Forn	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					oyee	O	MB Nos. 1210-0110 1210-0089		
	ent of the Treasury Revenue Service	This form is required to be filed	-		065 of the Employee R	etirement	2017			
	rtment of Labor fits Security Administration	Income Security Act of 1974			This Form is Open to					
Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.										
		dentification Information								
For calendar plan year 2017 or fiscal plan year beginning       01/01/2017       and ending       12/31/2017         Image: Single-employer plan       Image: Single-employer plan       Image: Single-employer plan       Image: Single-employer plan										
A This retur	n/report is for:	in (not multiemployer) ( ployer information in ac		-						
		a one-participant plan	a one-participant plan a foreign plan							
<b>B</b> This return	i/report is	the first return/report								
		ionths)								
C Check bo	x if filing under:	Form 5558	auto	matic extension		DFVC p	orogram			
		special extension (enter descr	ription)							
Part II	Basic Plan Infor	mation—enter all requested inf	formation							
1a Name of						1b Thre				
CHALLIS CRE	EK CATTLE COMPA	NY 401(K) PLAN				pian (PN)	number	001		
						, ,	ctive date of			
0							01/01/	/2013		
		rer, if for a single-employer plan) n, apt., suite no. and street, or P.O	D. Box)			2b Emp (EIN)	-	cation Number		
City or to		, country, and ZIP or foreign posta		foreign, see instru	uctions)		one number			
						208-879-5515				
3852 CHALLIS	CREEK ROAD					2d Business code (see instructions)				
CHALLIS, ID 8						112111				
<b>30</b> Diamanta						<b>3b</b> Administrator's EIN				
Ja Plan adn	ninistrator s name and	d address 🗙 Same  as Plan Spon	nsor.							
						<b>3c</b> Administrator's telephone number				
		plan sponsor or the plan name has sor's name, EIN, the plan name a				4b EIN				
a Sponsor	· · ·					<b>4d</b> PN				
C Plan Nar	me									
5a Total nu	mber of participants a	at the beginning of the plan year				5a		8		
<b>b</b> Total nu	mber of participants a	at the end of the plan year				5b		6		
	· ·	ccount balances as of the end of t			•	5c		6		
•	,	ticipants at the beginning of the pla				5d(1)		4		
d(2) Total number of active participants at the end of the plan year						5d(2)		3		
e Number of participants who terminated employment during the plan year with accrued benefits that were less						5e		1		
than 10	0% vested	r incomplete filing of this return	n/report v	vill be assessed i	inless reasonable ca		blished			
Under penalt	ies of perjury and oth	er penalties set forth in the instruc	ctions, I de	eclare that I have	examined this return/re	port, includ	ing, if applica			
	ule MB completed and e, correct, and compl	d signed by an enrolled actuary, a lete.	as well as	the electronic vers	sion of this return/repor	t, and to the	e best of my	knowledge and		
	iled with authorized/v	valid electronic signature.	07	7/17/2018	STEPHEN G. BAUCH	IMAN				
HERE	Signature of plan ad	Iministrator	[	Date	Enter name of individ	lual signing	as plan adm	inistrator		
SIGN										
HERE	Signature of employ	/er/plan sponsor	[	Date	Enter name of individ	lual signing	as employer	or plan sponsor		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
	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 a		,					X Yes No			
-	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined										
C								Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from th	е РВСС р	remium filing for this p	ian yea	r			(See instructions.)			
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	l of Year			
а	Total plan assets	7a	28	83317			332640				
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	28	83317				332640			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) <sup>·</sup>	Total			
а	Contributions received or receivable from:										
	(1) Employers	8a(1)		3999							
	(2) Participants	8a(2)	21180								
<u> </u>	(3) Others (including rollovers)										
	Other income (loss)	8b	· · · · · · · · · · · · · · · · · · ·	45236	_						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				70415					
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		19387							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	f 1705								
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						21092			
i	Net income (loss) (subtract line 8h from line 8c)	8i						49323			
j	Transfers to (from) the plan (see instructions)	8i									
Pa	rt IV Plan Characteristics	0,									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the ins	tructions:			
	2A 2E 2F 2G 2J 2K 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:			
Pa	t V Compliance Questions				Yes						
10	0 During the plan year:					No		Amount			
а	<b>a</b> 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)										
k	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions										

reported on line 10a.)....

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

Were any fees or commissions paid to any brokers, agents, or other persons by an insurance

 ${f f}$  Has the plan failed to provide any benefit when due under the plan? .....

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.) .....

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.....

carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....

by fraud or dishonesty? .....

C Was the plan covered by a fidelity bond?.....

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Part	VIF	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 5500) and line 11a below)	Sche	dule S	SB		Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ? 	tion	302 o	f	[	Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver.	and	enter _ Da		of the le		uling
If y	you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e 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 left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII   F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	6 X	No	
	lf "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)	ו(s) י	to				
1	3c(1) ℕ	lame of plan(s): 13c	:(2)	EIN(s)		13	c(3)	PN(s)

	partment of the Treasury	Short Form Annu	ual Return/Repor Benefit Plan	t of Small Employe	OMB Nos. 1210-0110 1210-0089
Int	ternal Revenue Service	This form is required to be fil	ed under sections 104 and	4065 of the Employee Retiren	nent 2017
Employee	Department of Labor Benefits Security Administration		4 (ERISA), and sections 60 Revenue Code (the Cod	057(b) and 6058(a) of the Intern de).	This Form is Open to
	Benefit Guaranty Corporation	Complete all entries in	accordance with the ins	tructions to the Form 5500-S	Public Inspection
Part I	Annual Repor	t Identification Information	1		
For calen	idar plan year 2017 or	fiscal plan year beginning	01/01/2017		12/31/2017
A This re	eturn/report is for:	X a single-employer plan	list of participating e	olan (not multiemployer) (Filers mployer information in accorda	checking this box must attach a ance with the form instructions.)
R This ro	eturn/report is	a one-participant plan	a foreign plan		
D THIS TE	aunnreportis	the first return/report	the final return/report		
		an amended return/report	a short plan year retu	rn/report (less than 12 months	)
C Check	t box if filing under:	Form 5558	automatic extension	Пр	-VC program
		special extension (enter desc	ription)		1 - 3
Part II	Basic Plan Inf	ormation—enter all requested in	formation		
1a Name				1b	Three-digit
CHALLTS	CREEK CATTLE	COMPANY 401(K) PLAN		1.5	plan number 001
		COMPANY 401(K) PLAN			(PN) 🕨
					Effective date of plan
Mailin	ng address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	D. Box)	2b	Employer Identification Number (EIN) 88-0480454
CHALLI	S CREEK CATTL	ce, country, and ZIP or foreign post E COMPANY, LLC	tal code (if foreign, see ins	20	Sponsor's telephone number
3852 C	HALLIS CREEK				Business code (see instructions)
3032 C	INDIS CREEK	ROAD			12111
CHALLI	S	ID 83226			
3a Plan a	administrator's name a	nd address 🛛 Same as Plan Spo	nsor.	3b	Administrator's EIN
				3c	Administrator's telephone number
4 If the this p	name and/or EIN of th lan, enter the plan spo	e plan sponsor or the plan name hansor's name, EIN, the plan name a	as changed since the last r	eturn/report filed for 4b	EIN
a Spons	sor's name			4d	PN
C Plan N	Name				
5a Total	number of participants	at the beginning of the plan year			
<b>b</b> Total	number of participants	at the end of the plan year			
C Numb	per of participants with	account balances as of the end of	the plan year (only defined	contribution plans	
comp	lete this item)			50	6
d(2) Tot	al number of active pa	rticipants at the beginning of the plan	an year		
e Numb	per of participants who	rticipants at the end of the plan yea terminated employment during the	plan year with accrued he	pefits that were loss	
ulan	100% vested			Je	1
ondor pond		or incomplete filing of this return her penalties set forth in the instruct d signed by an enrolled actus	tions I dooloro that I have	assessed and the state of the state	
	edule MB completed ar	in Signed by allenitolled actuary a	s well as the electronic ver	sion of this return/report, and t	cluding, if applicable, a Schedule o the best of my knowledge and
SIGN	Allen	1 Develin	al , i	STEPHEN G. BAUCHMA	AN
HERE	Signature of plan a	dministrator	Enter name of individual sigr	ning as plan administrator	
SIGN HERE			1.40		
	Signature of emplo	yer/plan sponsor	Date	Enter name of individual sign	ning as employer or plan sponsor
r or raperwo	ork Reduction Act Notic	e, see the Instructions for Form 5500	-SF.		Form 5500-SF (2017) v.170203

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
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 Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
Do	rt III Financial Information	
Га		

<u>га</u> 7	Plan Assets and Liabilities		(a) Paginping	of Voor			(b) End of Yoor					
<u> </u>	Plan Assets and Liabilities	7-	(a) Beginning (	283,			(b) End of Year 332,640					
	Total plan assets Total plan liabilities	7a 7b		205,	511		552,040					
	Net plan assets (subtract line 7b from line 7a)	70 70		283,	317	332,64						
8	Income, Expenses, and Transfers for this Plan Year	70										
	Contributions received or receivable from:		(a) Amoun	it i			(b) Total					
	(1) Employers	8a(1)		3,	999							
	(2) Participants	8a(2)		21,	180							
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b		45,	236							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					70,415					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		19,	387							
e	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f		1,	705							
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					21,092					
i	Net income (loss) (subtract line 8h from line 8c)	8i					49,323					
j	Transfers to (from) the plan (see instructions)	8j										
Pa	rt IV Plan Characteristics											
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 Pla	an Cha	racteris	stic Co	des in the instructions:					
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	tic Cod	es in the instructions:					
Par	t V Compliance Questions											
10	During the plan year:				Yes	No	Amount					
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V					х						
h	Program)			10a								
0	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х						
С	Was the plan covered by a fidelity bond?			10c	Х		34,000					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х						
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.).						1,029					
f	f Has the plan failed to provide any benefit when due under the plan?					Х						
	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Х						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х						
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								

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch m 5500) and line 11a below)		SB			Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					Yes 🛛	No
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and nting the waiver	l enter _ Da		e date c	of the le		_
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Ente	r the minimum required contribution for this plan year	12b					
С	Ente	the amount contributed by the employer to the plan for this plan year	12c					
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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	Х	No	
_	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a					
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?				Yes	X No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ch assets or liabilities were transferred. (See instructions.)	to					
1	3c(1	) Name of plan(s): 13c(2)	EIN(s	)		13	<b>c(3)</b> PN(s)	