Form 5500-SF		Short Form Annual Return/Report of Small Employ			OMB Nos. 1210- 1210-				
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employed			е	2013			
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).			(a) of This Form is Open to Publi				
Pension Be	enefit Guaranty Corporation	tions to the Form 5500)-SF.	spection					
Part I Annual Report Identification Information									
For calend	ar plan year 2013 or fisca			and ending 1	2/31/2	2013			
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan		
B This ref	turn/report is:		he final return/report						
				n/report (less than 12 mo	onths)	_			
C Check	box if filing under:	¥_ Form 5558	automatic extension			DFVC progra	am		
		special extension (enter description)							
Part II		mation—enter all requested informati	ion						
1a Name) AND PROFIT SHARING PLAN			1b	Three-digit plan number			
000011010		AND TROTT STARING LAN				(PN)	001		
					1c	Effective date of plan			
						03/01/1984			
	ponsor's name and address a	ess; include room or suite number (em	iployer, if for a single-	employer plan)	2b		ification Number		
7603 SR 27	0				2c	Sponsor's telep 208-88			
PULLMAN,					2d	Business code (see instructions) 424700			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b				
				·			telephone number		
4 If the	name and/or EIN of the p	plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN			
	or's name	in the last return report.			4c PN				
5a Total	number of participants at	t the beginning of the plan year			5a	ia 119			
b Total	number of participants at	t the end of the plan year			5b	114			
		count balances as of the end of the pla			5c		90		
		during the plan year invested in eligible					X Yes No		
b Are ye	ou claiming a waiver of th	he annual examination and report of an	n independent qualifie	d public accountant (IQI	PA)				
		See instructions on waiver eligibility an					X Yes No		
-		er line 6a or line 6b, the plan cannot							
C If the	plan is a defined benefit	plan, is it covered under the PBGC inst	urance program (see	ERISA section 4021)?		Yes No	Not determined		
		incomplete filing of this return/repo							
SB or Sche		er penalties set forth in the instructions, signed by an enrolled actuary, as well ete.							
SIGN HERE	Filed with authorized/va	alid electronic signature.	10/06/2014	ERIC BUSCH					
	Signature of plan adr	ninistrator	Date	Enter name of individu	ual sig	ining as plan adı	ministrator		
SIGN HERE	Filed with authorized/va	alid electronic signature.	10/06/2014	ERIC BUSCH					
	Signature of employe		Date	Enter name of individu					
Preparer's	name (including firm nar	me, if applicable) and address; include	room or suite number	r (optional)	Prep	arer's telephone	e number (optional)		

a Total plan labilities 7a 1944232 2331663 b Total plan labilities 7b 1 1 c Not plan assets (subtract line 7b from line 7a) 7c 1984232 2331663 a Contributions received or receivable from: (a) Amount (b) Total 1 (2) Participants 8a(1) 142741 (b) Total (2) Participants 8a(2) 47729 1 1 (3) Other (including collovers) 8a(3) 0 1 1 1 (3) Other (including collovers) 8a(3) 0 5 5 5 5 5 5 7 5 5 5 7 5 5 5 7 5 5 5 7 5 5 5 7 5 5 5 7 5 5 5 7 5 5 7 5 5 7 5 5 7 5 5 7 5 5 7 5 5 7 5			(a) Beginning of Year		(b) End of Year			
b Total plan labilities To To C Not plan assets (subtract line 7b from line 7a) 7c 1844232 2331663 Income, Expenses.and Transfers for this Plan Yeir (a) Amount (b) Total C Ontholidons necelved or receivable from: 8a(1) 142741 (2) Participants. 8a(2) 0 0 (3) Others (including rollovers). 8b 327617 517557 (3) Benefits paid (including direct videors and insurance permitums to provide benefits). 6c 517557 C Total including direct videors and insurance permitums to provide benefits). 6d 39523 (2) Other income (des) 0 0 0 0 f Administrative service provides (salaries, lese, commissions). 8f 39523 0 (3) Other species 8g 1 487431 30156 i Transfers (b (from) the plan (xee instructions). 8g 1 487431 j Transfers to (from) the plan (xee instructions). g) 2 2 2 2 2 3 31 d If the plan provides	a Total plan assets						(1)	
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a Contributions received or receivable from: a Contributions received or receivable from: (1) Employees (2) Participants. (3) Others (including redevers) (4) Others (including redevers) (5) Others (including redevers) (6) Others (including redevers) (7) Employees (8) 327617 (7) Employee Second Technology (10) and (10)	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
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to provide benefits) 8d 2663 e Certain deemed and/or corrective distributions (see instructions) 8d 0 f Administrative service providers (salaries, fees, commissions) 8d 3523 g Other expenses 8g 30156 i N Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 30156 i N Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 30156 i N Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 30156 i N Total expenses (add lines 8d, 8e, 8f, and 8g) 8g 487431 j Transfers to (from) the plan (see instructions) 8j 487431 j Transfers to (from) the plan (see instructions) 8j 487431 g Definition (See Status) 8j 487431 j Transfers to (from) the plan (see instructions) 8j 487431 g Definition (See Status) 8j 487431		8c			_			517587
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f Administrative service providers (salaries, fees, commissions)	· · · ·			0				
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Part IV Plan Characteristics 3a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2z 2F 2G 2J 2K 3H b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 0 During the plan year: Yes No Amount a 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)								
Ba If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Ba If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 0 During the plan year: a 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 Flduciary Correction Program)	• • • • • • • • •	0)						
a 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)								
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a A b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 1800 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 1800 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.) 10d X X 1800 f Has the plan failed to provide any benefit when due under the plan? 10d X X 10d X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X X 10d X f Has the plan failed to provide under 29 CFR 2520.101-3 10h X 10h X 10d X 10d X 10d X 10d X 10d 10h X 10d 10h X 10h X 10h 10h 10h <t< th=""><th></th><th></th><th></th><th></th><th>Yes</th><th>No</th><th>A</th><th>mount</th></t<>					Yes	No	A	mount
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f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year 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 10i X exart VI Pension Funding Compliance 10i Yes Yes Yes 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	insurance service, or other organization that provides some or a	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				х		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	_					Х		
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Part VI Pension Funding Compliance 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 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes Yes 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes Yes 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	g Did the plan have any participant loans? (If "Yes," enter amounth If this is an individual account plan, was there a blackout period?	? (See instruction	ons and 29 CFR			X	1	
I1 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) I Yes I1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a I2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? I Yes Yes I2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? I Yes Yes I3 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	 g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided 	? (See instruction the required not	ons and 29 CFR	10h		Х		
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (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. Day Year	 g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 	? (See instruction the required not	ons and 29 CFR	10h		X		
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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a 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	 g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 	the required no 01-3	ons and 29 CFR otice or one of the s," see instructions and com	10h 10i	<u></u>	lule SE		Yes]
a 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	 g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.11 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year 	P (See instruction the required no 01-3 ments? (If "Yes from Schedule	ons and 29 CFR btice or one of the s," see instructions and com SB (Form 5500) line 39	10h 10i		dule SE		
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b Enter the minimum required contribution for this plan year	 g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year 12 Is this a defined contribution plan subject to the minimum funding 	P (See instruction the required not 01-3	ons and 29 CFR otice or one of the s," see instructions and com SB (Form 5500) line 39 s of section 412 of the Code	10h 10i		dule SE		

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				
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.)							
13c(1) Name of plan(s): 13			l(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)		1					
14a Name of trust			14b Trust's EIN					