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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

F	Part I	Annual Report	Id	entification Information									
Fo	r calenda	ar plan year 2015 or f	sca	l plan year beginning 01/01/2	2016 and ending 03	3/31/20	016						
A	This ret	urn/report is for:	X	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan								
В	This retu	urn/report is		the first return/report an amended return/report									
С	Check I	box if filing under:		Form 5558 special extension (enter descri	automatic extension		DFVC progr	ram					
Р	art II	Basic Plan Info	orm	nation—enter all requested inf	formation								
1a	Name	l.		,		1b	Three-digit plan number (PN) ▶	001					
						1c	Effective date of 02/0	f plan 1/1998					
2a	Mailing	address (include roc	m, a	, if for a single-employer plan) apt., suite no. and street, or P.C	D. Box) al code (if foreign, see instructions)		()	182077					
-LA		ANCH LLC	, ,	, and <u></u>	a. codo (i. 1616)g.i, cod mondoloj	2c Sponsor's telephone number 509-966-3905							
2550 BORTON ROAD /AKIMA, WA 98903						2d Business code (see instructions) 111900							
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number													
4				an sponsor has changed since er from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN						
а	Spons	or's name				4c	1						
5a	Total ı	number of participants	at	the beginning of the plan year		5		9					
b	Total	number of participants	at	the end of the plan year		5	b	0					
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						. 5c							
C	l(1) Tota	al number of active pa	rtici	pants at the beginning of the pl	an year	5d		9					
C	i(2) Tot	al number of active pa	artic	pants at the end of the plan yea	ar	5d	(2)	0					
	than	100% vested			plan year with accrued benefits that were less	5		0					
Un SE	der pena or Sche	alties of perjury and o	ther ind s	penalties set forth in the instructions	n/report will be assessed unless reasonable cau ctions, I declare that I have examined this return/rep as well as the electronic version of this return/report	oort, ir	ncluding, if applic						

SIGN HERE

Filed with authorized/valid electronic signature.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot 	an indepen and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	account t instea	ant (IQ	PA) Form	5500.		<u>.</u>	Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	etermined
Part III Financial Information	1				_				
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	7a		856	325					0
b Total plan liabilities	7b		050	2005					0
C Net plan assets (subtract line 7b from line 7a)	7c			325					0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) T	otal	
(1) Employers	8a(1)			617					
(2) Participants	8a(2)		1	233					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		14	024					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								15874
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
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								0
i Net income (loss) (subtract line 8h from line 8c)	i Net income (loss) (subtract line 8h from line 8c)								15874
j Transfers to (from) the plan (see instructions)	8j		-872	199					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	as from the List of Pla	n Char	actorist	ic Coc	les in the	a instruct	ione:	
In the plant provides welfare benefits, effer the applicable welfare to	cature cout	23 HOM the List of Flat	ii Onaic	actorist	10 000	103 111 1110	o mondo	10113.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest			401		X				
reported on line 10a.)			10b		^				
C 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 by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons	by an insurance he benefits under	10e		X				
					X				
	Has the plan failed to provide any benefit when due under the plan?								
					X				
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h	X					
	n was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3								
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance				•					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									res X No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?		res X No

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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 ins		enter the Day _	date of t	the letter rul Year	ing		
If	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 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?		. Yes 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 broughthe PBGC?	-		X	Yes	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)		
BOR	TON FAMILY COMPANIES 401K PROFIT SHARING PLAN	91-0859370	001					
Part	VIII Trust Information							
	Name of trust		14b Trust's EIN					
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number						
Par	t IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan?		Yes	5	No			
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Design- based safe ADP/ACP harbor test method						
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?		Yes	Yes No				
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		⊔ _{ре}	Ratio Average test benefit t				
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come this plan with any other plans under the permissive aggregation rules?	Yes	5	No				
17a	Has the plan been timely amended for all required tax law changes?		Yes	6	No	N/A		
17b	Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	plicable	code	(See ins	tructions			
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plant advisory letter, enter the date of that favorable letter/ and the letter's serial number of the plant sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plant advisory letter, enter the date of that favorable letter/ and the letter's serial number of the plant sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plant advisory letter, enter the date of that favorable letter/ and the letter's serial number of the plant sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plant advisory letter, enter the date of that favorable letter/ and the letter's serial number of the plant sponsor is a pre-approved master and prototype (M&P) or volume submitter plant advisory letter, enter the date of that favorable letter/ and the letter's serial number of the plant sponsor is a pre-approved master and prototype (M&P) or volume submitter plant advisor is a pre-approved master and prototype (M&P) or volume submitter plant advisor is a pre-approved master and prototype (M&P) or volume submitter plant advisor is a pre-approved master and prototype (M&P) or volume submitter plant advisor is a pre-approved master and prototype (M&P) or volume submitter plant advisor is a pre-approved master and prototype (M&P) or volume submitter plant advisor is a pre-approved master and prototype (M&P) or volume submitter plant advisor is a pre-approved master and prototype (M&P) or volume submitter plant advisor is a pre-approved master and prototype (M&P) or volume submitter plant advisor is a pre-approved master and prototype (M&P) or volume submitter plant advisor is a pre-approved master a		t to a fa	vorable II	RS opinion	or		
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plan	's last fa	vorable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes		No			
19	Were in-service distributions made during the plan year?		Yes	3	No			
	If "Yes," enter amount		19					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Yes	3	No	N/A		

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Commission of a market in accordance with the instructions to the Form FFOO SE

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

		AI D	Liberation Information	Ordance with the manuc	ions to the Ponn 550	70-3F.	
_	art I		Identification Information cal plan year beginning	01/01/2016	and ending	03/31/20:	16
			x a single-employer plan	a multiple-employer pla	n (not multiemployer)	(Filers checking th	nis box must attach
		turn/report is for:	a one-participant plan	a list of participating en	nployer information in a	accordance with th	ne form instructions)
B	This re	turn/report is:	the first return/report an amended return/report	x the final return/report x a short plan year return	/report (less than 12 n	nonths)	
С	Check	box if filing under:	Form 5558	automatic extension		DFVC p	program
_		,	special extension (enter descrip	otion)			
	art II		prmation enter all requested in	nformation		1.41	
1a		e of plan T TOP RANCH LLC	401K PROFIT SHARING PLA	TN.		1b Three-digi plan numb (PN) ▶	
						1c Effective of 02/01/1	•
2a	Maili	na Address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street or P.O.	Box)	uctions)		Identification Number L-1182077
		or town, state or province T TOP RANCH LLC	ce, country, and ZIP or foreign posta	n code (ii ioreign, see insuc	ctionsy		telephone number 966-3905
	255	0 BORTON ROAD				2d Business 111900	code (see instructions)
		AKIMA WA 98903				-	
3a	l Plan	administrator's name a	nd address X Same as Plan Spo	nsor Name		3b Administra	ator's EIN
						3c Administr	ator's telephone number
4			e plan sponsor has changed since to mber from the last return/report.	he last return/report filed fo	r this plan, enter the	4b EIN	
á		nsor's name				4c PN	
			at the beginning of the plan year			. 5a	9
b			s at the end of the plan year				0
С			account balances as of the end of the			. 5c	0
d	(1) To	tal number of active pa	rticipants at the beginning of the pla	n year		. 5d(1)	9
¢			rticipants at the end of the plan year			. 5d(2)	0
e		ber of participants that than 100% vested	terminated employment during the p	olan year with accrued bene	efits that were	. 5e	0
			or incomplete filing of this return				
S	SB or S	enalties of perjury and on thedule MB completed is true, correct, and cor	other penalties set forth in the instruction and signed by an enrolled actuary, a mplete.	ctions, I declare that I have as well as the electronic ver	examined this return/repo	report, including, if ort, and to the bes	applicable, a Schedule t of my knowledge and
	SIGN						
		Signature of plan add	ministrator	Date	Enter name of individ	ual signing as plar	administrator
Г		David K	Honrido	9/22/16	David R. Hovd		
	SIGN HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signing as emp	oloyer or plan sponsor
			name, if applicable) and address; in	nclude room or sulte numbe		Preparer's tele	

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)		•••••		**********	•••••	XYes	□No	
	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.)								XYes	□No	
	If you answered "No" to either line 6a or line 6b, the plan cannot	use Forn	n 5500-SF and must inst								
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pro	ogram (see ERISA section	1 402	1)?	····················	Yes	No	Not c	letermined	
Pa	rt III Financial Information					_					
7	Plan Assets and Liabilities		(a) Beginning of	Year	•	↓		(b) End	of Year		
	Total plan assets	7a	85	66,32	25	-			<u>=</u>	0	
	Total plan liabilities	7b					0				
	Net plan assets (subtract line 7b from line 7a)	7c	- , (***)			(b) Total					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	(a) Amount				4. 1		(a)	otai	A STATE OF STATE	
<u> </u>	(1) Employers	8a(1)			17			alle in Hira in S	4		
	(2) Participants	8a(2)		1,233							
	(3) Others (including rollovers)	8a(3)				i i					
	Other income (loss)	8b		14,0	24	25 T					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				4			15	, 874	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e			,	3.					
f	Administrative service providers (salaries, fees, commissions)	8f				1.2		4 2 3 3 1		W. Hyds	
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
i	Net income (loss) (subtract line 8h from line 8c)	8i			15,8					,874	
<u>i</u>	Transfers to (from) the plan (see instructions)	8j	(872	2,19	9)				Edika (
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	Code	es in the	instructi	ons:		
\perp	2A 2E 2G 2J 2K 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	aracte	ristic	Codes	in the	instructio	ns:		
ہے											
Pa	rt V Compliance Questions					,	December 1				
<u>10</u>	During the plan year:				Yes	No	NA		Amount		
а			•			l					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	iuntary Fio	luciary Correction	10a		x					
b	Were there any nonexempt transactions with any party-in-interest	? (Do not ir					37	-			
_	reported on line 10a.)										
С	Was the plan covered by a fidelity bond?	*************	*************************	10c	x	<u> </u>				100,000	
d		•	•	الما		x					
_	by fraud or dishonesty?			10d		 ^					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	e or all of t	he benefits under				G				
	the plan? (See instructions.)			10e		x					
f	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f		х			_		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х		•			
h	If this is an individual account plan, was there a blackout period? (See instru	ctions and 29 CFR					n sylv Na pasia			
	2520.101-3.)			10h	Х	ļ	100				
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				х						
j	Did the plan trust incur unrelated business taxable income?		***************************************	10j				٠			
Pa	rt VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								□ Y€	es 🗷 No	
11	Enter the unpaid minimum required contribution for current year from the contribution for current year.						11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the C	ode o	or sec	tion 3	02 of El	RISA?	Ye	s X No	

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable	e.)				
a If a waiver of the minimum funding standard for a prior year is being amortized granting the waiver.	I in this plan year, see in: Mo	structions, and on the Di	enter the av	e date of the let	ter ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form					
b Enter the minimum required contribution for this plan year			12b		
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 (e	nter a minus sign to the l		12d		
e Will the minimum funding amount reported on line 12d be met by the funding d				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 of the PBGC?				ΧY	es 🔲 No
C If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)			-		
13c(1) Name of plan(s):		13c	(2) EIN	(s) 13	c(3) PN(s)
BORTON FAMILY COMPANIES 401K PROFIT SHARING PLAN		91-0	85937	0	001
Part VIII Trust Information	***				
14a Name of trust		•	14b T	rust's EIN	
14c Name of trustee or custodian				rustee or custo	dian's
			tele	phone number	
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan:			☐ Ye	s 🗍	No.
Total is the plant a 40 (k) plant.				sign-	
15b if "Yes." how does the 401(k) plan satisfy the nondiscrimination requirements for	or employee deferrals an	d employer	│	sed safe 🔲	ADP/ACP
matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	***************************************	***************************************		rbor ethod	test
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year	r using the "current year	,	☐ Ye	s \square	No.
testing method" for nonhighly compensated employees (Treas. Reg. section 1.4)1(m)-	יַ כ	ъ 🗀	INU
2(a)(2)(ii))?	***************************************	***************************************			
16a Check the box to indicate the method used by the plan to satisfy the coverage	requirements under secti	on 410(b):		iceillage —	Average Benefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410 this plan with any other plans under the permissive aggregation rules?	(b) and 401(a)(4) by com		☐ Ye		No
17a Has the Plan been timely amended for all required law changes?	***************************************		☐ Ye	es 🗆	No 🔲 N
17b Date of the last plan amendment/restatement for the required tax law changes instructions for tax law changes and codes).	was adopted//	.Enter th	e applic	able code	_ (See
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), o advisory letter, enter the date of that favorable letter / /	r volume submitter plan t and the letter's serial nui	hat is subject to	a favor	able IRS opinio	on or
17d If the plan is an individually-designed plan and recieved a favorable determination letter / /	ion letter from IRS, pleas	se enter the date	of plar	's last favorabl	е
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under made), American Samoa, Guam, the Commonwealth of the Northern Mariana I			☐ Ye	es 🗆	No
19 Were in-service distributions made during the plan year?	***************************************	***************************************	☐ Ye	s 🗆	No
If Yes, enter amount	***************************************		19		
Were minimum required distributions made to 5% owners who have attained ag not retired) as required under section 401(a)(9)?	· •		☐ Ye	s 🗆	No N