Form 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed		065 of the Employee Re	tirement	2017
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		nternal	This Form is Open to
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the instru	uctions to the Form 55	00-SF.	Public Inspection
	dentification Information	017		10 1 10 0 1 0	
For calendar plan year 2017 or fise				/31/2018	ving this hav must attach a
A This return/report is for:	X a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)
P This roturn/ronart is	a one-participant plan	a foreign plan			
<b>B</b> This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)	
<b>C</b> Check box if filing under:	Form 5558	automatic extension	Γ	DFVC p	rogram
	special extension (enter descri	iption)	_	_	
Part II Basic Plan Infor	mation—enter all requested info	ormation			
<b>1a</b> Name of plan				1b Three	5
COWICHE GROWERS, INC. 401(K	) PROFIT SHARING PLAN			pian (PN)	number 002
			-	( )	tive date of plan
0				<u> </u>	09/01/1998
2a Plan sponsor's name (employ Mailing address (include room	er, if for a single-employer plan) i, apt., suite no. and street, or P.O	. Box)		2b Empl (EIN)	oyer Identification Number 91-0189430
City or town, state or province COWICHE GROWERS, INC.	, country, and ZIP or foreign posta	al code (if foreign, see instr	uctions)	( )	nsor's telephone number 509-678-4168
			-	2d Busir	ness code (see instructions)
P.O. BOX 36					813000
COWICHE, WA 98923-0036					
<b>3a</b> Plan administrator's name and	d address 🗙 Same as Plan Spon	isor.		<b>3b</b> Admi	nistrator's EIN
	<b>—</b>		-	30 111	a la factor da da la color da consector a
				3C Admi	nistrator's telephone number
<b>4</b> If the name and/or EIN of the	plan sponsor or the plan name ha	is changed since the last re	aturn/report filed for	4b EIN	
this plan, enter the plan spon	sor's name, EIN, the plan name a				
a Sponsor's name				<b>4d</b> PN	
C Plan Name					
5a Total number of participants a	at the beginning of the plan year			5a	120
-	at the end of the plan year			5b	109
<b>C</b> Number of participants with a	ccount balances as of the end of t	he plan year (only defined	contribution plans	5c	49
· ,	icipants at the beginning of the pla		F	5d(1)	110
	ticipants at the end of the plan yea	-	F	5d(2)	109
	erminated employment during the			5e	0
than 100% vested Caution: A penalty for the late o	r incomplete filing of this return	/report will be assessed	unless reasonable cau		blished.
Under penalties of perjury and other	er penalties set forth in the instruc	tions, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Schedule
SB or Schedule MB completed and belief, it is true, correct, and compl		s well as the electronic ver	sion of this return/report,	, and to the	e best of my knowledge and
	alid electronic signature.	11/12/2018	LAURIE KNEBUSCH		
HERE Signature of plan ad	Iministrator	Date	Enter name of individu	al signing	as plan administrator
SIGN					
HERE Signature of employ	ver/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor

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

Form 5500-SF (2017) v.170203

-	Were all of the plan's assets during the plan year invested in eligib			
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility			
	If you answered "No" to either line 6a or line 6b, the plan cann			
С	If the plan is a defined benefit plan, is it covered under the PBGC in			
	If "Yes" is checked, enter the My PAA confirmation number from th			
				· ·
_ Pa	rt III Financial Information	ſ		
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
	Total plan assets	7a	2531101	2675778
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	2531101	2675778
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	78380	
	(2) Participants	8a(2)	120576	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	158447	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		357403
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	177595	
e	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	35131	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		212726
i	Net income (loss) (subtract line 8h from line 8c)	8i		144677
j	Transfers to (from) the plan (see instructions)	8j		
Ра	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature coo	des from the List of Plan Characterist	ic Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Characteristic	Codes in the instructions:

Part	V Compliance Questions			
10	During the plan year:	Yes	No	Amount
а	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)       10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		Х	
С	Was the plan covered by a fidelity bond?	x		1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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 plan? 10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g	X		78341
h	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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Page 3- 1

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)

Doctor of a Transport       Description       Benefit Plan         This required to be filed under sections 104 and 4058 of the Employee Referement Income Security Act of 1974 (ERSA), and sections 6007(b) and 6058(a) of the Internal Persion Benefit Gamma Corposition       This required to be filed under sections 104 and 4058 of the 2008(b) of the Internal Provide Benefit Gamma Corposition         Part I       Annual Report       Complete all entries in accordance with the instructions to the Form 5500-SF.         Part I       Annual Report       Genefit Plan         This return/report is for:       A a single-employer plan       of participating employer plan (of multilemployer) (Files chacking this b list of participating employer information in accordance with the form a comparticipating employer information in accordance with the form a short plan comparticipating employer information in accordance with the form a short plan comparticipating employer information         B This return/report is C Check box if filing under:       Form 5558       automatic extension       DFVC program         genetical extension (enter description)       genetical extension (enter description)       Enclipse Idem (PR) > 10       The e-digit (PR) > 10         2a Plan aponsor's name (employer, if for a single-employer plan) Malling address (include corps, and, such end address B) sensor.       3b Administrator's	
Interference         Mainternal of table           Opportunit         This equired to be filed under sections 104 and 4965 of the Employee Reletement Revenue Code (the Code).         This if there is the end of the internal Revenue Code (the Code).         This if there is the end of the internal Revenue Code (the Code).         This if there is the end of the internal Revenue Code (the Code).         This if the end of the internal Revenue Code (the Code).         This if the end of the internal Revenue Code (the Code).         This if the end of the internal Revenue Code (the Code).         This if the end of the internal Revenue Code (the Code).         This if the end of the internal Revenue Code (the Code).         This if the end of the internal Revenue Code (the Code).         This if the end of the internal Revenue Code (the Code).         This if the end of the internal Revenue Code (the Code).         This if the end of the end of the end of the internal Revenue Code (the Code).         This if the end of the en	OMB Nos. 1210-0110 1210-0089
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Part I       Annual Report Identification Information         For calendar plan year 2017 or fiscal plan year beginning       0.9/01/2017       and ending       0.8/031/2011         A       This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer) (Filers checking this b list of participating employer information in accordance with the for list of participating employer information in accordance with the for         B       This return/report is for:       a one-participant plan       a foreign plan       a foreign plan         B       This return/report is       in the first return/report       the final return/report (less than 12 months)         C       Check box if filing under:       Form 5505       automatic extension       DFVc program         gecial extension (enter description)       special extension (enter description)       The re-digit plan number (PN)         Part II       Basic Plan Information—enter all requested information       1       The medigit plan number (PN)         1a Name of plan       1b       Three-digit plan number (PN)       1c       Effective date cost (PN)         Cow iche Growers , Inc. 401 (k)       Profit Sharing Plan       1b       Three-digit plan number (PN)       2c         Cow ICHE       MA       98923-0036       2d       Busies sould (CH) (1/1956       83000         COWICHE       MA </td <td>Form is Open to blic Inspection</td>	Form is Open to blic Inspection
For calendar plan year 2017 or fiscal plan year beginning       0.9/01/2017       and moding       0.8/31/2011         A This return/report is for:       Image: a single-employer plan       Image: a multiple-employer plan (not multiemployer) (Filers checking this bubble)         B This return/report is for:       Image: a single-employer plan       Image: a multiple-employer plan (not multiemployer) (Filers checking this bubble)         B This return/report is       Image: a single-employer plan       Image: a short plan year return/report       Image: a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558       Image: a short plan year return/report (less than 12 months)       Image: plan is plan intermediate the short plan year return/report (less than 12 months)         Part II       Basic Plan Information—enter all requested information       Image: plan is plan intermediate the short plan year return/report (PN) b         Cowiche Growers , Inc. 401 (k)       Profit Sharing Plan       Ib Three-digit plan number (PN) b         Cowiche Growers , Inc.       10 Three-digit plan number (PN) b       Ic Effective date (99/01/1996)         Cowiche Growers , Inc.       401 (k)       Profit profign postal code (if foreign, see instructions)       COM CHE Growers (PN) b         COWICHE       WA       98923-0036       3b Administrator's       3c Administrator's         3a Plan administrator's name       MA       98923-0036       <	and mapection
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A This return/report is for: <ul> <li>a one-participant plan</li> <li>a foreign plan</li> <li>a foreign plan</li> <li>a foreign plan</li> <li>a foreign plan</li> <li>b for faricipating employer information in accordance with the fon</li> </ul> B This return/report is <ul></ul>	3
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In the first return/report       In the first return/report         a a mended return/report       a short plan year return/report (less than 12 months)         C C heok box if filing under:       Form 5558         gspecial extension (enfer description)       DFVC program         Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b Three-digit plan number (PN)         Cowiche Growers, Inc. 401 (k) Profit Sharing Plan       1b Three-digit plan number (PN)         2a Plan sponsor's name (employer, if for a single-employer plan)       1c Effective date (0.9/(01/1996)         Mailing address (include rom, and, 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)         COWICHE GROWERS, INC.       2b Employer loan         P.O. BOX 36       2d Business code 8133000         COWICHE WA 98923-0036       3b Administrator's         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's         3c Administrator's       3c Administrator's         a Sponsor's name       5a         5a Total number of participants at the beginning of the plan year.       5a         C Number of participants at the beginning of the plan year.       5b         C Number of participants at the beginning of the plan year.       5d(1) <tr< td=""><td></td></tr<>	
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Cowiche Growers, Inc. 401 (k) Profit Sharing Plan       (PN) 1         (PN) 1       C Effective date (09/01/1998)         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)       2b Employer Ident (EIN) 91-016         COWICHE GROWERS, INC.       2c Sponsor's tele 509-678-41       2d Business code 813000         COWICHE       WA       98923-0036       3b Administrator's         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's       3c Administrator's         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b EIN         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b EIN         4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report.       4d PN         5a Total number of participants at the beginning of the plan year       5a         b Total number of participants at the end of the plan year       5d         c Number of participants with account balances as of the end of the plan year       5d(1)	
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Solver Child GROWERS, FIRC.       509-678-41         P.O. BOX 36       2d Business code 813000         COWICHE       WA       98923-0036         3a Plan administrator's name and address S Same as Plan Sponsor.       3b Administrator's         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b EIN         4 Sponsor's name       4d PN         5a Total number of participants at the beginning of the plan year       5a         b Total number of participants at the beginning of the plan year       5b         c Number of participants at the beginning of the plan year       5b         d(1) Total number of active participants at the beginning of the plan year       5d(1)         d(2) Total number of active participants at the end of the plan year       5d(2)         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.       5e         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	
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- Under seventies of seven and other seventies and tothe in the instructions. I deploy that I have averained this return/report including if and	iachla, a Cabadula
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if appl SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of m belief, it is true, correct, and complete.	
SIGN AMUL 11-12-18 LAURIE KNEBUSCH	
HERE Signature of plan administrator Date Enter name of individual signing as plan ad	Iministrator
SIGN	
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employ	/er or plan sponsor
	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.	
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
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	_, (See instructions.)
	at 111 — The susception	
Pa	rt III   Financial Information	

7 Plan Assets and Liabilities		(a) Beginning c	of Year			(b) End	of Year	
a Total plan assets	7a		531,	101			2,	675,778
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	2,	531,	101			2,	675,778
8 Income, Expenses, and Transfers for this Plan Year	1999 B.	(a) Amoun	t			(b) <sup>-</sup>	otal	
<ul> <li>Contributions received or receivable from:</li> <li>(1) Employers</li> </ul>	8a(1)		78,	380				
(2) Participants	8a(2)		120,	576	ta ang san Pang tang ta			
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		158,	447	en fallander.			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							357,403
C Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		177,	595				
e Certain deemed and/or corrective distributions (see instructions)	8e		on commentative de la commencia		g de tretas		a a central	
f Administrative service providers (salaries, fees, commissions)	8f		35,	131		<u>9-2-62-62-62</u>	<u></u>	
g Other expenses	8g						ng Selêtên	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							212,726
Net income (loss) (subtract line 8h from line 8c)	8i			<u></u>			141431/2 2744204137ATTV107-2	144,677
Transfers to (from) the plan (see instructions)	8j						energebi	
Part IV         Plan Characteristics           9a         If the plan provides pension benefits, enter the applicable pension           2E         2F         2G         2J         2K         2T         3D	feature co	odes from the List of Pla	an Cha	racteri	stic Code	es in the ins	tructions:	
9a       If the plan provides pension benefits, enter the applicable pension         2E       2F       2G       2J       2K       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare f								
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9a       If the plan provides pension benefits, enter the applicable pension         2E       2F       2G       2J       2K       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare f         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's VProgram)         b       Were there any nonexempt transactions with any party-in-interest	eature coo utions with /oluntary f	des from the List of Plan in the time period Fiduciary Correction include transactions				s in the instr		
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9a       If the plan provides pension benefits, enter the applicable pension         2E       2F       2G       2J       2K       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare f         Part V       Compliance Questions         10       During the plan year:         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 Program)         b       Were there any nonexempt transactions with any party-in-interest reported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	eature coo utions with /oluntary f t? (Do not fidelity bo her persor ne or all of	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused hs by an insurance f the benefits under	10a 10b 10c 10d	Yes	No X X X X	s in the instr	uctions: Amount	000,000
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9a       If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D         b       If the plan provides welfare benefits, enter the applicable welfare f         Part V       Compliance Questions         10       During the plan year:         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 Program)         b       Were there any nonexempt transactions with any party-in-interest reported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or other arrier, insurance service, or other organization that provides son the plan? (See instructions.)         f       Has the plan failed to provide any benefit when due under the plan	eature coo utions with /oluntary f t? (Do not fidelity bo her persor ne or all of an? (See instr	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused ns by an insurance f the benefits under end.)	10a 10b 10c 10d 10e 10f	Yes	No X X X X X	s in the instr	uctions: Amount	