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)

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Parti		t identification information						
For calend	lar plan year 2014 or	fiscal plan year beginning 11/01/2014		and ending 10	/31/2015			
		<u> </u>		oloyer plan (not multiemployer) (Filers checking this box must attach				
A This re	turn/report is for:		dance with the form in	structions)				
5			foreign plan					
B This ret	urn/report is		ne final return/report					
		an amended return/report a	short plan year return	n/report (less than 12 m	onths)			
C Check	box if filing under:	X Form 5558	utomatic extension		DFVC progr	am		
• • • • • • • • • • • • • • • • • • • •	John IIII.ig allasii	special extension (enter description)	1		_			
Dort II	Pacia Blan Inf	formation automall required informati	·					
Part II		ormation—enter all requested informat	ion		1b Three-digit			
1a Name of plan RTK FARMS 401(K) PLAN					plan number			
					(PN) ▶	001		
					1c Effective date of	of plan 1/2013		
2a Plan s	sponsor's name and a	address; include room or suite number (em	plover, if for a single-	employer plan)	2b Employer Ident			
RTK FARMS		(2	p ,			951615		
					2c Sponsor's telephone number			
118305 S SF					509-854-1365			
PROSSER, \	WA 99350				2d Business code			
3a Plan a	administrator's name	and address XSame as Plan Sponsor.			3b Administrator's EIN			
Ou Flair a		and address Adame as Flan oponsor.			OD Administrators			
					3c Administrator's	telephone number		
4 If the	name and/or EIN of t	he plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b EIN			
name	e, EIN, and the plan n	umber from the last return/report.		, F ,				
	sor's name				4c PN	12		
5a Total number of participants at the beginning of the plan year					5a			
		ts at the end of the plan year			5b			
		h account balances as of the end of the pla			5c	10		
•	,	participants at the beginning of the plan yea			5d(1)			
					5d(1)	C		
		participants at the end of the plan year			5d(2)	C		
		terminated employment during the plan ye			5e			
					saa ia aatabliahad	C		
Caution: A	A penalty for the late	e or incomplete filing of this return/repo	rt will be assessed (unless reasonable cau	ise is established.	C		
Under pen	alties of perjury and	e or incomplete filing of this return/repo other penalties set forth in the instructions,	I declare that I have	examined this return/re	port, including, if applic	cable, a Schedule		
Under pen SB or Sche	nalties of perjury and one deduce MB completed	other penalties set forth in the instructions, and signed by an enrolled actuary, as well	I declare that I have	examined this return/re	port, including, if applic	cable, a Schedule		
Under pen SB or Sche belief, it is	nalties of perjury and of edule MB completed true, correct, and cor	other penalties set forth in the instructions, and signed by an enrolled actuary, as well	I declare that I have	examined this return/re	port, including, if applic	cable, a Schedule		
Under pen SB or Sche	ralties of perjury and of edule MB completed true, correct, and correct with authorize	other penalties set forth in the instructions, and signed by an enrolled actuary, as well mplete. d/valid electronic signature.	I declare that I have as the electronic vers	examined this return/rejsion of this return/report	port, including, if applit t, and to the best of my	cable, a Schedule v knowledge and		
Under pen SB or Sche belief, it is SIGN HERE	nalties of perjury and of edule MB completed true, correct, and cor	other penalties set forth in the instructions, and signed by an enrolled actuary, as well mplete. d/valid electronic signature.	I declare that I have	examined this return/rejsion of this return/report	port, including, if applic	cable, a Schedule v knowledge and		
Under pen SB or Sche belief, it is	alties of perjury and of edule MB completed true, correct, and correct with authorize Signature of plan	other penalties set forth in the instructions, and signed by an enrolled actuary, as well mplete. d/valid electronic signature. administrator	I declare that I have as the electronic vers	examined this return/reportsion of this return/report	port, including, if applit t, and to the best of my ual signing as plan ad	cable, a Schedule v knowledge and ministrator		
Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	alties of perjury and of edule MB completed true, correct, and correct with authorize Signature of plan	other penalties set forth in the instructions, and signed by an enrolled actuary, as well mplete. d/valid electronic signature.	I declare that I have as the electronic vers	examined this return/reportsion of this return/report Enter name of individ Enter name of individ	port, including, if applit t, and to the best of my	cable, a Schedule / knowledge and ministrator		
Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	alties of perjury and of edule MB completed true, correct, and correct with authorize Signature of plan	other penalties set forth in the instructions, and signed by an enrolled actuary, as well mplete. d/valid electronic signature. administrator loyer/plan sponsor	I declare that I have as the electronic vers	examined this return/reportsion of this return/report Enter name of individ Enter name of individ	port, including, if applict, and to the best of my ual signing as plan ad ual signing as employe	cable, a Schedule / knowledge and ministrator		
Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	alties of perjury and of edule MB completed true, correct, and correct with authorize Signature of plan	other penalties set forth in the instructions, and signed by an enrolled actuary, as well mplete. d/valid electronic signature. administrator loyer/plan sponsor	I declare that I have as the electronic vers	examined this return/reportsion of this return/report Enter name of individ Enter name of individ	port, including, if applict, and to the best of my ual signing as plan ad ual signing as employe	cable, a Schedule / knowledge and ministrator		
Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	alties of perjury and of edule MB completed true, correct, and correct with authorize Signature of plan	other penalties set forth in the instructions, and signed by an enrolled actuary, as well mplete. d/valid electronic signature. administrator loyer/plan sponsor	I declare that I have as the electronic vers	examined this return/reportsion of this return/report Enter name of individ Enter name of individ	port, including, if applict, and to the best of my ual signing as plan ad ual signing as employe	cable, a Schedule / knowledge and ministrator		

	Form 5500-SF 2014		Page 2								
b .	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure answered "No" to either line 6a or line 6b, the plan cannot the plan cannot the plan is the plan in the plan in the plan in the plan is the plan in the plan in the plan in the plan is the plan in t	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	X Yes No				
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	121)?.		res	No Not determined				
Par					1						
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year 11872				
	Total plan assets	7a	124	120	-		11072				
	Fotal plan liabilities	7b	124	120			11872				
	Net plan assets (subtract line 7b from line 7a)	7c			-						
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total				
	1) Employers	8a(1)									
	2) Participants	8a(2)									
(3) Others (including rollovers)	8a(3)									
b (Other income (loss)	8b	12	290							
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1290				
	Benefits paid (including direct rollovers and insurance premiums		16	888							
	o provide benefits)	8d	10	,00							
	Certain deemed and/or corrective distributions (see instructions)	8e	1	50							
	Administrative service providers (salaries, fees, commissions)	8f									
-	Other expenses	8g					1838				
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					-548				
	Net income (loss) (subtract line 8h from line 8c)	8i					040				
Part		8j									
	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare few compliance Questions										
10	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)					X	x				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	<u></u>	'	10b		X					
C	Was the plan covered by a fidelity bond?			10c		X					
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?					Χ					
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	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	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X					
i											
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)										
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requirem	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 being ranting the waiver.	-			, and e	enter th Day					

	Form 5500-SF 2014 Page 3 - 1				
lf :	you 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	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?	X	Yes N	lo	
	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?		Yes	s 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):	13c(2) E	IN(s)	13c(3	B) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

Parti	Annual Repor									
For calend	dar plan year 2014 or	fiscal plan year beginning	11/01/2014	and ending	10/31/2	015				
A This re	eturn/report is for:	x a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)							
		a one-participant plan	a foreign plan							
B This ret	turn/report is	the first return/report	the final return/report							
		an amended return/report	rt							
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	gram				
		special extension (enter descr	iption)							
Part II	Pasia Blan Int	Formation	·							
		formation—enter all requested inf	ormation		1b Three-digit					
1a Name of plan RTK Farms 401(k) Plan						001				
					1c Effective date of plan 11/01/2013					
	sponsor's name and a rms, LLC	nddress; include room or suite numbe	er (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 46-4951615					
118305	S SR 221				2c Sponsor's telephone number 509-854-1365					
Prosse:	r	WA 99350			2d Business code (see instructions)					
		and address XSame as Plan Spons	or.		3b Administrator's EIN					
					3c Administrator	's telephone number				
					3c Administrator's telephone number					
4 If the	name and/or EIN of the	he plan sponsor has changed since t	he last return/report filed fo	r this plan, enter the	4b EIN					
name, EIN, and the plan number from the last return/report.										
•	or's name				4c PN					
5a Total number of participants at the beginning of the plan year					5a	12				
b Total	number of participant	s at the end of the plan year		••	5b	10				
		n account balances as of the end of the			5c	10				
d(1) Tot	al number of active p	articipants at the beginning of the pla	an year		5d(1)	0				
d(2) Tot	al number of active p	articipants at the end of the plan yea	r		5d(2)	0				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e					
1000 111	ian 100% vested				эе	0				
		or incomplete filing of this return	/report will be assessed o							
Caution: A Under pena SB or Sche	A penalty for the late alties of perjury and o edule MB completed a	e or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, as	tions, I declare that I have o	ınless reasonable cau	 see is established. port, including, if app	0 olicable, a Schedule				
Caution: A Under pena SB or Sche	A penalty for the late alties of perjury and o edule MB completed a true, correct, and con	other penalties set forth in the instruct and signed by an enrolled actuary, as	tions, I declare that I have o	ınless reasonable cau	se is established. port, including, if app, , and to the best of	0 olicable, a Schedule				
Caution: A Under pena SB or Sche belief, it is	A penalty for the late alties of perjury and o edule MB completed a true, correct, and con	other penalties set forth in the instruct and signed by an enrolled actuary, as aplete.	tions, I declare that I have es well as the electronic vers	unless reasonable cau examined this return/rep tion of this return/report Robert Troy Ha	se is established. port, including, if app , and to the best of artley	0 Dicable, a Schedule my knowledge and				
Caution: A Under pens SB or Sche belief, it is t SIGN HERE	A penalty for the late alties of perjury and o edule MB completed a true, correct, and con	other penalties set forth in the instruct and signed by an enrolled actuary, as aplete.	tions, I declare that I have o	unless reasonable cau examined this return/report	se is established. port, including, if app , and to the best of artley	0 Dicable, a Schedule my knowledge and				
Caution: A Under pen SB or Sche belief, it is t SIGN HERE	A penalty for the late alties of perjury and o edule MB completed a true, correct, and con	other penalties set forth in the instruct and signed by an enrolled actuary, as aplete.	tions, I declare that I have es well as the electronic vers	unless reasonable cau examined this return/rep tion of this return/report Robert Troy Ha	se is established. port, including, if app , and to the best of artley	0 Dicable, a Schedule my knowledge and				
Caution: A Under pens SB or Sche belief, it is to SIGN HERE SIGN HERE	A penalty for the late alties of perjury and o dedule MB completed a true, correct, and con Signature of plan	other penalties set forth in the instruction of the	tions, I declare that I have es well as the electronic vers 7 5 1 Date Date	inless reasonable cau examined this return/rep ion of this return/report Robert Troy Ha Enter name of individu	use is established. port, including, if apply, and to the best of artley ual signing as plan a	olicable, a Schedule my knowledge and administrator over or plan sponsor				
Caution: A Under pens SB or Sche belief, it is to SIGN HERE SIGN HERE	A penalty for the late alties of perjury and o dedule MB completed a true, correct, and con Signature of plan	other penalties set forth in the instruct and signed by an enrolled actuary, as aplete. Administrator	tions, I declare that I have es well as the electronic vers 7 5 1 Date Date	inless reasonable cau examined this return/rep ion of this return/report Robert Troy Ha Enter name of individu	use is established. port, including, if apply, and to the best of artley ual signing as plan a	olicable, a Schedule my knowledge and administrator				
Caution: A Under pens SB or Sche belief, it is to SIGN HERE SIGN HERE	A penalty for the late alties of perjury and o dedule MB completed a true, correct, and con Signature of plan	other penalties set forth in the instruction of the	tions, I declare that I have es well as the electronic vers 7 5 1 Date Date	inless reasonable cau examined this return/rep ion of this return/report Robert Troy Ha Enter name of individu	use is established. port, including, if apply, and to the best of artley ual signing as plan a	olicable, a Schedule my knowledge and administrator over or plan sponsor				
Caution: A Under pens SB or Sche belief, it is to SIGN HERE SIGN HERE	A penalty for the late alties of perjury and o dedule MB completed a true, correct, and con Signature of plan	other penalties set forth in the instruction of the	tions, I declare that I have es well as the electronic vers 7 5 1 Date Date	inless reasonable cau examined this return/rep ion of this return/report Robert Troy Ha Enter name of individu	use is established. port, including, if apply, and to the best of artley ual signing as plan a	olicable, a Schedule my knowledge and administrator over or plan sponsor				
Caution: A Under pens SB or Sche belief, it is to SIGN HERE SIGN HERE	A penalty for the late alties of perjury and o dedule MB completed a true, correct, and con Signature of plan	other penalties set forth in the instruction of the	tions, I declare that I have es well as the electronic vers 7 5 1 Date Date	inless reasonable cau examined this return/rep ion of this return/report Robert Troy Ha Enter name of individu	use is established. port, including, if apply, and to the best of artley ual signing as plan a	olicable, a Schedule my knowledge and administrator over or plan sponsor				

	Form 5500-SF 2014		Page 2	,						
b	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form							X Yes	No No	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA section 40	21)?		Yes	No [Not deterr	mined	
Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End o			
а	Total plan assets	7a	1:	2,42	0			1	1,872	
b	Total plan liabilities	7b								
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	1:	2,42	0			1	1,87	
8	Income, Expenses, and Transfers for this Plan Year	Take the	(a) Amount				(b) To	otal	. e. e e. T	
а 	Contributions received or receivable from: (1) Employers	8a(1)			24 (1) 24 (1) 24 (1)					
	(2) Participants	8a(2)			160 200					
	(3) Others (including rollovers)	8a(3)		1 00	31.5°					
	Other income (loss)	8b		1,29	0 33	iya ta			1 00	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1.7 2.0		in a gorster		1,29	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1,68	8					
	Certain deemed and/or corrective distributions (see instructions)	8e			14.5° 14.5°					
	Administrative service providers (salaries, fees, commissions)	8f		15	0					
g	Other expenses									
	otal expenses (add lines 8d, 8e, 8f, and 8g)					1,838				
i	Net income (loss) (subtract line 8h from line 8c)	8i	8i			-54				
j	Transfers to (from) the plan (see instructions)									
b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for									
Parl	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.	itions with uciary Cor	in the time period described in rection Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		Х				
С	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
е						х				
f	f Has the plan failed to provide any benefit when due under the plan?					Х				
g						X.				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10g 10h		Х				
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)	nents? (If	"Yes," see instructions and con	nplete	Sched	lule SB	(Form	Yes	No	
145	Enter the uppaid minimum required contribution for current year for	rom Sche	dule SB (Form 5500) line 39			11a				

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

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

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

granting the waiver.Month

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Yes X No