Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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

2017

This Form is Open to Public Inspection

Parti A	illiuai Keport i	dentification informatio	<u>n</u>			
For calendar pl	an year 2017 or fis	cal plan year beginning 01/01	/2017	and ending 12	2/31/2017	
A This return/	report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac	_	
		a one-participant plan	a foreign plan			
B This return/r	eport is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)	
C Check box	if filing under:	X Form 5558	automatic extension	1	DFVC progra	ım
		special extension (enter des	cription)			
Part II B	asic Plan Infor	mation—enter all requested i	nformation			
1a Name of p	lan	·			1b Three-dig	it
•	FRUITS RETIREMI	ENT PLAN			plan numb	
NO MEMBOL	THO THE THE EMI	2.44.1.27.44			(PN) ▶	001
					1c Effective of	tate of plan
					10 Endavor	01/01/2014
		er, if for a single-employer plan			2b Employer	Identification Number
		n, apt., suite no. and street, or P e, country, and ZIP or foreign po		structions)	(EIN)	91-2084282
	FRUIT & COLD ST		star code (ii foreign, see in	Structions)		telephone number
					1	09-346-1520 code (see instructions)
P.O. BOX 428					Zu Dusilless	
13215 RD F SW						111300
ROYAL CITY, W	A 99357					
3a Plan admir	nistrator's name and	d address Same as Plan Sp	onsor.		3b Administra	ator's EIN
ROYAL RIDGE F	RUIT & COLD STO	DRAGE, LLC P.O. BC	X 428			91-2084282
		13215 F	RD F SW		3c Administra	ator's telephone number
		ROYAL	CITY, WA 99357		50	09-346-1520
		plan sponsor or the plan name			4b EIN	
this plan, a Sponsor's		sor's name, EIN, the plan name	and the plan number from	i the last return/report.	4d PN	
C Plan Name					101	
5a Total num	ber of participants	at the beginning of the plan year			5a	104
		at the end of the plan year			5b	100
		ccount balances as of the end c		-	5c	14
d(1) Total nu	umber of active part	cicipants at the beginning of the	plan year		5d(1)	101
d(2) Total no	umber of active par	ticipants at the end of the plan y	ear		5d(2)	96
		erminated employment during t			5e	0
Caution: A pe	nalty for the late o	r incomplete filing of this retu	rn/report will be assesse	ed unless reasonable cau	use is establish	ed.
SB or Schedule		er penalties set forth in the instr d signed by an enrolled actuary lete.				
0.0.0	ed with authorized/	valid electronic signature.	08/31/2018	KEVIN DORSING		
HERE Si	gnature of plan ac	Iministrator	Date	Enter name of individ	ual signing as pla	an administrator
SIGN						
HFRF	gnature of employ	ver/plan sponsor	Date	Enter name of individ	ual signing as en	nployer or plan sponsor

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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 a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a	ccount	ant (IC	(PA)		
	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined . (See instructions.)
Pa	rt III Financial Information	1	Γ					
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year
a	Total plan assets	. 7a	2	71330				465909
<u>b</u>	Total plan liabilities	. 7b						
С	Net plan assets (subtract line 7b from line 7a)	. 7c	2	71330				465909
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
а	Contributions received or receivable from:	- 4.0						
	(1) Employers	. 8a(1)		51691				
	(2) Participants	. 8a(2)	10	01131				
	(3) Others (including rollovers)	. 8a(3)						
<u>b</u>	Other income (loss)	. 8b		52441				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						205263
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		10179				
e	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f						
g	Other expenses	. 8g		505				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						10684
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						194579
j	Transfers to (from) the plan (see instructions)	· 8j						
Pai	rt IV Plan Characteristics	, ,						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	odes from the List of PI	an Cha	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	les in the ins	tructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
a		oluntary F	Fiduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c		Χ		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	· ·	10d		X		
е		ner person ne or all of	s by an insurance the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g		-	•	10g	X			28520
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				

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	. Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of			es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter Year	ruling
lf y	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 left of a 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 brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

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

2017

This Form is Open to Public Inspection

	report identification infor					
For carendar plan year	2017 or fiscal plan year beginning		01/2017	and ending	12/31/	
A This return/report is	X a single-employer pla for:	ın ∐a	multiple-employer p list of participating e	olan (not multiemployer) mployer information in a	(Filers checking a accordance with the	this box must attach a he form instructions.)
P This autom/annualis	a one-participant plan	n [] 6	a foreign plan			
B This return/report is	the first return/report	t	ne final return/report			
	an amended return/re	eport a	short plan year retu	rn/report (less than 12 r	months)	
C Check box if filing ur	der: X Form 5558	_ a	automatic extension		DFVC progra	am
	special extension (ent					
Part II Basic Pl	an Information—enter all requ	ested informat	tion			
1a Name of plan					1b Three-dig	it
Royal Ridge Fru	its Retirement Plan				plan numi (PN) ▶	ber 001
					1c Effective of 01/01/2	
2a Plan sponsor's nam	e (employer, if for a single-employe	er plan)			2b Employer	Identification Number
City or town, state of	lude room, apt., suite no. and stree r province, country, and ZIP or fore	it, or P.O. Box) la /if foreign see Inst	nuctione)	(EIN) 91-	-2084282
Royal Ridge Fro	it & Cold Storage, L	LC	o (ii lordigii, occ ii ist	dudions)	2c Sponsor's 509-346	telephone number
P.O. Box 428					2d Business	code (see instructions)
13215 Rd F SW					111300	
Royal City		357				
	name and address Same as Pl it & Cold Storage, LL				3b Administra 91-20842	
P.O. Box 428	_ :				3c Administra	tor's telephone number
13215 Rd F SW						
Royal City	WA 99357					
4 If the name and/or E	IN of the plan sponsor or the plan rolan sponsor's name, EIN, the plan	name has chai	nged since the last re	eturn/report filed for	4b EIN	
a Sponsor's name	, and plant		patricina in a monta	io last rotalimoport.	4d PN	
C Plan Name						
5a Total number of par	ticipants at the beginning of the plan	n year		***************************************	5a	104
b Total number of par	ticipants at the end of the plan year		***************************************	•••••••••	5b	100
 Number of participa complete this item). 	nts with account balances as of the	end of the pla	ın year (only defined	contribution plans	5c	14
	ctive participants at the beginning of				5d(1)	101
d(2) Total number of a	ctive participants at the end of the p	plan year	***************************************		5d(2)	96
than 100% vested.	nts who terminated employment du	******			5e	C
Caution: A penalty for t	he late or incomplete filing of this	s return/repor	rt will be assessed	uniess reasonable car	use is establishe	d.
SB or Schedule MB com belief, it is true, correct, a	y and other penalties set forth in the pleted and signed by an enrolled ac nd complete.	e instructions, stuary, as well	I declare that I have as the electronic ver	examined this return/re sion of this return/repor	port, including, if a t, and to the best	applicable, a Schedule of my knowledge and
SIGN Pleus	and a			Kevin Dorsing		
HERE	f plan administrator		Date	Enter name of Individ	ual signing as pla	n administrator
SIGN						
HERE Signature of	f employer/plan sponsor		Date	Enter name of individ	ual signing as em	plover or plan sponsor

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	Com	EEOO	CE	2047

	I	Pac	je	2
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	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of						X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)				
	If you answered "No" to either line 6a or line 6b, the plan can						
C	If the plan is a defined benefit plan, is it covered under the PBGC is						
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	premium filing for this	plan ye	ar	_	. (See instructions.)
Pa	fill. Financial Information						
7	Plan Assets and Liabilities	3	(a) Beginning	of Yea	r		(b) End of Year
a	Total plan assets	. 7a		271,	330		465,909
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c		271,	330		465,909
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		51,	691		
	(2) Participants	8a(2)		101,	131		
	(3) Others (including rollovers)	8a(3)				eg englise servi All	All the state of t
b	Other income (loss)	8b		52,	441		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Planta aliana and	icean			205,263
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		10,	179		
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f				SEIN.	
g	Other expenses	8g			505		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		THE R	Taka		10,684
i	Net income (loss) (subtract line 8h from line 8c)	81	Mitwinten Estada	Jisla	JES		194,579
	Transfers to (from) the plan (see instructions)	81				2011.07	
Par	t IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	des from the List of P	lan Cha	racteri	stic Code	es in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Char	acteris	tic Codes	in the instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			x	
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		\vdash	
	reported on line 10a.)			10b		х	
С			10c		х		
	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		
d	by fraud or dishonesty?	Wree 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.).					-
	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	the benefits under	10e		х	1,2
	Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		X	7
е	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	the benefits under		х	-	28,520
e	Were any fees or commissions paid to any brokers, agents, or oft carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	n?s of year-e	end.)	10f	х	-	28,520

Form	5500-SF	2017
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Z 22.201 1	174						
Part	Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instructions and (Form 5500) and line 11a below)	d complete Sch	nedule S	8B		Yes	. ∏ No
11a	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 ERISA?	Code or section	n 302 c	f		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see i granting the walver.	. Month	d enter Da			letter ru ear	iling
lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.					
þ	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 negative amount)	e left of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	s No	, []	N/A
Part 1	/II Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			<u> </u>	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 bro control of the PBGC?	ught under the			Ye	s 🖾 N	lo
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identification which assets or liabilities were transferred. (See instructions.)	ntify the plan(s)	to		500		
13	13c(1) Name of plan(s): 13c(13c(2) EIN(s)			V(s)
					1		
	1201						
		-			+		
					1		