## 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 B	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	)-SF.		
Part I	Annual Report	Identification Information				•	
For calend		scal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This re	turn/report is for:	a single-employer plan a	multiple-employer pla	an (not multiemployer)		a one-partici	pant plan
<b>B</b> This re	turn/report is:	the first return/report the	e final return/report				
			, ,	/report (less than 12 mo	onths	_	
C Check	box if filing under:	Form 5558 au au special extension (enter description)	utomatic extension			DFVC progra	am
Part II	Rasic Plan Info	rmation—enter all requested information	an .				
		imation—enter an requested information	JII		1h	Three-digit	
1a Name	•	C 401(K) PROFIT SHARING PLAN			10	plan number	
ROOLKOT	OTATO OLIVIOL, LLC	7 +01(R) 1 ROLLI GHARING I LAN				(PN) <b>•</b>	001
					1c	Effective date of	of plan
							/2010
	ponsor's name and ad	dress; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identi	ification Number
					2c	Sponsor's telep	
	LROAD AVE					509-54	5-9918
PASCO, WA	A 99301				2d	Business code	(see instructions)
3a Plan a	administrator's name ar	nd address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
		e plan sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b	EIN	
	e, EIN, and the plan hur sor's name	mber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a		5
<b>b</b> Total	number of participants	at the end of the plan year			5b		6
		account balances as of the end of the pla			5c		6
		s during the plan year invested in eligible					X Yes No
		the annual examination and report of an					
		? (See instructions on waiver eligibility and					X Yes No
If you	ı answered "No" to ei	ther line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.	
<b>C</b> If the	plan is a defined benef	it plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?	[	Yes No	Not determined
Caution: /	A penalty for the late	or incomplete filing of this return/repor	t will be assessed u	ınless reasonable cau	se is	established.	
Under pen	alties of perjury and oth	ner penalties set forth in the instructions, l	declare that I have	examined this return/rep	ort, ir	ncluding, if applic	able, a Schedule
	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, as well ablete.	as the electronic vers	sion of this return/report,	, and	to the best of my	knowledge and
SIGN	Filed with authorized/	valid electronic signature.					
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ıal siç	gning as plan adr	ministrator
SIGN							
HERE	Signature of emplo		Date	Enter name of individu	ual siç	gning as employe	er or plan sponsor
Preparer's	name (including firm n	ame, if applicable) and address; include r	oom or suite number	(optional)	Prep	oarer's telephone	number (optional)

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear	
a	Total plan assets	7a	3970				(2) =::	<del></del>	75975	5
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	3970	7					75975	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(a) Amount				(10)	Total		
	(1) Employers	8a(1)	1063	4						
	(2) Participants	8a(2)	2693	2						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	247	1						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							40037	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	290	0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	86	9						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3769	)
i	Net income (loss) (subtract line 8h from line 8c)	8i							36268	3
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics	-,								
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions		
Dan	t V Committee of Constitute									
Par	•									
10	During the plan year:				Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Corr	ection Program)	10a		X				
K.	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X				
					X					05000
				10c						25000
	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	•	•							
	instructions.)		• •	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	and \			X				
h	If this is an individual account plan, was there a blackout period? (	(See instru	ictions and 29 CFR	10g		X				
i	2520.101-3.)	ne required	d notice or one of the	10h		X				
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[	Yes	X No
11a	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	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 instru		, and e	enter th Day	ne date o	f the le		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year				T	12b				

Page	3 -		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	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	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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 Earn FEO.CE

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension I	Benefit Guaranty Corporation	Complete all entries in accorda	nce with the instruct	tions to the Form 550	0-SF.	Ins	spection
Part I	Annual Report	Identification Information					
	dar plan year 2013 or fis			and ending	12/31/2	2013	
A This re	eturn/report is for:		7	an (not multiemployer)	j	a one-partici	pant plan
B This re	eturn/report is:	the first return/report	ne final return/report				
		an amended return/report a	short plan year return	/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	utomatic extension			DFVC progra	am
		special extension (enter description)					
Part II	Basic Plan Info	rmation—enter all requested informati	ion				
1a Name					1b	Three-digit	
	tato Service, LLC 401(k	) Profit Sharing Plan				plan number	
9						(PN) ▶	001
					1c	Effective date o 01/01/2	
	sponsor's name and add tato Service, LLC	dress; include room or suite number (em	ployer, if for a single-e	employer plan)	2b	Employer Identi (EIN) 91-172	fication Number
					2c	Sponsor's telep	hone number
0440 N D-	the and Aven					(509) 54	
6419 N Ra	ilroad Ave				2d	Business code	(see instructions)
Pasco, WA	99301					111210	
3a Plan	administrator's name ar	nd address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's	telephone number
		e plan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN	
	e, EIN, and the plan nur isor's name	mber from the last return/report.			4c	DN	
		at the beginning of the plan year			-	I	5
						-	6
		at the end of the plan year			5b		0
		account balances as of the end of the pla			5с		6
		s during the plan year invested in eligible					X Yes No
		f the annual examination and report of ar					X Yes ∏ No
		? (See instructions on waiver eligibility ar ither line 6a or line 6b, the plan canno					M Tes   No
-		fit plan, is it covered under the PBGC ins			-		Not determined
C IT the	e pian is a defined benef	it plan, is it covered under the PBGC ins	urance program (see	ERISA SECTION 4021)?		Yes No	Not determined
Caution:	A penalty for the late	or incomplete filing of this return/repo	ort will be assessed i	unless reasonable cau	use is	established.	
		her penalties set forth in the instructions,					
	hedule MB completed and s true, corredt, and comp	nd signed by an enrolled actuary, as well	I as the electronic vers	sion of this return/report	t, and t	o the best of my	knowledge and
bellet, it is	strue, corredt, and com	Diete.					
SIGN	hall C	Non	10-6-14	Joel Rogers			
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual sin	ning as nlan adr	ministrator
01011	organization of piant a		-		au sig	g us plan au	iou atoi
SIGN			1		_		
	Signature of emplo		Date	Enter name of individ			
Preparer	s name (including tirm r	name, if applicable) and address; include	room or suite numbe	(optional)	Prep	arei s teiepnone	number (optional)

	COUNTER BY STATE OF THE STATE O		NAME OF THE PARTY		_			
7 Plan Assets and	d Liabilities	St. Seff W	(a) Beginning of Yea		-	(	b) End of	STANDED VICTOR
a Total plan asse	ts	7a	39707	7	_			75975
	ties	7b			_			
c Net plan assets	(subtract line 7b from line 7a)	7c	39707	7	_			75975
	ses, and Transfers for this Plan Year	77.7	(a) Amount		_		(b) Tota	al
	eceived or receivable from:	8a(1)	10634	1	7.5			
		8a(2)	26932	_				
				0				
	uding rollovers)		247	_	-			
	088)							40027
	dd lines 8a(1), 8a(2), 8a(3), and 8b) ncluding direct rollovers and insurance premiums	8c				MATERIA		40037
	fits)	8d	2900	0				
	d and/or corrective distributions (see instructions)		(	0			THE T	
f Administrative	service providers (salaries, fees, commissions)	8f	869	9	100		-	
	· · · · · · · · · · · · · · · · · · ·					1975		
•	(add lines 8d, 8e, 8f, and 8g)							3769
	ss) (subtract line 8h from line 8c)							36268
The state of the s	om) the plan (see instructions)	_				FIRE		
Part IV Plan	Characteristics	, ,						
and the same of th								
	iance Questions				V	N- T		
10 During the pla	n year:	AT			Yes	No	Ar	nount
During the pla a Was there a f 29 CFR 2510	on year: ailure to transmit to the plan any participant contrib 0.3-102? (See instructions and DOL's Voluntary Fig	duciary Correc	tion Program)	10a	Yes	No X	Ar	nount
a Was there a f 29 CFR 2510 b Were there ar	in year: allure to transmit to the plan any participant contrib	duciary Correct st? (Do not inc	tion Program)	10a	Yes		Ar	nount
a Was there a f 29 CFR 2510 b Were there ar on line 10a.).	in year: ailure to transmit to the plan any participant contrib ),3-102? (See instructions and DOL's Voluntary Fig ny nonexempt transactions with any party-in-intere	duciary Correct st? (Do not inc	stion Program)		Yes	х	Ar	
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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?	. 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 of the PBGC?	200-25 CC 200-25 CC		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) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ist's EIN	