## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

# Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension	Benefit Guaranty Corporation	▶ Complete all entries in accordar	nce with the instruc	tions to the Form 5500	O-SF.	1110	peolion	
Part I	Annual Report I	dentification Information				•		
For calen	dar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013		
A This re	eturn/report is for:			an (not multiemployer)		a one-particip	oant plan	
<b>B</b> This re	eturn/report is:	the first return/report the	e final return/report					
		an amended return/report as	short plan year return	/report (less than 12 mo	onths)	)		
C Check	box if filing under:	片	utomatic extension			DFVC progra	m	
		special extension (enter description)						
Part II	Basic Plan Infor	mation—enter all requested information	on					
1a Name FARMIN R	e of plan OTHROCK & PARROTT	, INC.			1b	Three-digit plan number	004	
					1c	(PN) ▶ Effective date of	001 f plan	
						01/01/	/1987	
	sponsor's name and add OTHROCK & PARROTT	Iress; include room or suite number (emp. , INC.	loyer, if for a single-e	employer plan)	2b	Employer Identif (EIN) 91-13		
2110 N. W.	ASHINGTON ST.				2c	Sponsor's telep		
SPOKANE, WA 99205-4702					2d	Business code ( 52421		
<b>3a</b> Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address ARMIN ROTHROCK & PARROTT, INC. 2110 N. WASHINGTON ST.					3b	Administrator's E	EIN 54469	
ARIVIIN RO	SPOKANE, WA 99205-4702				<b>3c</b> Administrator's telephone number 509-323-3232			
nam		plan sponsor has changed since the last ber from the last return/report.	return/report filed fo	r this plan, enter the	4b 4c	EIN PN		
<b>5a</b> Tota	number of participants a	at the beginning of the plan year			5a		14	
<b>b</b> Tota	number of participants a	at the end of the plan year			5b		15	
		ccount balances as of the end of the plan	•	•	5c		11	
<b>6a</b> Wer	e all of the plan's assets	during the plan year invested in eligible	assets? (See instruct	ions.)			X Yes No	
unde	er 29 CFR 2520.104-46?	the annual examination and report of an (See instructions on waiver eligibility and	d conditions.)				X Yes No	
-		her line 6a or line 6b, the plan cannot plan, is it covered under the PBGC insu					Not determined	
Caution:	A penalty for the late o	r incomplete filing of this return/repor	t will be assessed ι	ınless reasonable cau	se is	established.		
Under per SB or Sch	nalties of perjury and oth	er penalties set forth in the instructions, I d signed by an enrolled actuary, as well a	declare that I have e	examined this return/rep	ort, ir	ncluding, if applica		
SIGN	Filed with authorized/v	ralid electronic signature.	09/29/2014	KELLY EGAN				
HERE	Signature of plan ad	lministrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrator	
SIGN								
HERE Signature of employer/plan sponsor Date Enter name of individual signing a								
Preparers	s name (including firm na	ame, if applicable) and address; include r	oom or suite number	(optional)	Prep	parer's telephone	number (optional)	

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea		Τ		(b) En	b) End of Year			
<u>′</u> а	Total plan assets	7a	(a) Beginning of Tea				(b) EII		210390	)	
<u>u</u>	Total plan liabilities	7b						-			
	Net plan assets (subtract line 7b from line 7a)	7c	111595	5		1210390				)	
8	Income, Expenses, and Transfers for this Plan Year	70					(b)				
	Contributions received or receivable from:		(a) Amount				(D)	Total			
	(1) Employers	8a(1)	2181	6							
	(2) Participants	8a(2)	5626	3							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	15062	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	228708	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	13427	3							
е	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							13427	3	
i	Net income (loss) (subtract line 8h from line 8c)	8i							9443	5	
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 2E 2G 2J 2K 3D 2F	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instr	uction	S:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	ic Coc	des in t	he instru	ctions			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					100000	
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud	10d		X				100000	
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100							
·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See		Χ						
	instructions.)			10e	^					3129	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	X					11104	
h	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 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)								Yes	П No	
112	Enter the unpaid minimum required contribution for current year fr					11a		··   L			
12	Is this a defined contribution plan subject to the minimum funding						EDIGV5	Тг	Yes	X No	
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. UI SE	CUUII	JUZ UI	LNISA!	··   L	. 03	/\ 140	
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th	ne date o	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					⊔ay		. 160	AI		
	Enter the minimum required contribution for this plan year	•				12b					

Page	3 -		1
------	-----	--	---

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	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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	



# Authorization to Electronically Sign and File 5500

I hereby authorize any employee of <u>Professional Benefit Services, Inc.</u> to electronically sign and file the 5500 forms on my behalf.

#### I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to <u>Professional</u> Benefit Services, Inc.

Plan Name:	Farmin, Rothroc	k & Parrott, Inc. Savings Plan		
Signature:_	Kelly	Egypnesianismine.	Dated:	9-19-14
	Plan Trustee			

#### NOTE TO USER:

A copy of this authorization must be kept in your records (but is not included in the filing). You must agree to communicate any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding the return/report upon electronically signing the filing.

To sign on behalf of the plan administrator, you must register as a "signer" at the DOL EFAST2 website and a signed copy of the 5500 form should be attached to the electronic filing as an "other attachment".

### 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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Report Identification Information			<del></del>					
For calendar plan year 2013 or fiscal plan year beginning 01/0	01/2013	and ending	12/	/31/2013				
A This return/report is for:	multiple-employer p	lan (not multiemployer)	Па	one-participant plan				
<b>B</b> This return/report is:  the first return/report th	e final return/report							
an amended return/report as	short plan year retur	n/report (less than 12 mo	onths)					
C Check box if filing under: X Form 5558	utomatic extension			FVC program				
special extension (enter description)								
Part II Basic Plan Information—enter all requested information	on							
1a Name of plan			<b>1b</b> Thre	ee-digit				
FARMIN ROTHROCK & PARROTT, INC.			•	number 001				
			(PN	ective date of plan				
			01/	01/1987				
2a Plan sponsor's name and address; include room or suite number (emp	oloyer, if for a single	employer plan)	2b Emp	oloyer Identification Number				
FARMIN ROTHROCK & PARROTT, INC.				N) 91-1354469				
2110 N. WASHINGTON ST.			onsor's telephone number					
ZIIO N. WADIINOTON DI.				9-323-3232 iness code (see instructions)				
SPOKANE WA 99205-4702			4210					
3a Plan administrator's name and address ☐Same as Plan Sponsor Nar	3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address							
FARMIN ROTHROCK & PARROTT, INC.				-1354469				
				ninistrator's telephone number 9-323-3232				
2110 N. WASHINGTON ST.				73233232				
CDOMANE WA COOCE 4700								
SPOKANE WA 99205-4702								
4 If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report.	t return/report filed f	or this plan, enter the	4b EIN					
a Sponsor's name			4c PN					
5a Total number of participants at the beginning of the plan year			5a	14				
<b>b</b> Total number of participants at the end of the plan year		•••••	5b	15				
c Number of participants with account balances as of the end of the pla	n year (defined bene	efit plans do not						
complete this item)			5c	<u> </u>				
<ul><li>6a Were all of the plan's assets during the plan year invested in eligible</li><li>b Are you claiming a waiver of the annual examination and report of an</li></ul>	•	•		X Yes   No				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and				X Yes No				
If you answered "No" to either line 6a or line 6b, the plan cannot								
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC insu	ırance program (see	ERISA section 4021)?.	Yes	S No Not determined				
Caution: A penalty for the late or incomplete filing of this return/report	rt will be assessed	unless reasonable cau	se is esta	blished.				
Under penalties of perjury and other penalties set forth in the instructions,	I declare that I have	examined this return/rep	ort. includ	ing, if applicable, a Schedule				
SB or Schedule MB completed and signed by an enrolled actuary, as well belief, it is true, correct, and complete.	as the electronic ve	sion of this return/report	, and to the	e best of my knowledge and				
1/1///	1 2	T	•					
SIGN / LUG 4	9-19-14	Kelly Egan						
HERE Signature of plan administrator	Date	Enter name of individ	dividual signing as plan administrator					
SIGN Kelly Eg	9-19-14	Kelly Egan						
HERE Signature of employer/plan sponsor	Date	Enter name of individ		as employer or plan sponsor				
Preparer's name (including firm name, if applicable) and address; include	room or suite numbe	er (optional)	Preparer'	's telephone number (optional)				

7 Plan Assets and Liabilit	es		(a) Beginning of Ye	ar			(b) End	of Year	
a Total plan assets		. 7a		1595	55		3.7		1210390
<b>b</b> Total plan liabilities		. 7b							
C Net plan assets (subtract	ct line 7b from line 7a)	7c	11	1595	55				1210390
8 Income, Expenses, and	Transfers for this Plan Year		(a) Amount			(b) Total			
a Contributions received (1) Employers	or receivable from:	. 8a(1)		2181	L6				
(2) Participants		. 8a(2)		5626	53				
(3) Others (including ro	llovers)	. 8a(3)			-2.1				
<b>b</b> Other income (loss)		. 8b	1	5062	29				
	8a(1), 8a(2), 8a(3), and 8b)	. 8c		KWA:	99				228708
d Benefits paid (including	direct rollovers and insurance premiums		1	3427	73				
	corrective distributions (see instructions)		1	344	73 3.0		et egig saget se state Nyang Segal Sebag		
	roviders (salaries, fees, commissions)	. 8e		****	146				
					1921				
	20 Od Oo Of and Oa)			Na pasance	1974	i galfiner			
	es 8d, 8e, 8f, and 8g)								134273
	act line 8h from line 8c) Dlan (see instructions)				3034 172.5	8 / 4 J.	onge, nere læddig vinse		94435
Part IV Plan Chara		· 8j			Lii				
b If the plan provides wel	fare benefits, enter the applicable welfare f								
Part V   Compliance	Questions								
10 During the plan year:					Yes	No		Amoun	t
29 CFR 2510.3-102?	transmit to the plan any participant contribu (See instructions and DOL's Voluntary Fid	uciary Cor	rection Program)	10a		х			
b Were there any nonex on line 10a.)	empt transactions with any party-in-interes	t? (Do not	include transactions reported	10b		х			
C Was the plan covered	by a fidelity bond?			10c	х				100000
d Did the plan have a los or dishonesty?	ss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		Х			
Were any fees or com insurance service, or constructions.)	missions paid to any brokers, agents, or ot other organization that provides some or all	her person of the ben	ns by an insurance carrier, nefits under the plan? (See	10e	Х				3129
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				11104
h If this is an individual a 2520.101-3.)	account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10h		Х			
i If 10h was answered " exceptions to providing	Yes," check the box if you either provided t g the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i					
Part VI Pension Fund	ding Compliance						<u> </u>		
11 Is this a defined benefi 5500) and line 11a bel	t plan subject to minimum funding requiren	nents? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form	Γ	es   No
11a Enter the unpaid minir	num required contribution for current year f	rom Sched	fule SB (Form 5500) line 39			11a			
	bution plan subject to the minimum funding						ERISA?	ΠYe	s X No
(If "Yes," complete line	12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)					<u> </u>	
<b>a</b> If a waiver of the minin granting the waiver	num funding standard for a prior year is bei	ng amortiz	ed in this plan year, see instruc	ctions, th	and e	enter th Day	ne date of	the letter Year	ruling
	a, complete lines 3, 9, and 10 of Schedul								
<b>D</b> Enter the minimum rec	uired contribution for this plan year					12b			

	Form 5500-SF 2013 Page <b>3</b> -								
•									
c	Enter the amount contributed by the employer to the plan for this plan year		120	$\Box$					
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)		120	,					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Π	۱ آ	⁄es	П	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	Х	No		***************************************
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			π				·	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unde of the PBGC?	the	contro	эI				☐ Ye	s 🛭 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the planth which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):	1	3c(2)	EIN	٠ (s)			13c(	3) PN(s)
							Ī		
Part	VIII Trust Information (optional)			-					

14b Trust's EIN

14a Name of trust