## 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

Part I		rt Identification Information											
For calendar	r plan year 2016 or	fiscal plan year beginning 07/01/	/2016		and ending 0	6/30/2017							
		X a single-employer plan			in (not multiemployer)		-						
A This retu	rn/report is for:	a one-participant plan		, ,	ployer information in a	ccordance w	ith the form	n instructions.)					
		a one-participant plan	a foreig										
<b>B</b> This retur	n/report is	the first return/report	the final										
D This retur	Ti/Teport is	an amended return/report											
_			an amended return/report a short plan year return/report (less than 12 r										
C Check bo	ox if filing under:	Form 5558	automa	tic extension		DFVC program							
		special extension (enter desc	cription)										
Part II	Basic Plan Inf	formation—enter all requested ir	nformation										
1a Name o						1b Thre	e-digit						
POTATO GRO	OWERS OF WA, IN	NC. 401(K) PLAN					number	001					
						(PN)	ctive date of						
						IC Lilec		1/2003					
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 Empl (EIN)		fication Number					
City or to	own, state or provir	nce, country, and ZIP or foreign pos		reign, see instr	uctions)		<u> </u>						
POTATO GRO	OWERS OF WASH	IINGTON, INC.				2C Spor	509-488	hone number 8-6688					
						2d Busin	ness code (	see instructions)					
1030 N. CENT KENNEWICK,	TER PARKWAY, ST WA 99336	TE 311					1151	10					
- ,													
3a Plan ad	ministrator's name	and address X Same as Plan Spo	onsor.			<b>3b</b> Administrator's EIN							
						3C Admi	nistrator's t	telephone number					
		the plan sponsor has changed since number from the last return/report.	e the last retur	n/report filed fo	or this plan, enter the	4b EIN							
<b>a</b> Sponso	•					4c PN							
<b>5a</b> Total nu	umber of participan	its at the beginning of the plan year				5a							
		its at the end of the plan year				5b							
		h account balances as of the end of				Eo							
comple	te this item)					5c							
<b>d(1)</b> Total	I number of active p	participants at the beginning of the p	plan year			5d(1)							
<b>d(2)</b> Total	I number of active p	participants at the end of the plan ye	ear			5d(2)							
		at terminated employment during th				5e							
		e or incomplete filing of this return					blished.						
Under penal	ties of perjury and	other penalties set forth in the instru	uctions, I decla	are that I have	examined this return/re	eport, includi	ing, if applic						
	dule MB completed ue, correct, and co	and signed by an enrolled actuary,	as well as the	e electronic ver	sion of this return/repo	rt, and to the	best of my	/ knowledge and					
		d/valid electronic signature.	01/25	5/2018	DALE LATHIM								
HERE						dual aigning		miniatratar					
	Signature of plan	administrator	Date	е	Enter name of individ	auai signing i	as pian aur	ninistrator					
SIGN HERE													
		oloyer/plan sponsor	Date		Enter name of individ								
Preparer's n	arne (including firm	n name, if applicable) and address (i	include room	oi suite numbe	1)	Preparer's	s telephone	number					

Form 5500-SF 2016 Page **2** 

	Were all of the plan's assets during the plan year invested in eligib		,						X Ye	es No	
b	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.)							X Ye	es 🗌 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 ir					_	_	_	□ Not de	etermined	
	rt III Financial Information	isurance p	orogram (see LINIOA se	SCHOIT 4	021):		103	Пио	Пиогае	sterrimeu -	
7	Plan Assets and Liabilities		(a) Basinning	of Voor				(b) End	of Voor		
a	Total plan assets	7a	(a) Beginning	623363				(b) End	7397	40	
_	Total plan liabilities	7b		0	)				0		
	Net plan assets (subtract line 7b from line 7a)	7c		623363	3				7397	40	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt		(b) Total					
a	Contributions received or receivable from:		(a) runoui			(5) 10tal					
	(1) Employers	8a(1)		18000							
	(2) Participants	8a(2)		22500							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b		81205							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1217	05	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
	Certain deemed and/or corrective distributions (see instructions).	8e		0	_						
	Administrative service providers (salaries, fees, commissions)	8f		5328	3						
	Other expenses	8g		0	)						
	Total expenses (add lines 8d, 8e, 8f, and 8g)								53	28	
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)								1163	77	
Ť	Transfers to (from) the plan (see instructions)	8j	0								
Pa	Part IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 3E 2G 2F	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amoun	t	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X					
b	,	t? (Do not	include transactions	10b		X					
	Was the plan covered by a fidelity bond?			10c	X					60000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	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 pla	n?		10f		X				_	
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X					
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i							

ı	Form	550	0-SF	201	16

Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne 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		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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		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?			s	No	

## 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.

-----

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		Identification Information									
For calenda	ır plan year 2016 or fi	scal plan year beginning 07/01/201		and ending 06/3							
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer pla list of participating emp	plan (not multiemployer) (Filers checking this box must attach a employer information in accordance with the form instructions.)							
		a one-participant plan	a foreign plan								
<b>B</b> This retu	rn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return	report (less than 12 m	onths)						
C Check b	oox if filing under:	Form 5558	automatic extension DFVC program								
		special extension (enter descr	iption)								
Part II	Basic Plan Info	ormation—enter all requested inf	ormation								
1a Name of Potato Growe	of plan ers of WA, Inc. 401(k)	) Plan			1b Three-digit plan number (PN) ▶						
						ate of plan					
			07/01/2003								
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)						dentification Number 177218					
	ers of Washington, In		ar code (ir loreigh, see instit	actions)	,	telephone number 509) 488-6688					
						ode (see instructions)					
1030 N. Cent	ter Parkway, Ste 311				115110						
Kennewick, V	The state of the s										
3a Plan administrator's name and address Same as Plan Sponsor.					3b Administrator's EIN						
					3c Administrator'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					4b EIN						
a Sponso		mber from the last return/report.			4c PN						
<del></del>		at the beginning of the plan year			5a	1					
		s at the end of the plan year			5b	1					
<b>c</b> Number	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	1					
	•	articipants at the beginning of the pl			5d(1)	1					
	•	articipants at the end of the plan yea			5d(2)	1					
e Numb	er of participants that	terminated employment during the	plan year with accrued ber	nefits that were less	5e	0					
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca	use is establishe	ed.					
Under pena SB or Sche	alties of perjury and of dule MB completed a	ther penalties set forth in the instruc and signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/re	port, including, if	applicable, a Schedule					
SIGN	rue, correct, and com	allen	1-25-18	Dale Lathim							
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator					
SIGN	o.g										
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor					
Preparer's		name, if applicable) and address (ir			Preparer's telep						

	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								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							X Yes	No		
	If you answered "No" to either line 6a or line 6b, the plan can	not use Fo	orm 5500-SF and mus	t instea	ad use	Form	5500.				
С	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No Not dete	rmined		
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of Year			
<u>a</u>	Total plan assets	. 7a		62336	63			739740			
b	Total plan liabilities	. 7b			0	0					
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7с		62336	33			73974	10		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Total			
а	Contributions received or receivable from: (1) Employers	. 8a(1)		1800	00						
	(2) Participants	. 8a(2)		2250							
	(3) Others (including rollovers)	` '			0						
b	Other income (loss)	. 8b		8120	)5						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						12170	)5		
d	Benefits paid (including direct rollovers and insurance premiums				_						
	to provide benefits)	. 8d			0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)				0						
f	Administrative service providers (salaries, fees, commissions)	. 8f		532							
<u>g</u>	Other expenses				0			500			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	1						532			
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)							11637	17		
	Transfers to (from) the plan (see instructions)	· 8j			0						
	t IV Plan Characteristics					0					
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 3E 2G 2F										
b	If the plan provides welfare benefits, enter the applicable welfare to	feature cod	des from the List of Pla	n Chara	acterist	tic Cod	les in t	he instructions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amount			
а	Was there a failure to transmit to the plan any participant contribu	utions with	in the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	-	•	10a		Х					
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		Х					
				10c	Х				60000		
	Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bo	nd, that was caused			Х					
	by fraud or dishonesty?			10d							
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of	the benefits under	10e		Х					
f	Has the plan failed to provide any benefit when due under the pla			10e		Х					
				10g		Х					
— h	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR			Х					
i	2520.101-3.)			10h							
	exceptions to providing the notice applied under 29 CFR 2520.10			10i							

Part	rt VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see in (Form 5500) and line 11a below)						Yes	No
11a	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form			11a				
12	ERISA?					🗆	Yes X	No
a	(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 pla	an vear see instru	ctions an	d enter t	he date	of the lett	er rulina	7
	granting the waiver.	•		_ Day		Year	Or raming	<del></del>
If	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	nd skip to line 13.						
b	<b>b</b> Enter the minimum required contribution for this plan year			12b				
С	<b>C</b> Enter the amount contributed by the employer to the plan for this plan year			12c				
d	<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a min negative amount)	U		12d			_	
<u>e</u>	e Will the minimum funding amount reported on line 12d be met by the funding deadline?.				Yes	No	N/A	A
Part	rt VII Plan Terminations and Transfers of Assets							
13a	3a Has a resolution to terminate the plan been adopted in any plan year?				Yes	s X I	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another control of the PBGC?					Yes	X No	
С	C If, during this plan year, any assets or liabilities were transferred from this plan to anothe which assets or liabilities were transferred. (See instructions.)	er plan(s), identify	the plan(s	) to				
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(	<b>3)</b> PN(s	s)
Part	rt VIII Trust Information							
14a	a Name of trust			14b ⊺	Γrust's Ε	ΞIN		
14c	C Name of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	art IX IRS Compliance Questions							
15a	<b>5a</b> Is the plan a 401(k) plan? If "No," skip b		Yes		Ī	No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals unde 401(k)(3) for the plan year? Check all that apply:		☐ safe i	ign-based "Prior year" ADP test				
			ADP	ent year' test	<u> </u>	N/A		
16a	<b>5a</b> What testing method was used to satisfy the coverage requirements under section 410(b year? Check all that apply:		Ratio	entage		verage enefit test		N/A
	<b>6b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) for the plan year by combining this plan with any other plan under the permissive aggregical sections.	ation rules?	Yes			No		
	7a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a the letter and the serial number							
	7b If the plan is an individually-designed plan that received a favorable determination letter letter	from the IRS, ente	r the date	of the m	ost rec	ent determ	nination	
18	Defined Benefit Plan or Money Purchase Pension Plan Only:  Were any distributions made during the plan year to an employee who attained age 62 a service?		ted from	Yes	s [	No		
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior	r plan year?		Yes	s [	No		