when due under the plan?					Х					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					х					
ì	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	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	Π	No
11a	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a										
12									No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									<u> </u>	
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc		and e	enter ti Day		he le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule										_
b	Enter the minimum required contribution for this plan year					12b					