Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

2016

This Form is Open to **Public Inspection**

OMB Nos. 1210-0110

1210-0089

Part I Ann	uai Kepor	i identification information				
For calendar plan	year 2016 or f	iscal plan year beginning 01/01/	2016	and ending 1	2/31/2016	
_		🛚 a single-employer plan		plan (not multiemployer) (
A This return/rep	ort is for:	a one-participant plan		employer information in a	ccordance with the	form instructions.)
		a one-participant plan	a foreign plan			
B This return/repo	ort is	the first return/report	the final return/repo	rt		
D This return/repo	nt is	an amended return/report		urn/report (less than 12 m	onths)	
_				ani/report (1655 than 12 h		
C Check box if fil	ing under:	Form 5558	automatic extension	า	DFVC program	
		special extension (enter desc	ription)			
Part II Bas	ic Plan Inf	ormation—enter all requested in	formation			
1a Name of plan					1b Three-digit	
VALLEY PROCESS	SING, INC. 40°	I(K) RETIREMENT PLAN			plan numbei (PN) ▶	003
					1c Effective dat	
						1/01/1993
2a Plan sponsor's	s name (empl	oyer, if for a single-employer plan)			2b Employer Ide	entification Number
		om, apt., suite no. and street, or P.0		-tti)		1-1111645
VALLEY PROCESS		ce, country, and ZIP or foreign pos	iai code (ii ioreign, see ir	Structions)	2c Sponsor's te	elephone number
	,					837-8084
P.O. BOX 246						de (see instructions)
108 EAST BLAINE A					3	11400
SUNNYSIDE, WA 98	8944					
3a Plan administr	rator's name a	ınd address 🛛 Same as Plan Spo	nsor.		3b Administrato	r's EIN
		_				
					3C Administrato	r's telephone number
		ne plan sponsor has changed since umber from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN	
a Sponsor's nar	•	amber from the last return/report.			4c PN	
·		s at the beginning of the plan year.			5a	
_		s at the end of the plan year			5b	59
		account balances as of the end of				
				· ·	5c	48
d(1) Total numb	er of active pa	articipants at the beginning of the p	lan year		5d(1)	56
		articipants at the end of the plan ye			5d(2)	57
` '		t terminated employment during the				(
than 100% v	ested				5e	
		or incomplete filing of this retur ther penalties set forth in the instru				
		and signed by an enrolled actuary,				
belief, it is true, co			T	Ī		
0.0.0	ith authorized	I/valid electronic signature.	06/05/2017	TERRY A. BLIESNER		
HERE Signa	ature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator
SIGN						
HERE	ature of empl	oyer/plan sponsor	Date	Enter name of individ	lual signing as emp	lover or plan sponsor
		name, if applicable) and address (i			Preparer's teleph	
	ŭ	, , , ,		,	'	

Form 5500-SF 2016 Page **2**

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	' (See instructions.)						X Ye	s No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Ye	s No
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	□ Not de	termined
	rt III Financial Information	isurarice p	orogram (See ErrioA Se	JOHOTT 4	021):		103	Пио		terriiried
<u>га</u> 7	Plan Assets and Liabilities		(a) Basinning	of Voor				(b) End	of Voor	
_ ' _a	Total plan assets	7a	(a) Beginning	263715				(b) End	263436	62
_	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	2	263715	;				263436	62
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
	Contributions received or receivable from:		` '					(5) 1	<u> </u>	
	(1) Employers	8a(1)		121661						
	(2) Participants	8a(2)		196016						
	(3) Others (including rollovers)	8a(3)		0						
<u>b</u>	Other income (loss)	8b		235246						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							55292	23
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		176604						
	Certain deemed and/or corrective distributions (see instructions).	8e		0						
	Administrative service providers (salaries, fees, commissions)	8f		5672						
<u>.</u>	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							18227	7 6
-	Net income (loss) (subtract line 8h from line 8c)	8i							37064	7
Ť	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	oj .	ļ							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	t .
a	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	100		X				
b	Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a 10b		X				
	,			10c	X					226400
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		ner persor ne or all of	s by an insurance the benefits under	10e	Х					6123
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X					51582
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						
			-							

Form	5500	-SF	201	6

Page 3-	1
---------	---

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information				
	plan year 2016 or fi	scal plan year beginning 01/01/20	16	and ending 12/	/31/2016	
		X a single-employer plan	a multiple-employer pl	a a second		his box must attach a
A This return	n/report is for:			nployer information in a		
		a one-participant plan	a foreign plan			
B This return	from out in	the first return/report	The final return/renert			
D This return	report is	1	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 n	nonths)	
C Check box	c if filing under:	Form 5558	automatic extension		☐ DFVC progra	m
		special extension (enter descri	ription)			
Part II E	Basic Plan Info	ermation—enter all requested in	formation			
1a Name of				1000	1b Three-digi	t
VALLEY PROC	CESSING, INC. 401	(K) RETIREMENT PLAN			plan numb	per 003
					(PN) •	
					1c Effective d 01/01/199	
2a Plan spor	nsor's name (emplo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C) Roy)			Identification Number
City or to	wn, state or provinc	e, country, and ZIP or foreign post	al code (if foreign, see insti	ructions)	(EIN) 91-1	
VALLEY PROC				© the cottact content to preciate.	1000	telephone number (509) 837-8084
						code (see instructions)
P.O. BOX 246					311400	ious (see menuonons)
108 EAST BLAI						
SUNNYSIDE, V		-d -dd [7] C D1 - O			21	
Ja Pian aum	mistrator's name ar	nd address 🛛 Same as Plan Spor	isor.		3b Administra	tor's EIN
					3c Administra	tor's telephone number
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
name, El a Sponsor's		mber from the last return/report.			4- 511	
		at the haringing of the plants			4c PN	
		at the beginning of the plan year				51
		at the end of the plan yearaccount balances as of the end of			. 5b	59
		account balances as of the end of			5c	48
		rticipants at the beginning of the pla			5d(1)	56
		rticipants at the end of the plan year			5d(2)	57
		terminated employment during the				
than 100)% vested				5e	0
Under penaltic	enalty for the late	or incomplete filing of this return her penalties set forth in the instruc	report will be assessed	unless reasonable ca	use is establishe	d.
SB or Schedul	le MB completed ar	nd signed by an enrolled actuary, a	is well as the electronic ver	sion of this return/report	rt, and to the best	of my knowledge and
CONTRACTOR OF THE PARTY OF THE	e, correct, and comp	olete.			1	
SIGN HERE	many	in Bliesie		Terry A. Bliesner	naryAn	n Bliesner
s s	ignature of plan a	dministrator	Date 65-/7	Enter name of individ	lual signing as pla	n administrator
SIGN						
HERE S	ignature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor
Preparer's nar	ne (including firm n	ame, if applicable) and address (in	clude room or suite numbe		Preparer's telep	
					1	
For Paperwork	Reduction Act Notic	e, see the Instructions for Form 5500	-SF.			Form 5500-SF (2016)
						v 160205

Form	5500	-SF	201	6

Page	2
aye	_

6a Were all of the plan's assets during the plan year invested in eligi	ible assets? (See instructions.)					X Yes [
b Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	y and condition	ons.)					X Yes [
c If the plan is a defined benefit plan, is it covered under the PBGC							☐ No ☐ Not determine	
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Year	,]	- 18	()) End of Year	
a Total plan assets	7a	(=) = 0 99	22637	_			2634362	
b Total plan liabilities								
C Net plan assets (subtract line 7b from line 7a)			22637	15			2634362	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoui	nt				(b) Total	
a Contributions received or receivable from: (1) Employers	8a(1)	(4)	1216	61			(2) 1042	
(2) Participants	8a(2)		1960	16				
(3) Others (including rollovers)				0				
b Other income (loss)	8b		2352	46				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						552923	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			176604					
e Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f Administrative service providers (salaries, fees, commissions)	8f		567	72				
g Other expenses	. 8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						182276	
i Net income (loss) (subtract line 8h from line 8c)	8i					370647		
j Transfers to (from) the plan (see instructions)	. 8j			1				
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	n feature code	es from the List of Pl	an Cha	racteri	stic Co	odes in t	ne instructions:	
b If the plan provides welfare benefits, enter the applicable welfare	feature code:	s from the List of Pla	n Chara	acterist	tic Cod	des in the	e instructions:	
Part V Compliance Questions				2 - 2				
10 During the plan year:				Yes	No	N/A	Amount	
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fid	uciary Correction	40-		х			
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	st? (Do not in	clude transactions	10a 10b		Х			
C Was the plan covered by a fidelity bond?			10c	Х			2264	
d Did the plan have a loss, whether or not reimbursed by the plan's	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		10d		Х		2201	
e Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor	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.)		10e	х			61	
f Has the plan failed to provide any benefit when due under the pla			10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х	100000		515	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	tions and 29 CFR	10g		Х		513	
i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the required r	notice or one of the	10ii					

Page	3-	

Form 5500-SF 2016

Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)	mplete	Sche	dule SI	3] [Yes	No No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc ERISA?	de or se	ction	302 of			Yes	X No
a	(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 instru	uotiono	and a	ontor ti	aa data	of the L	. 44	lin a
	granting the waiver Mo	onth	and e	Day		Ye:		
	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				
	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 lef negative amount)			12d				
Constant was ex-	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	s X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		Present Control of the Control of th		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?					Yes	X N	0
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	n(s) to	0				
	13c(1) Name of plan(s):	13	c(2) E	(2) EIN(s)			c(3) PN	V(s)
Part	VIII Trust Information							
				4.41 =				
144	Name of trust			140 1	rust's E	=IN		
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? If "No," skip b	. Y	es			No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	□ De sa	esign- fe ha			"Prio	r year"	ADP
	"Curr ADP					N/A		
16a	16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ratio perce test			centage Average			st [N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Y	es			☐ No		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS on the letter and the serial number	pinion le						
17b								
0.000.000	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter	er the da	ate of	the me	ost rece	ent dete	minatio	on
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	ated fro	Τ.	the me		ent dete	minatio	on