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

Part I	Annual Report	: Identification Information								
For calend	dar plan year 2015 or fi	iscal plan year beginning 01/01/2	2015	and ending 12	/31/2015					
A This re	eturn/report is for:	a single-employer plan	a multiple-employer p list of participating en		this box must attach a e form instructions)					
		a one-participant plan	a foreign plan							
B This ref	turn/report is	the first return/report	the final return/report	on from a set (lease the set 40 are	(l)					
		an amended return/report	a snort plan year retur	n/report (less than 12 mo	ontns)					
C Check	box if filing under:	Form 5558	automatic extension	atic extension DFVC program						
Dawi II	Dania Dian Info	special extension (enter descr								
Part II		ormation—enter all requested in	formation		41					
1a Name	•	DINC 404/K) DI ANI			1b Three-digiting plan number					
GROVER	L. COLLINS ORCHARI	DING. 401(K) FLAN			(PN) ▶	001				
						ate of plan 01/01/2013				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)						2b Employer Identification Number (EIN) 91-1040678				
	or town, state or province. COLLINS ORCHARD	ce, country, and ZIP or foreign post DINC.	al code (if foreign, see inst	ructions)	2c Sponsor's telephone number 509-682-5104					
					2d Business code (see instructions					
P.O. BOX 1° CHELAN, W					111300					
,						111000				
3a Plan administrator's name and address Same as Plan Sponsor.					3b Administrator's EIN					
					3c Administra	tor's telephone number				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.						4b EIN				
	sor's name	·			4c PN					
5a Total	number of participants	s at the beginning of the plan year			5a	10				
b Total	number of participants		5b	7						
	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)				. 5c					
d(1) To	tal number of active pa	articipants at the beginning of the pl	an year		5d(1)	10				
d(2) Total number of active participants at the end of the plan year					5d(2)	7				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0					
		or incomplete filing of this return								
SB or Sch	, , ,	ther penalties set forth in the instructed and signed by an enrolled actuary, and plete.	*		, ,,,					
SIGN	Filed with authorized	/valid electronic signature.	10/03/2016	10/03/2016 REGGIE COLLINS						
HERE	Signature of plan a	administrator	Date	Enter name of individual signing as plan administrator						
SIGN										
HERE	Signature of emplo		Date		of individual signing as employer or plan sponso					
Preparer's	s name (including firm i	name, if applicable) and address (ir	nclude room or suite numbe	er)	Preparer's telep	hone number				

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second to	an independand condition to the condition of the conditio	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		<u> </u>	Yes Yes	
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	No	deteri	mined
Part III Financial Information	, ,									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar		(b) End of Year				
a Total plan assets	. 7a		67	900					976	09
b Total plan liabilities	7b									
C Net plan assets (subtract line 7b from line 7a)	7c		67900			97609				
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b)	Total		
Contributions received or receivable from: (1) Employers	8a(1)		6	6048						
(2) Participants	8a(2)		275							
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b		-2	2039						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								315	92
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		1	883						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								18	83
i Net income (loss) (subtract line 8h from line 8c)	8i								297	09
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics					•					
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in t	he instr	uction	s:	
B If the plan provides welfare benefits, enter the applicable welfare fr	antura and	as from the List of Dis	n Char	- at a ri at	io Coo	laa in th	o inotru	oti on o		
B If the plan provides welfare benefits, enter the applicable welfare f	eature code	es nom the List of Pla	II Cliai	acterist	.10 000	162 111 111	e msuu	Clioris.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
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					V					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?	Was the plan covered by a fidelity bond?				X					
by fraud or dishonesty?	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				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.)	ne or all of t	he benefits under	10e	X						507
f Has the plan failed to provide any benefit when due under the pla			10f		Χ					
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				Χ					
h If this is an individual account plan, was there a blackout period?	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				X					
i If 10h was answered "Yes," check the box if you either provided the	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									
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance			ıvj	<u> </u>	<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	☐ 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							RISA?		Yes	X No

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	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol Yes X No					
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)) EIN(s) 13c(3)			PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
140 Name of trustee of custodian				telephone number					
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		. Yes No					
15b	15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method			
15c	C If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					Yes No			
16a	6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					Ratio Averaç benefit test			
16b	16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instruction for tax law changes and codes).							tructions		
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number									
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/									
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?				5	No			
19	Were in-service distributions made during the plan year?				s	No			
	If "Yes," enter amount								
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?					No	N/A		