_	rm 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Employ	ee	ON	/IB Nos. 1210-0110 1210-0089
De	enefits Security Administration	This form is required to be filed Income Security Act of 1974		057(b) and 6058(a) of the Inte			2 <b>018</b> rm is Open to
	enefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	, ,	tructions to the Form 5500	-SF.		Inspection
Part I		Identification Information			•		
For calend	ar plan year 2018 or fis	scal plan year beginning 01/01/2			1/2018		
A This ref	turn/report is for:	a single-employer plan		blan (not multiemployer) (File mployer information in accor		-	
<b>B</b> This ret	urn/report is	the first return/report	the final return/report				
		an amended return/report		rn/report (less than 12 mont	hs)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram	
	-	special extension (enter descri	. ,				
Part II		rmation—enter all requested inf	ormation			I	
1a Name	of plan ARMS RETIREMENT	DLAN		1	b Three	-digit iumber	
DORSING F	ARING RETIREMENT	PLAN			(PN)		001
				1	<b>C</b> Effecti	ive date of p 01/01/2	
Mailing	g address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O			<b>b</b> Emplo (EIN)	oyer Identific 91-155	cation Number
DORSING F		e, country, and ZIP or foreign posta	al code (if foreign, see ins	2 2	<b>c</b> Spons	sor's telepho 509-346-2	one number 2374
				2	<b>d</b> Busine	ess code (se	ee instructions)
3408 ROAD OTHELLO, V	10.5 SE VA 99344-9682					11130	0
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spon	nsor.	3	<b>b</b> Admin	nistrator's El	N
				3	<b>C</b> Admin	istrator's tel	lephone number
4 If the r	name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last	return/report filed for <b>4</b>	<b>b</b> EIN		
this pl		nsor's name, EIN, the plan name a		the last return/report.	<b>d</b> PN		
C Plan N							
5a Total	number of participants	at the beginning of the plan year			5a		89
		at the end of the plan year			5b		82
		account balances as of the end of t			5c		10
<b>d(1)</b> Tot	al number of active pa	rticipants at the beginning of the pla	an year	5	5d(1)		88
<b>d(2)</b> Tot	al number of active pa	rticipants at the end of the plan yea	ar	5	5d(2)		82
than	100% vested	terminated employment during the			5e		0
		or incomplete filing of this return her penalties set forth in the instruc					hle a Schedule
SB or Sche		nd signed by an enrolled actuary, a					
SIGN	Filed with authorized	/valid electronic signature.	05/20/2019	KEVIN DORSING			
HERE	Signature of plan a	dministrator	Date	Enter name of individual	signing a	s plan admi	nistrator
SIGN							
HERE	Signature of emplo		Date	Enter name of individual	signing a		
For Paperw	ork Reduction Act Notic	e, see the Instructions for Form 5500	-SF.			For	rm 5500-SF (2018) v.171027

6a b c	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a <b>If you answered "No" to either line 6a or line 6b, the plan canne</b> If the plan is a defined benefit plan, is it covered under the PBGC inst If "Yes" is checked, enter the My PAA confirmation number from the	an indepen and condition ot use For surance pr	dent qualified public accountant (IQPA) ons.) <b>m 5500-SF and must instead use Form 5500.</b> ogram (see ERISA section 4021)? Yes No	. Yes No
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year (b) Er	d of Year
а	Total plan assets	7a	252989	301729
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	252989	301729

С	Net plan assets (subtract line 7b from line 7a)	7c	252989	301729
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	26135	
	(2) Participants	8a(2)	42686	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-19931	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		48890
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	150	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		150
i	Net income (loss) (subtract line 8h from line 8c)	8i		48740
j	Transfers to (from) the plan (see instructions)	8j		
Ра	rt IV Plan Characteristics			

9a	If the	plan j	orovid	es pe	nsion	benef	its, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2E	2J	2K	2F	2G	3D	3H	

Par	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		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c		Х	
d	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	
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.)	10e		х	
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		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
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	10i			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
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	r 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 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?			Ye	s X	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 brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

b       Total number of participants at the end of the plan year       5b       82         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       88         d(2)       Total number of active participants at the end of the plan year       5d(2)       82         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       00	Description of the Terms of terms of the terms of	Determine the formation and the point constraint for the induced of the indu						
Distant Recension         2018           Dependent study         Loome Security Act of 1974 (Eds), and sections 607(b) and 6056(a) of the internal Revenue Code (the Code).         This Form is Open to Dependent study         This Form is Open to Public Inspection           Part III         Annual Report Identification Information         10 (01/2016         aid ending         12/31/2016           For celerator plan year 2016 or fiscal plan year beginning         01/01/2016         aid ending         12/31/2016           For celerator plan year 2016 or fiscal plan year beginning         01/01/2016         aid ending         12/31/2016           For celerator plan year 2016 or fiscal plan year beginning         01/01/2018         aid ending         12/31/2016           A This estum/report is         in the first return/report         a an expection instructions to the form isstructions.)         is of participating employee information         Different status           B This return/report is         in the first return/report         a short plan year return/report (ess than 12 months)         C Check box if filing under:         Form 5668         automatic extension         Different status         001.           Part HE:         Basic Plan Information—enter all requested information         10 three-digit per monther         001.         C Effective date or plan of 1/01/2014           Dor sing Farms         Reti restum/report is         Inthe country on 21	Infinite         Data State         2018           Dependence is accord, according accord	Internal Research         2018           Determine Take model         2018           Determine Take model         This required to be filed under sections 104 and 4066 of the Employee Retirment Income Security 400 of 1972 (EREA), and sociations 2007(b) and 8058(a) of the internal Revenue Code (the Code).         This required to be filed under sections to the form 5500.8F.         Complete all entries in accordance with the instructions to the Form 5500.8F.         Complete all entries in accordance with the instructions to the Form 5500.8F.           Per caleral planyeer and the plan formation         Log plant to the form instructions to the form fiston to the form instructions.)           Part all control plant is in a concept plant (the instruction of the form instructions.)         a one-participant plan         a forsign plan         Difference         Diffe	Form 5500-SF		•	of Small Emplo	oyee	
Desense of Liker         This Form Is Open to Receive Rectification Present Rectification Complete all entries in accordance with the instructions to the Form S550-SF.         This Form Is Open to Present Rectification Information           For calendar plan year 2018 or fiscal plan year beginning         01/01/2018         and ending         12/31/2018           A This return/report is for:         a single-employer plan         and ending         12/31/2018           B This return/report is for:         a one-peritoipant plan         a foreign plan         and ending         12/31/2018           B This return/report is         a one-peritoipant plan         a foreign plan         and ending         12/01/2018         12/31/2018           B This return/report is         an amedod return/report         a biot plan year return/report (less than 12 months)         DFVC program           C Check box if filing under:         Form 5558         automatic extension         DFVC program           B This return/report is         g an emedod return/report         a biot plan year return/report (less than 12 months)           C Check box if filing under:         Form 5558         automatic extension         DFVC program           B This return/report is for:         g and ender stream description         10         Three-digit plan number           D or sing Farms, Retirement:         Plan         DFVC program         20	Department Later         Income Security Act of 1974 (ERSA), and security 626(b)         This Form is Open to Public Improvide Management Public Improvide           Partial Annual Report Identification Information For callordar plan year 2018 of fixed plan year beginning         0.1/01/2018         and ending         12/33/2018           A This return/report is for:         a single-employer plan         a non-participant for non-minimation in accordance with the instructions to the Form 5500-SF.         This return/report is for:         a single-employer plan         a non-participant for non-minimation in accordance with the form instructions.)           B This return/report is         us one-participant plan         a foreign plan         b for first entimation in accordance with the form instructions.)           C Check box if filling under:         - Form 560.5         a stort plan year return/report (less than 12 months)           C Area box if filling under:         - Form 560.5         a stort plan year return/report (less than 12 months)           Partial Anne of plan         Dors ing Partial         10 bran begin           Dors ing Partial         - Stort plan year 2019         20 bran begin plan           Dors ing Partial         - Stort plan year 2010         20 bran begin plan           Dors ing Partial         - Stort plan year 2010         12 bran begin plan           Dors ing Partial         - Stort plan year 2010         20 branot tellophane mumber	Department Liss         Income Security Act of 1974 (ERISA), and socials addors (0.87(b) and 6058(a) of the Internal Revenue Code (the Code),         This Form is Opon to Public Inspection           Partiel - Annual Report Learning Construction         Complete all entries in accordance with the instructions to the Form 5500.SF.         This Form is Opon to Public Inspection           A Tria return/report is to::         B a single-employer plan         In white on equipation in accordance with the form instructions.)           B This return/report is to::         B a single-employer plan         In the first elum/report         In a mended return/report           B This return/report is         In the first elum/report         In a mended return/report         In a short plan return/report         In the first elum/report           B This return/report is         In the first elum/report         In a short plan return/report         In the first elum/report         In a mended return/report           B This return/report is         In the first elum/report         In a short plan return/report         In the first elum/report         In the first elum/report           B This return/report is         In the first elum/report         In a short plan         In the first elum/report         In the first elum/report           B This return/report is         In the first elum/report         In a number of plan         In the first elum/report           D This Gaston on plan         Dorestan on plan		This form is required to be filed under	er sections 104 and 4	065 of the Employee R	etirement	2018
Protocol boostic downery copyestion         > Complete all entries in accordance with the instructions to the Form 5500-SF.         Public inspection           Part11         Annual Report Identification Information         an ending         12/31/2018         multiple-employer plan (not multiperployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         an ending         12/31/2018         This return/report is for:         a one-participant plan         a foreign plan         a foreign plan         Developer information in accordance with the form instructions.)           B This return/report is         ib first return/report         a shot plan year return/report (less than 12 months)         C Check box if filing under:         prom 558         automatic extension         DFVC program           Special extension (enter description)         Part11         Basic Plan Informationenter all requested information         1         The return/report is for:         10         Three-digit plan number           A Name of plan         Dorsing Farms. Ret1izement. Plan         10         Three-digit plan number         10.1/2.2014         20         Employer identifications)         20         Employer identifications)           Darsing Farms, inc.         3408 Road 10.5 SR         20         Employer identifications)         20         Employer identifications)           Othello         MA         99344-96	Person trend tamenty compared to the port identification information         Public Inspection           Part II         Annual Report Identification Information         and ending         12/31/2018           For calencer prova 2019 or fixed plan yzer segmining         01/01/2018         and ending         12/31/2018           A This return/report is for:         a angela-emptoyer plan         is foreign plan         is foreign plan         is foreign plan           B This return/report is         in a mendated return/report         a bint plan year clau or fixed plan yzer segming         01/01/2018         modulate with the form instructions.)           C Chack box if filing under:         prom 5558         automatic extension         DFVC program           Part III         Basic Plan Information—enter at requested information         18         There-digit plan           14 Name of plan         Dorsing Farms Retirement Plan         10         There-digit plan number point (RN)           22a Plan sponor/s name (angloyer, if the single-employer plan)         if the single-employer plan number point (RN)         20           23a Plan administrator's name and address [2] Same as Plan Sponsor.         3b Administrator's telephone number Single polyone, cumby, and zPlor foreign postal code of foreign, see instructions)         2c Sponsor's telephone number Single Plan           3408 Road 10.5 SE         Othall sponsor.         3b Administrator's name and address [2] Same	Person trend claumy constant         b Complete all entries in accordance with the instructions to the Form 5560-SF.         Public Inspection           Part II         Annual Report Identification Information         and ending         12/31/2018         and ending         12/31/2018           For calendar physe 2016 or Security and part security in the provide of the endinger plan (not multemplayer) (Filers checking this box must attach a is of participant plan (not multemplayer) (Filers checking this box must attach a is of participant plan         a new ending termine provide information in econdance with the form instructions.)           B This return/report is         is final return/report         is the first return/report         is the first return/report           B This return/report is         in the first return/report         is shot plan yaar return/report (less than 12 months)           C Check box if filing under:         Form 5588         is automatic extension         DFVC program           B part III         Basic Plan Information. (enter description)         Ib These-digit plan number (Pi N)         Q01           12         Part III         Basic Plan information in accordance with the stant second plan (Dort Information in econd plan (Dort Information information in econd plan (Dort Information information information in econd plan (Dort Information information information in econd plan (Dort Information information information information information inforothere plan (Dort Information information inforother		Income Security Act of 1974 (ERIS	SA), and sections 605	7(b) and 6058(a) of the	Internal	This Form is Open to
Partil Annual Report Identification Information       0./01/2013       and ending       12/31/2018         For calendar play year 2018 or fiscal play year beginning       0./01/2013       and ending       12/31/2018         A This return/report is for:       a single-employer plan       is for patibipating employer information in accordance with the form instructions.)         B This return/report is       a one-participant plan       is for patibipating employer information       accordance with the form instructions.)         C Check box if filing under:       g one-participant plan       is torp store play plan       DFVC program         genetical extension (enter description)       genetical extension (enter description)       DFVC program         genetical extension (enter description)       genetical extension (enter description)       DFVC program         B This return/report       is an endpate extension (enter description)       DFVC program         B Tarme of plan       10       The Effective date of plan (1/01/2014         Devising Farms, Inc.       as ongle-employer plan)       Bailing address (include room, apt, sufie no. and stered, or P.O. Box)         Othello       WA       99344-9682       111300         3a Plan administrator's name and address (a Same as Plan Sponsor.       3b Administrator's talephone number         So Total number of participants at the beginning of the plan year       5a	Part II       Annual Report Identification Information       1/01/2018       and anding       12/31/2018         For calendra play uses 2018 of focus play uses beginning       01/01/2018       and anding       12/31/2018         A This return/report is for:       a one-participant plan       a foreign plan       a foreign plan         B This return/report       the first teturn/report       a foreign plan       b foreign plan         C Check box if filing under:       Form 558       a admatic extension       DFVC program         Part III       Basic Plan Informationenter al requested information       10       DFVC program         Part III       Basic Plan Informationenter al requested information       10       DFVC program         III       This return/report       If the rate of plan       01.01/2014       20         Dorsing Parms Retirement Plan       If the rate of plan outprise       00.1       10       10         2a Plan sponteor's name (emplayer, if for a single-emplayer plan)       Mailing address (Induel oron, and, suite no. and street, or P.O. Bot)       2b       Employer Identification Number         0thello       WA       9344-9682       111300       2c       Sponsor's telephone number         3408 Road 10.5 SB       Othello       WA       9344-9682       1111300       3c       Administrator's t	Part II       Annual Report Identification Information       and ending       12/31/2018         For calendar plan year balan year balaan year balan year bala			,	,		
For calendar plan year 2018 or fiscal plan year beginning       01/01/2018       and ending       12/31/2018         A This return/report is for:       a single-employer plan       a routifiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accoundance with the form instructions.)         B This return/report is       a one-participant plan       a foreign plan         B This return/report is       an emended return/report       is of participant plan       a foreign plan         C Check box if filing under:       Form 5558       automatic extension       DFVC program         Special extension (enter description)       DFVC program         Part.Hit       Basic Plan Information—enter all requested information         1A Name of plan       1b Three-digit plan number (ethy) > 001.         10 Effective date of plan       0/101/2014         2a Plan sponsor's name (employer, if for a single-employer plan)       (Hors) > 0/21.         Mailing address (incluke moon, apt, suite on, and layeet or P.O. Box)       City or form, state or province, country, and 2IP or foreign postal code (if foreign, see instructions)         Dorsing Farms, Inc.	For calevar plan year 2018 or fiscal plan year eleginning       01/01/2018       and ending       12/31/2018         A This return/report is for:	For calerdar plan year 2018 of fiscal plan year beginning       02/01/2018       and ending       12/31/2018         A This return/report is for:       a ane-participant plan       a multiple-employer plan (multimentype) (files checking) his box must attach a list of participating employer information in accordance with the form instructions.)         B This return/report is       a one-participant plan       a foreign plan         C Check box if filing under:       Form 5558       automatic extension       DFVC program         g acid a cottanation (enter description)       DFVC program       001       (PN) +         Part II:       Basic Plan Information-enter all requested Information       10       Three-digit plan on a distort plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558       automatic extension       DFVC program         Dors is ing Farms Ret i rement Plan       10       Three-digit plan on a distort plan year and street of or PC. Box)       (PN) +       001         City or tows tate or province, country, and ZIP or foreign postal code (if foreign, see instructions)       20       Sponsor's telephone number 50.5.46-23.7.4         3408 Road 10.5 SB       0thello       VA       9344-9682       11130.0         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's telephone number 50 acids number of participants at the end of the plan year       5b       5	Part Annual Report I		ualice with the list	uctions to the rorm 5	000-Sr.	
A This return/report is for:       a one-participant plan       a foreign plan         B This return/report is       a one-participant plan       a foreign plan         B This return/report is       in a mended return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558       automatic extension       DFVC program         special extension (enter description)       in a mended return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558       automatic extension       DFVC program         special extension (enter description)       intermeter all requested information       10       Three-digit plan number (rNN )         C Effective date of plan number       0.01 (01 / 2014       10       Effective date of plan (1/ 2014         2a Plan sponsor's name (employer, if for a single-employer plan)       Mailing address (Include ron, apt, suite on. and street, oP.O. Box)       City or town, state or province, country, and 2IP or foreign postal code (if foreign, see instructions)         D Crsing Parms, Inc.       34 08 Road 10.5 SE       2d Business code (see instructions)         Othello       NA       99344-9682       1113 0.0         3a Plan administrator's name and address [X] Same as Plan Sponsor.       3b Administrator's telephone number         Sa Total number of participants with account blances	A This return/report is for: <ul> <li>a one-participant plan</li> <li>a foreign plan</li> <li>a foreign plan</li> <li>b first return/report</li> <li>a a net-participant plan</li> <li>a foreign plan</li> <li>b first return/report</li> <li>a shot plan year return/report (less than 12 months)</li> </ul> <li>C Check box if filing under:</li> <li>gedial extension (enter description)</li> <li>percent extension</li> <li>provide extension</li> <li>DFVC program</li> <li>Part IL:</li> <li>Basic Plan Information—enter all requested information</li> <li>The requested information</li> <li>for Effective date of plan (0/101/2014</li> <li>The enter the plan sponsor's tame (employer, if for a single-employer plan) (PATT) = 558.50 (2000)</li> <li>City of two, state or provide, country, and ZIP of foreign postal code (if foreign, see instructions)</li> <li>Dorsing Farms, Ret i rement Plan</li> <li>Check bas and address [M] Same as Plan Sponsor.</li> <li>Check Plan the plan sponsor's tame for the plan sponsor country, and ZIP of foreign postal code (if foreign, see instructions)</li> <li>Dorsing Farms, Inc.</li> <li>3408 Road 10.5 SB</li> <li>Othello</li> <li>MA 99344-9682</li> <li>111300</li> <li>A Administrator's telephone number form the last return/report filed for this plan enter the plan sponsor name, EN, the plan name and the plan number from the last return/report.</li> <li>A plan administrator's name and address [M] Same as Plan Sponsor.</li> <li>Sa Total number of participants at the edginning of the plan year.</li> <li>Sa Total number of participants at the edginning of the plan year.</li> <li>Sa Total number of participants at the edginning of the plan year.</li> <li>Sa Sola number of participants at the edginning of the plan year</li>	A This return/report is for:			01/2018	and ending	12/3	1/2018
B This return/report is       a one-participant plan       a foreign plan         B This return/report is       the first return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558       a utomatic extension       DFVC program         special extension (enter description)       special extension (enter description)       DFVC program         Part IE       Basic Plan Informationenter all requested information       1b       Three-digit plan number (rm, N, N)         C I Part IE       Basic Plan Informationenter all requested information       1c       Effective date of plan 01/01/2014         2a Plan sponsor's name (employer, if for a single-employer plan)       Maling eddress (include room, apt., sulle no. and street, or P.O. Box)       (file) 91-1558490         Oty or town, state or province, country, and 2/P or foreign postal code (if foreign, see instructions)       Dors ing Farms, I nc.       2c         Othello       WA       99344-9682       111300       3b         3a Plan administrator's name and address S Same as Plan Sponsor.       3b       Administrator's telephone number         6 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 administrator's telephone number       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, e	B This return/report is       a one-participant plan       a foreign plan         B This return/report is       the first return/report       be first return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       prom 5558       automatic extension       DFVC program         spacial schemation       plan year return/report (less than 12 months)       DFVC program         Part III B Basic Plan Information —enter all requested information       1b       Three-digit plan number         Dorsing Farms Retirement Plan       1b       Three-digit plan number         Mailing address findule complayer. If for a single-employer plan)       1c Effective date or plan         Dorsing Farms, Inc.       3408 Road 10.5 SE       2b       Employer idensitication Number         3408 Road 10.5 SE       0thello       WA 99344-9682       111300         3a Plan administrator's name and address [Same as Plan Sponsor.       3b Administrator's telephone number         50 - 346 - 2374       2d Business code (see instructions)         0 thello       WA 99344-9682       111300         3a Plan administrator's name and address [M] Same as Plan Sponsor.       3b Administrator's telephone number         5a Total number of participants at the beginning of the plan year.       5a       6b       5a         6a Total number of participants at the end o	B This return/report is          B one-participant plan         B first return/report         B an amended return/report         B an amended return/report         B a short plan year return/report         B an amended return/report         B a short plan year return/report         B an amended return/report         B a short plan year return/report         B a short plan year return/report         B a short plan         DFVC program         geodal advension (enter description)         PartIII:         Basic Plan Information—enter all requested information         1a Name of plan         Dors sing Parms Retirement Plan         1b Tree-digit         plan number         (PN, P)         001         1c Effective date of plan         01/01/2014         2b Employer if for a single-employer plan         Meiling pdates (inclusion, apt, suite no. and steel, of P.O. Box)         City or town, state or prowner, county, and ZIP or foreign postal code (if foreign, see instructions)         Dors sing Parms, Inc.         3408 Road 10.5 SE         Othello	6					
Image: Second state in the tirst return/report       Image: Second state in the second state is the second state in the second state is the second state in the second state second state is the second state in the second state	Implementation       Implementation       Implementation         Implementation       Implementation	□       □	A This return/report is for:			ployer information in ac	cordance w	ith the form instructions.)
an amended return/report       a short plan year return/report (less than 12 months)         PartLI       Form 5558       automatic extension       DFVC program         PartLI       Basic Plan Information—enter al requested information       1       Three-digit plan number (PN)         Dorsing Farms Retirement Plan       10       Three-digit plan number (PN)       011         2a Plan sponsor's name (employer, if for a single-employer plan)       1c       Effective date of plan 01/01/2014         Dorsing Farms, Inc.       320       Employer Identification Number (EIN) 91-15584 90       2c         Dorsing Farms, Inc.       3408 Road 10.5 S8       2d       Sponsor's name and address S Same as Plan Sponsor.       2d         Othello       WA       99344-9682       111300       3c       Administrator's telephone number 509-346-2374         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 filed for this plan, enter the plan sponsor's name.       4b       EIN         6a       Total number of participants at the beginning of the plan year.       5a       6b       62         6a       Total number of active participants at the edi of the plan year.       5a       10         6a       Total number of active participants at the e	an amended return/tepot       a short plan year return/repot (less than 12 months)         C Check box if filing under:       Form 5558       automatic extension       DFVC program         gecial extension (enter description)       DFVC program       in a monthe of plan       DFVC program         1a Name of plan       Dorsing Farms Retirement Plan       1b Three-digit plan number       001         2a Plan sponsor's name (amployer, if for a single-employer plan)       1c Effective date of plan       01/01/2014         2a Plan sponsor's name, inc.       32b Employer Identification Number (EN) 91-1558490       2c Sponsor's telephone number 509-346-2374         2d Business (include room, spt, suite no, and street, or P.O. Box)       Cff oreign, see instructions)       2c Sponsor's telephone number 509-346-2374         2d Business code (see instructions)       Dot sing Farms, Inc.       3c Administrator's name and address [0] Same as Plan Sponsor.       3b Administrator's telephone number 509-346-2374         3d 08 Road 10.5 SB       3b Administrator's telephone number       3b Administrator's telephone number       1113.800         3a Plan administrator's name and address [0] Same as Plan Sponsor.       3b Administrator's telephone number       5b         6 Plan Name       5b       62       101         6 Plan Name       5b       62       101         6 Out onumber of particliopants at the beginning of the plan year	an amended return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558       automatic extension       DFVC program         PartILI       Basic Plan Information—enter all requested information       1       Three-digit         1a Name of plan       Dorsing Farms, Retirement Plan       1b Twee-digit       0.01         2a Plan sponsor's name (employer, if for a single-employer plan)       10 Effective date of plan 0.01/1/2014       201         2a Plan sponsor's name (employer, if for a single-employer plan)       2b Employer identification Number (90 + 91 - 155 + 84 9.0)       2b Employer identification Number (90 + 34 + 26 8.2)         2d Road 10.5 SE       Othello       WA 99344 - 9682       2d Business code (see instructions)         3d Plan administrator's name and address (Same as Plan Sponsor.       3b Administrator's telephone number 509 - 346 + 2374         3d R Plan administrator's name and address (Same as Plan Sponsor.       3b Administrator's telephone number 509 - 546 + 2374         3d R Plan administrator's name, EIN, 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 or the plan name and the plan number from the last return/report.       4d PN         5a Total number of participants at the edd of the plan year       5b	B This return/report is	the first return/report	e final return/report			
Image: Second extension       Image: Second extension         Image: Second extensextension       Image: Second extension	Booking Carbonian Carbonin Carbonian Carbonian Carbonian Carbonian Carbonian Carbonian Carb	Image: Second Extension       Image: Second Extension         Image: Second Extensin       Image: Second Extension <td></td> <td></td> <td>•</td> <td>n/report (less than 12 m</td> <td>onths)</td> <td></td>			•	n/report (less than 12 m	onths)	
Image: Second extension       Image: Second extension         Image: Second extensextension       Image: Second extension	Booking Carbonian Carbonin Carbonian Carbonian Carbonian Carbonian Carbonian Carbonian Carb	Image: Second Extension       Image: Second Extension         Image: Second Extensin       Image: Second Extension <td><b>C</b> Check box if filing under:</td> <td></td> <td></td> <td></td> <td></td> <td>10.870 m</td>	<b>C</b> Check box if filing under:					10.870 m
Part II       Basic Plan Information—enter all requested information         1a Name of plan Dorsing Farms Retirement Plan       1b Three-digit plan number (PN) ▶ 001         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) Dorsing Farms, Inc.       2b Employer identification Number (EIN 91-1558490         2d Na Road 10.5 SE       2c Sponsor's telephone number 509-346-2374       2d Business code (see instructions)         Othello       WA 99344-9682       111300         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's telephone number consor's name       111300         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         5a Total number of participants at the beginning of the plan year       5a 62       6a         5b       62       10         6(1) Total number of participants at the beginning of the plan year       5d         6(2) Total number of active participants at the end of the plan year       5d         6(2) Total number of active participants at the end of the plan year       5d         6(2) Total number of active participants at the end of the plan year       5d <t< td=""><td>PartII       Basic Plan Information—enter all requested information         1a Name of plan Dorsing Farms Retirement Plan       1b Three-digit plan number (PN) &gt; 001         2a Plan sponsor's name (employer. If for a single-employer plan) Mailing address (include norm, apt. suile no. and street, or P.O.Box) City or town, state or provine, country, and ZIP or foreign postal code (if foreign, see instructions) Dorsing Farms, Inc.       2b Employer identification Number (EIN) 91–1558490         2dx Road 10.5 SE       0thello       WA       99344-9682         0thello       WA       99344-9682         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's telephone number 509-346-2374         3d 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 filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from 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 filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan year       5a       89         5a Total number of participants at the beginning of the plan year       5a       10         64(1) Total number of active participants at the edig the glon year.       5b       6a         62(2) Total number of active participants at the edigning of the plan year.       5a       10         64(2) T</td><td>PartII       Basic Plan Information—enter all requested information         1a Name of plan Dorsring Farms Retirement Plan       1b Three-digit plan number (01)         1c       Effective due of plan 01/01/2014         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) Otly or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Dors ing Farms, Inc.       2b Employer identification Number (EIN 91-155.84.90         34.08 Road 10.5 SE       0thello       WA 99344-9682       1113.00         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address Same as Plan sponsor.       3b Administrator's telephone number 509-346-2374         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 filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan year.       5a         5a Total number of participants at the beginning of the plan year.       5a         c Number of participants with account balances as of the end of the plan year.       5d(1)         (2) Total number of participants with account balances as of the end of the plan year.       5d(2)         c Number of participants who te</td><td><b>3</b></td><td></td><td></td><td></td><td></td><td>ogram</td></t<>	PartII       Basic Plan Information—enter all requested information         1a Name of plan Dorsing Farms Retirement Plan       1b Three-digit plan number (PN) > 001         2a Plan sponsor's name (employer. If for a single-employer plan) Mailing address (include norm, apt. suile no. and street, or P.O.Box) City or town, state or provine, country, and ZIP or foreign postal code (if foreign, see instructions) Dorsing Farms, Inc.       2b Employer identification Number (EIN) 91–1558490         2dx Road 10.5 SE       0thello       WA       99344-9682         0thello       WA       99344-9682         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's telephone number 509-346-2374         3d 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 filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from 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 filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan year       5a       89         5a Total number of participants at the beginning of the plan year       5a       10         64(1) Total number of active participants at the edig the glon year.       5b       6a         62(2) Total number of active participants at the edigning of the plan year.       5a       10         64(2) T	PartII       Basic Plan Information—enter all requested information         1a Name of plan Dorsring Farms Retirement Plan       1b Three-digit plan number (01)         1c       Effective due of plan 01/01/2014         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) Otly or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Dors ing Farms, Inc.       2b Employer identification Number (EIN 91-155.84.90         34.08 Road 10.5 SE       0thello       WA 99344-9682       1113.00         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address Same as Plan sponsor.       3b Administrator's telephone number 509-346-2374         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 filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan year.       5a         5a Total number of participants at the beginning of the plan year.       5a         c Number of participants with account balances as of the end of the plan year.       5d(1)         (2) Total number of participants with account balances as of the end of the plan year.       5d(2)         c Number of participants who te	<b>3</b>					ogram
1a Name of plan Dorsing Farms Retirement Plan       1b Three-digit plan number (PN) > [00]         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 towns, state or province, county, and ZIP or foreign postal code (if foreign, see instructions) Dorsing Farms, Inc.       2b Employer identification Number (EIN) 91-1558490         2d Near Road 10.5 SE       2c Sponsor's telephone number 509-346-2374         3408 Road 10.5 SE       111300         3a Plan administrator's name and address S Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address S Same as Plan Sponsor.       3b Administrator's telephone number         5a Total number of participants at the beginning of the plan year       5a         5a Total number of participants at the beginning of the plan year       5a         64(1) Total number of active participants at the beginning of the plan year       5c         64(2) Total number of active participants at the ed of the plan year       5d         64(2) Total number of active participants at the ed of the plan year       5d         64(2) Total number of active participants at the ed of the plan year       5d         64(2) Total number of active participants at the end of the plan year       5d         64(2) Total number of active participants at the end of the plan year       5d         7       5d(2)       6a	1a Name of plan Dorsing Farms Retirement Plan       1b Three-digit plan number (PK)       001         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) Dorsing Farms, Inc.       2b Employer Identification Number (EIN) 91 - 1558490         2d 8 Noad 10.5 SE       2d Business code (see instructions)         0thello       WA 99344 - 9682         3d 08 Road 10.5 SE       2d Business code (see instructions)         0thello       WA 99344 - 9682         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address Same as Plan Sponsor.       3b Administrator's telephone number         5a Total number of participants at the beginning of the plan year       5a       89         5a Total number of participants at the end of the plan year       5a       89         6(1) Total number of participants at the beginning of the plan year       5d       5c         10(1) Total number of participants at the end of the plan year       5d       5c       10         6(1) Total number of participants at the beginning of the plan year       5d       5c       10         6(1) Total number of participants at the end of the plan year       5d       5c       10         6(2) Total numb	1a Name of plan Dorsing Farms Retirement Plan       1b Three-digit plan number (PN) >       001         2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (includes or province, country, and ZIP or foreign postal code (if foreign, see instructions) Dorsing Farms, Inc.       2b Employer identification Number (EN) 91-1558490         2d Stands Road 10.5 SE       2d Business code (see instructions) Dothello       2d Business code (see instructions)         0thello       WA       99344-9682       111300         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN       3c Administrator's telephone number 509-346-2374         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         5a       5a       5b       5c         6a Total number of participants at the beginning of the plan year.       5a       5b         6(1) Total number of participants at the end of the plan year.       5c       5c         6(2) Total number of participants with account balances as of the end of the plan year.       5c       5c         6(1) Total number of participants at the end of the plan year.       5c       5c       5c         7 Cotal number of participants at the end of the plan year.       5c       5c       5c         7	Part II Basic Plan Infor					
Dorsing Farms Retirement Plan       plan number (PN) ▶       001         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) Dorsing Farms, Inc.       2b Employer identification Number (EIN) 91–1558490         2d Nos Road 10.5 SE       2c Sponsor's telephone number 509–346-2374         2d Business code (see instructions)       111300         3a Plan administrator's name and address ∑Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number S Plan sponsor's name.       3c Administrator's telephone number         4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. A Sponsor's name.       4b EIN         4d PN       C Plan Name       5a       95         5a Total number of participants at the beginning of the plan year       5a       96         5d(1)       3a       5b       32         6d(2)       6d(2)       82	Dorsing Farms Retirement Plan       plan number (PN) b       01         2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no. and street, or PO. Box) City or towns, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Dorsing Farms, Inc.       2b       Employer Identification Number (EIN) 91-1558490         2c       Sponsor's telephone number 509-346-2374       2d       Business code (see instructions)         Othello       WA       99344-9682       111300         3a Plan administrator's name and address Si Same as Plan Sponsor.       3b       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor or the plan name has changed since 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.       4b       EIN         4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.       4b       EIN         4       If the name and/or EIN of the plan sponsor or the plan number from the last return/report.       5a       5a       10         5a       Total number of participants at the beginning of the plan year       5a       5a       10         61(1) Total number of participants with account balances as of the end of the plan year       5d(1)       8e       6d(2)	Dorsing Farms Retirement Plan       plan number (PN) > 001         22       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) Dorsing Farms, Inc.       22       Employer Identification Number (EIN) 91-1558490         20       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) Dorsing Farms, Inc.       22       Sponsor's telephone number 509-346-2374         3408 Road 10.5 SE       2d       Business code (see instructions)         0thello       WA       99344-9682       111300         3a       Plan administrator's name and address Sing Same as Plan Sponsor.       3b       Administrator's telephone number to plan, enter the plan sponsor's name, EIN, the plan name has changed since the last return/report.       3c       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.       3b       Administrator's telephone number         5a       Total number of participants at the beginning of the plan year       5a       5b       5b         6(1)       Total number of participants at the end of the plan year       5c       5c       5c         7b <t< td=""><td></td><td>mation—enter an requested informat</td><td>1011</td><td></td><td>1h Three</td><td>-digit</td></t<>		mation—enter an requested informat	1011		1h Three	-digit
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) Dors ing Parms, Inc.       2b       Employer Identification Number (EIN)91-1558490         Othello       WA       99344-9682       2c       Sponsor's telephone number 509-346-2374         3d 08       Road 10.5       SE       2d       Business code (see instructions)         Othello       WA       99344-9682       111300         3a       Plan administrator's name and address X Same as Plan Sponsor.       3b       Administrator's 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         5a       80       82         5a       82       82         5a       82       82         6       82       82         7       Total number of participants at the beginning of the plan year       5a       82         6       1010       80       82       101       82         6       102       82       102       82       102         6       103       <	<sup>1</sup> C Effective date of plan 01/01/2014 <sup>2</sup> C 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 towns, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Dorsing Farms, Inc. <sup>2</sup> D Employer Identification Number (EIN) 91-1558490             Othello         WA         99344-9682 <sup>2</sup> O Sponsor's telephone number 509-346-2374 <sup>3</sup> d Read 10.5 SE <sup>2</sup> O Employer Identification Number (EIN) 91-1558490             Othello         WA         99344-9682 <sup>1</sup> III 300 <sup>3</sup> a Plan administrator's name and address           Same as Plan Sponsor <sup>4</sup> 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.           Sa <sup>6</sup> Total number of participants at the beginning of the plan year           Sa           Same <sup>6</sup> Number of participants at the end of the plan year           Sa           Same             C Plan Name           Sd(1)           Sa             C Plan Name	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 towns, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Dorsing Farms, Inc.       2b       Employer Identification Number (EIN) 91-1558490         3408 Road 10.5 SE       2d       Business code (see instructions)         0thello       WA       99344-9682       111300         3a       Plan administrator's name and address Sizeme as Plan Sponsor.       3b       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report field for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b       EIN         5a       Total number of participants at the beginning of the plan year.       5a       5b       5c         c Number of participants at the ed of the plan year.       5d       5d       5d       5d         c Number of participants at the edigning of the plan year.       5d       5d       5d       5d         c Number of participants at the edign of the plan year.       5d       5d       5d       5d         c Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% wested       5d       5d       5d         c Number of participants who terminate		rement Plan				number
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) Dorsing Farms, Inc.       2b       Employer identification Number (EIN) 91-1558490         2d 8 Road 10.5 SE       2c       Sponsor's telephone number 509-346-2374         3d 08 Road 10.5 SE       2d       Business code (see instructions)         0thello       WA       99344-9682       111300         3a Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's 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 of participants at the beginning of the plan year       5a       8a       8g         5a       Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         64(1)       Total number of active participants at the end of the plan year       5d       6d       10         62(2)       Total number of active participants at the end of the plan year       5d       6d       20         64(1)       Total number of active participants at th	2a       Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apl., 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) Dorsing Farms, Inc.       2b       Employer Identification Number (EN) 91-1558430         3408 Road 10.5 SE       2c       Sponsor's telephone number 509-346-2374         Othello       WA       99344-9682         3a       Plan administrator's name and address Same as Plan Sponsor.       3b       Administrator's telephone number 509-346-2374         3c       Administrator's name and address Same as Plan Sponsor.       3b       Administrator's telephone number         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. a Sponsor's name       4b       EIN         5a       Total number of participants at the edginning of the plan year       5a       89         c       Number of participants at the edginning of the plan year       5d       10         c       Number of participants at the edginning of the plan year       5d       60       10         c       Number of aparticipants at the edginning of the plan year       5d       6d       0         c       Number of aparticipants at the edginning of the plan year       5d       <	2a       Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include nom, 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) Dorising Farms, Inc.       2b       Employer identification Number (UN) 91-15584.90         2c       Sponsor's telephone number 509-346-2374       2c       Sponsor's telephone number 509-346-2374         3408       Road 10.5       SE       1113.00         3a       Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's telephone number 509-346-2374         3c       Administrator's name and address       Same as Plan Sponsor.       3b       Administrator's telephone number 509-346-2374         3c       Administrator's name and address       Same as Plan Sponsor.       3b       Administrator's telephone number 50         3a       Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's telephone number 50         4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. a Sponsor's name       5a       5b         5a       Total number of participants at the beginning of the plan year						
Mailing address (include room, apt, suite no. and street, or P.O. Box)       (EIN) 91-1558490         Other Dorsing Farms, Inc.       2c Sponsor's telephone number 509-346-2374         3408 Road 10.5 SE       2d Business code (see instructions)         Othello       WA 99344-9682         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number       3c Administrator's telephone number         5a Total number of participants at the beginning of the plan year.       5a         6a Total number of participants at the beginning of the plan year.       5a         6a Number of participants at the beginning of the plan year.       5c         6a Number of participants at the beginning of the plan year.       5d(1)         6a Number of participants at the beginning of the plan year.       5d(2)         6a Number of participants at the beginning of the plan year.       5d(2)         6a Number of participants at the beginning of the plan year.       5d(2)         6a Number of participants at the beginning of the plan year.       5d(2)         6b Road       3c         6c Number of participants with account balances as of the end of the plan year.       5d(2)         6a Number of participants with bacement during the plan year.       5d(2)         6b Number of participants with terminated employment during the plan year with accrued	Mailing address (include room, spt. sufte no. and street, or P.O. Box)       (EN) \$1-1558490         City or fown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2c Sponsor's telephone number         3408 Road 10.5 SE       2d Business code (see instructions)         Othello       WA 99344-9682       111300         3a Plan administrator's name and address S Same as Plan Sponsor.       3b Administrator's EIN       3c Administrator's telephone number         4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.       4b EIN       4d PN         5a Sponsor's name       EIN the plan name, EIN, 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       82       10         c Number of participants at the end of the plan year       5d(1)       88       82         c Number of participants at the end of the plan year       5d(1)       88       82       10         d(1) Total number of participants at the end of the plan year       5d(1)       88       6d(2)       82       6d(2)	Mailing address (include room, spt. sulte no. and street, or P.O. Box)       (EIN) 91-1558490         City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2c         Sponsor's telephone number       509-346-2374         3408 Road 10.5 SE       2d         Othello       WA       99344-9682         3a Plan administrator's name and address       Same as Plan Sponsor.       3b         Administrator's name and address       Same as Plan Sponsor.       3b         Administrator's telephone number       505-346-2374         3c       Administrator's name and address       Same as Plan Sponsor.         3c       Administrator's telephone number         a ponsor's name, EIN, 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 mame       5a       5b         5a       5b       5c         5a       5b       5c         5a       5b       5c         5a       5c       5c         5a						
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2c. Sponsor's telephone number 509-346-2374         3408 Road 10.5 SE       2d Business code (see instructions)         Othello       WA       99344-9682         3a Plan administrator's name and address X Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.       3b Administrator's telephone number         4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.       4b EIN         5a Total number of participants at the beginning of the plan year       5a       8e         c Number of participants at the end of the plan year       5b       82         d(1) Total number of active participants at the beginning of the plan year       5c       10         d(2) Total number of active participants at the end of the plan year       5d(1)       88         d(2) Total number of active participants at the end of the plan year       5d(2)       82         e Number of participants with account balances as of the end of the plan year       5d(2)       82         for total number of active participants at the end of the plan year       5d(2)       82         for total number of active participants at the end of the plan year       5d(2)       82         <	City or twm, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       City or twm, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)         Dorsing Farms, Inc.       2c Sponsor's telephone number 509-346-2374         3408 Road 10.5 SE       2d Business code (see instructions)         Othello       WA 99344-9682         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.       3c Administrator's telephone number         4       If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report.       4b EIN         5a Total number of participants at the beginning of the plan year       5a       89         b Total number of active participants at the edi of the plan year       5c       10         complete this item)       5c       10         d(2) Total number of active participants at the edi of the plan year       5c       10         complete this item)       5c       10         d(2) Total number of active participants at the edi of the plan year       5c       10         complete this item)       5c       10         d(2) Total number of active participants at the edi of the plan year       5c       10	City or twm, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       Image: Construction of the province country, and ZIP or foreign postal code (if foreign, see instructions)         Dorsing Farms, Inc.       Inc.         3408 Road 10.5 SE       Image: Construction of the province country, and ZIP or foreign postal code (if foreign, see instructions)         Othello       WA       99344-9682         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address       Same as Plan Sponsor.       3b Administrator's telephone number from the last return/report filed for this plan, enter the plan sponsor or 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.       4b EIN         4 Sponsor's name       Fan Name       5a         5a Total number of participants at the end of the plan year       5a         c Number of participants at the end of the plan year       5b         c Number of participants at the end of the plan year       5d(1)         d(1) Total number of participants at the end of the plan year       5d(2)         c Number of participants at the end of the plan year       5d(2)         c Number of participants at the end of the plan year       5d         caution: A panalty for the late or inco						
Standy Parties, Fire.       509-346-2374         3408 Road 10.5 SE       2d Business code (see instructions)         Othello       WA       99344-9682         3a Plan administrator's name and address 🕅 Same as Plan Sponsor.       3b Administrator's clinic         3c Administrator's name and address 🕅 Same as Plan sponsor.       3b Administrator's telephone number         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       82         b Total number of participants at the end of the plan year       5a       82         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1) Total number of active participants at the end of the plan year       5d(1)       88         d(2) Total number of active participants at the end of the plan year       5d(2)       82         e Number of participants with the end of the plan year       5d(2)       82         f the participants with the end of the plan year       5d       5e         10       5d(2)       82	Substraing Parties, Tite:       509-346-2374         3408 Road 10.5 SE       2d Business code (see instructions)         Othello       WA       99344-9682         3a Plan administrator's name and address X Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address X Same as Plan Sponsor.       3b Administrator's telephone number         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 filed for this plan, enter the plan sponsor's name, EIN, 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       89         b Total number of participants at the end of the plan year       5b       82         c Number of participants at the end of the plan year       5d(1)       88         d(2) Total number of active participants at the end of the plan year       5d(2)       82         e Number of participants who terminated employment during the plan year with accrued benefits that were less to a complete this item interverse and examined this return/report, including, if applicable, a Schedule Bo of Bor Schedule ME completed and signed by an enrolled actuary, as well as the electonic version	Soluting Failling, Failli	City or town, state or province	, apr., solite no. and street, of P.O. Box) , country, and ZIP or foreign postal code	e (if foreign, see instr	uctions)	·····	
3408 Road 10.5 SE       2d Business code (see instructions)         Othello       WA       99344-9682       111300         3a Plan administrator's name and address S are as Plan Sponsor.       3b Administrator's EIN       3c Administrator's telephone number         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         5a Total number of participants at the beginning of the plan year       5a       82         b Total number of participants at the end of the plan year (only defined contribution plans complete this item).       5c       10         d(1) Total number of active participants at the end of the plan year.       5d(1)       88         d(2) Total number of active participants at the end of the plan year.       5d(2)       82         e Number of participants with account balances as of the end of the plan year.       5d(2)       82         for the number of active participants at the end of the plan year.       5d(2)       82	3408 Road 10.5 SE       2d Business code (see instructions)         Othello       WA       99344-9682         3a Plan administrator's name and address X Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address A Same as Plan Sponsor.       3c Administrator's telephone number         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 Sponsor's name       5a       89         5a Total number of participants at the beginning of the plan year       5a       89         5a Total number of participants with account balances as of the end of the plan year       5c       10         6(1) Total number of active participants at the beginning of the plan year       5d(1)       88         6(2) Total number of active participants at the end of the plan year       5d(2)       82         6(2) Total number of active participants at the end of the plan year       5d(2)       82         6(2) Total number of active participants at the end of the plan year       5d(2)       82         6(2) Total number	3408 Road 10.5 SE       2d Business code (see instructions         Othello       WA       99344-9682       111300         3a Plan administrator's name and address X Same as Plan Sponsor.       3b Administrator's EIN       3c Administrator's telephone numb         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 year       5a         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       5b         c Number of participants at the end of the plan year       5d(1)         d(1) Total number of active participants at the end of the plan year       5d(2)         c Number of participants at the end of the plan year       5d(2)         d(2) Total number of active participants at the end of the plan year       5d(2)         d(1) Total number of active participants at the end of the plan year with accrued benefits that were less       5e         than 100% vested       5e	Dorsing Farms, Inc	2.			•	•
3a Plan administrator's name and address X Same as Plan Sponsor.       3b Administrator's 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 Jif 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 Jif 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         5a Total number of participants at the beginning of the plan year       5a       89         b Total number of participants at the end of the plan year       5b       82         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1) Total number of active participants at the beginning of the plan year       5d(1)       88         d(2) Total number of active participants at the end of the plan year       5d(2)       82         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% wested       5e       0	3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number       3c Administrator's telephone number         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 Jona Sponsor's name       4d PN         5a Total number of participants at the beginning of the plan year       5a 89         b Total number of participants at the end of the plan year       5b 82         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c 100         d(1) Total number of active participants at the beginning of the plan year       5d(1) 88         d(2) Total number of active participants at the end of the plan year       5c 0         c Number of participants with terminated employment during the plan year with accrued benefits that were less than 100% wested       5c 0         c Autor of participants who terminated employment during the plan year with accrued benefits that were less to participants who terminated employment during the assessed unless reasonable cause is established.         Under penalties of participants who terminated employment during the elar number of this return/report, including, if applicable, a Schedule BS or Schedule BMS complete d	3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone numb       3c Administrator's telephone numb         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 JF The name       5a       5a         5a Total number of participants at the beginning of the plan year       5a         5b Total number of participants at the end of the plan year       5b         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         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         caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, 1 declare that 1 have examined this return/report, including, if applicable, a Schedul Bor Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Signature of plan administrater	3408 Road 10.5 SE					
3a Plan administrator's name and address X Same as Plan Sponsor.       3b Administrator's 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 Jif 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 Jif 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         5a Total number of participants at the beginning of the plan year       5a       89         b Total number of participants at the end of the plan year       5b       82         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1) Total number of active participants at the beginning of the plan year       5d(1)       88         d(2) Total number of active participants at the end of the plan year       5d(2)       82         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% wested       5e       0	3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number       3c Administrator's telephone number         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 Jona Sponsor's name       4d PN         5a Total number of participants at the beginning of the plan year       5a 89         b Total number of participants at the end of the plan year       5b 82         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c 100         d(1) Total number of active participants at the beginning of the plan year       5d(1) 88         d(2) Total number of active participants at the end of the plan year       5c 0         c Number of participants with terminated employment during the plan year with accrued benefits that were less than 100% wested       5c 0         c Autor of participants who terminated employment during the plan year with accrued benefits that were less to participants who terminated employment during the assessed unless reasonable cause is established.         Under penalties of participants who terminated employment during the elar number of this return/report, including, if applicable, a Schedule BS or Schedule BMS complete d	3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone numb       3c Administrator's telephone numb         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.       4b EIN         3c Administrator's telephone numb       4d PN         c Plan Name       5a         5a Total number of participants at the beginning of the plan year       5a         c Number of participants at the end of the plan year       5b         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         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         c Number of participants with account balances as of the end of the plan year       5d         d(1) Total number of active participants at the end of the plan year       5d         d(2) Total number of active participants at the end of the plan year       5d         caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that 1 have examined this return/rep						
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       PN       4d       PN         5a       Total number of participants at the beginning of the plan year       5a       82         b       Total number of participants at the end of the plan year       5b       82         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       88         d(2)       Total number of active participants at the end of the plan year       5d(2)       82         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% wested       5e       00	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.       4b       EIN         4       Byonsor's name       4d       PN       4d       PN         5a       Total number of participants at the beginning of the plan year       5a       89       89         b       Total number of participants at the end of the plan year       5b       82         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this liem)       5c       10         d(1)       Total number of active participants at the end of the plan year       5d(1)       88         d(2)       Total number of active participants at the end of the plan year       5d(2)       82         e       Number of participants who terminated employment during the plan year with accrued benefits that were less       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of periury and other penalties set forth in the instructions, 1 declare that have examined this return/report, and to the best of my knowledge and belief, it is true, corre	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's name, EIN, the plan name and the plan number from the last return/report.       4b       EIN         4       Byonsor's name       4d       PN       4d       PN         5a       Total number of participants at the beginning of the plan year       5a       5b       5c         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans science)       5d(1)       5d(2)       6d(2)	Othello	WA 99344-9682			111:	300
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         a       Sponsor's name       4d       PN         c       Plan Name       5a       89         b       Total number of participants at the beginning of the plan year       5b       82         c       Number of participants at the end of the plan year       5b       82         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       88         d(2)       Total number of active participants at the beginning of the plan year       5d(2)       82         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       00	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         a Sponsor's name       4d       PN         c Plan Name       5a       89         b Total number of participants at the beginning of the plan year       5a       89         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1) Total number of active participants at the beginning of the plan year       5d(1)       88         d(2) Total number of active participants at the beginning of the plan year       5d(2)       82         e Number of active participants at the end of the plan year       5d(2)       82         d(2) Total number of active participants at the end of the plan year       5d(2)       82         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0       0         Under penalties of participants who terminated actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.       S///// // Kevin Dorsing	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         a Sponsor's name       4d       PN         c Plan Name       5a       5a         5a Total number of participants at the beginning of the plan year       5a       5b         c Number of participants with account balances as of the end of the plan year (only defined contribution plans scomplete this item)       5c         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 with account balances as of the plan year       5d(2)         e Number of participants with 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 then 100% vested       5e         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Schedule MS completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedul BS or Schedule MS completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Sig	3a Plan administrator's name and	address X Same as Plan Sponsor.	······		3b Admi	nistrator's EIN
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4d PN         a Sponsor's name       4d PN         c Plan Name       5a         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       5b         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         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	this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4d PN         a Sponsor's name       4d PN         c Plan Name       5a       89         b Total number of participants at the beginning of the plan year       5a       89         b Total number of participants at the end of the plan year       5b       82         c Number of participants with account balances as of the end of the plan year (only defined contribution plans       5c       10         d(1) Total number of active participants at the beginning of the plan year       5d(1)       88         d(2) Total number of active participants at the end of the plan year       5d(2)       82         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 my knowledge and belief, it is true, correct, and complete.         SIGN       SIGN       SI/4/19       Kevin Dorsing	this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4d PN         a Sponsor's name       4d PN         c Plan Name       5a         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       5b         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         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 beginning of the plan year       5d(2)         e Number of participants with account balances as of the plan year       5d(2)         e Number of active participants at the beginning 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.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Signature of plan administrator       S/1/4/1/9       Kevin Dorsing					3c Admi	nistrator's telephone number
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4d PN         a Sponsor's name       4d PN         c Plan Name       5a         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       5b         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         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	this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4d PN         a Sponsor's name       4d PN         c Plan Name       5a       89         b Total number of participants at the beginning of the plan year       5a       89         b Total number of participants at the end of the plan year       5b       82         c Number of participants with account balances as of the end of the plan year (only defined contribution plans       5c       10         d(1) Total number of active participants at the beginning of the plan year       5d(1)       88         d(2) Total number of active participants at the end of the plan year       5d(2)       82         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 my knowledge and belief, it is true, correct, and complete.         SIGN       SIGN       SI/4/19       Kevin Dorsing	this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4d PN         a Sponsor's name       4d PN         c Plan Name       5a         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       5b         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         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 beginning of the plan year       5d(2)         e Number of participants with account balances as of the plan year       5d(2)         e Number of active participants at the beginning 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.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Signature of plan administrator       S/1/4/1/9       Kevin Dorsing						
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4d PN         a Sponsor's name       4d PN         c Plan Name       5a         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       5b         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         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	this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4d PN         a Sponsor's name       4d PN         c Plan Name       5a       89         b Total number of participants at the beginning of the plan year       5a       89         b Total number of participants at the end of the plan year       5b       82         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1) Total number of active participants at the end of the plan year       5d(1)       88         d(2) Total number of active participants at the end of the plan year       5d(2)       82         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 my knowledge and belief, it is true, correct, and complete.         SIGN       SIGN       SIM / 19       Kevin Dorsing	this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4d PN         a Sponsor's name       4d PN         c Plan Name       5a         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       5b         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         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 beginning of the plan year       5d(2)         e Number of participants with account balances as of the plan year       5d(2)         e Number of active participants at the beginning 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.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Signature of plan administrator       S/1/4/1/9       Kevin Dorsing						
a Sponsor's name       4d PN         c Plan Name       5a         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       5b         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         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	a Sponsor's name       4d PN         c Plan Name       5a Total number of participants at the beginning of the plan year       5a       89         b Total number of participants at the end of the plan year       5b       82         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1) Total number of active participants at the beginning of the plan year       5d(1)       88         d(2) Total number of active participants at the end of the plan year       5d(2)       82         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 my knowledge and belief, it is true, correct, and complete.         SIGN       Mathematical Activity Activity and Activity Actin Dorsing	a Sponsor's name       4d PN         c Plan Name       5a         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       5b         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         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.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedul MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Sign M HERE       Signature of plan administrator       5/14/19       Kevin Dorsing	4 If the name and/or EIN of the p	plan sponsor or the plan name has char	nged since the last re	turn/report filed for	4b EIN	********
c       Plan Name         5a       Total number of participants at the beginning of the plan year       5a       89         b       Total number of participants at the end of the plan year       5b       82         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       88         d(2)       Total number of active participants at the end of the plan year       5d(2)       82         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       00	c       Plan Name         5a       Total number of participants at the beginning of the plan year       5a       89         b       Total number of participants at the end of the plan year       5b       82         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       88         d(2)       Total number of active participants at the end of the plan year       5d(2)       82         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 my knowledge and belief, it is true, correct, and complete.         SIGN       SIGN       SIGN	c       Plan Name         5a       Total number of participants at the beginning of the plan year         b       Total number of participants at the end of the plan year         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)         c       Number of active participants at the beginning of the plan year         d(1)       Total number of active participants at the beginning of the plan year         d(2)       Total number of active participants at the end of the plan year         d(2)       Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested         c       Se         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedul 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 my knowledge and belief, it is true, correct, and complete.         SIGN       Signature of plan administrator		for s name, Ein, the plan name and the	pian number from tr	ie last return/report.	4d PN	
b Total number of participants at the end of the plan year       5b       82         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1) Total number of active participants at the beginning of the plan year       5d(1)       88         d(2) Total number of active participants at the end of the plan year       5d(2)       82         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       00	b       Total number of participants at the end of the plan year       5b       82         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       88         d(2)       Total number of active participants at the end of the plan year       5d(2)       82         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule SB or Schedule MB completed.         SIGN       SiGN       Sign Muthered	b       Total number of participants at the end of the plan year       5b         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans       5c         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       5e         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedul 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 my knowledge and belief, it is true, correct, and complete.         SIGN       Mum       S/14/19       Kevin Dorsing         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator						
b Total number of participants at the end of the plan year       5b       82         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1) Total number of active participants at the beginning of the plan year       5d(1)       88         d(2) Total number of active participants at the end of the plan year       5d(2)       82         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       00	b       Total number of participants at the end of the plan year       5b       82         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       88         d(2)       Total number of active participants at the end of the plan year       5d(2)       82         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule SB or Schedule MB completed.         SIGN       SiGN       Sign Muthered	b       Total number of participants at the end of the plan year       5b         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         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.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedul 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 my knowledge and belief, it is true, correct, and complete.         SIGN       Signature of plan administrator       S/14/19       Kevin Dorsing	5a Total number of narticipants a	t the beginning of the plan year	With the annual second state and the second state of the		5a	 ጽዓ
c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1) Total number of active participants at the beginning of the plan year       5d(1)       88         d(2) Total number of active participants at the end of the plan year       5d(2)       82         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       00	C       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1) Total number of active participants at the beginning of the plan year       5d(1)       88         d(2) Total number of active participants at the end of the plan year       5d(2)       82         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 my knowledge and belief, it is true, correct, and complete.         SIGN       Silfn / MWMM       S/1/1/19 / Kevin Dorsing	C       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         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.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedul 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 my knowledge and belief, it is true, correct, and complete.         SIGN       Signature of plan administrator       S/14/19       Kevin Dorsing				f f		
d(1) Total number of active participants at the beginning of the plan year       5d(1)       88         d(2) Total number of active participants at the end of the plan year       5d(2)       82         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       00	d(1) Total number of active participants at the beginning of the plan year       5d(1)       88         d(2) Total number of active participants at the end of the plan year       5d(2)       82         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 my knowledge and belief, it is true, correct, and complete.         SIGN       SIGN         HERE       SIGN	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.       5e         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedul 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 my knowledge and belief, it is true, correct, and complete.         SIGN       Signature of plan administrator       S/14/19       Kevin Dorsing         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator	c Number of participants with ac	count balances as of the end of the pla	n year (only defined	contribution plans		
d(2) Total number of active participants at the end of the plan year       5d(2)       82         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       00	d(2) Total number of active participants at the end of the plan year       5d(2)       82         e       Number of participants who terminated employment during the plan year with accrued benefits that were less       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 my knowledge and belief, it is true, correct, and complete.         SIGN       SIGN         HERE       SIGN	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       5e         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       5e         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedul 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 my knowledge and belief, it is true, correct, and complete.         SIGN       Signature of plan administrator         Date       Enter name of individual signing as plan administrator					5d(1)	88
e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 00	e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 my knowledge and belief, it is true, correct, and complete.         SIGN       SIGN       S/1/4/1/9         HERE       SUMMAN       S/1/4/1/9	e       Number of participants who terminated employment during the plan year with accrued benefits that were less       5e         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       5e         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedul 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 my knowledge and belief, it is true, correct, and complete.         SIGN       Signature of plan administrator         Date       Enter name of individual signing as plan administrator					5d(2)	82
Caution: A panalty for the late or incomplete filing of this return/concrt will be accorded and a second state of the second s	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 my knowledge and belief, it is true, correct, and complete.         SIGN       SIGN       S/1/4/1/q       Kevin Dorsing	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedul 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 my knowledge and belief, it is true, correct, and complete.         SIGN       Signature of plan administrator       Signature of plan administrator	<ul> <li>Number of participants who te than 100% vested</li> </ul>	erminated employment during the plan	year with accrued be	nefits that were less	1	
Linder appellary for the fate of incomplete ming of this return/report will be assessed unless reasonable cause is established.	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 my knowledge and belief, it is true, correct, and complete.           SIGN	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 my knowledge and belief, it is true, correct, and complete.         SIGN       SIGN         HERE       Signature of plan administrator    Date Enter name of individual signing as plan administrator	Caution: A penalty for the late or	incomplete filing of this return/report	rt will be assessed	unless reasonable cau	ise is estab	lished.
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 my knowledge and	SIGN Juon 5/14/19 Kevin Dorsing	SIGN HERE         XuXXXX         Signature of plan administrator           Signature of plan administrator         Date         Enter name of individual signing as plan administrator	SB or Schedule MB completed and	signed by an enrolled actuary, as well	as the electronic ver	examined this return/rep sion of this return/report	oort, includir , and to the	ng, it applicable, a Schedule best of my knowledge and
	HERE	HERE Signature of plan administrator Date Enter name of individual signing as plan administrator		=	5/14/19	Kevin Dorsinq		
	I bate I chief danc of humidual signing as that automstration		HERE	ministrator	<u> </u>		ial signing r	is plan administrator
Signature of plan administrator							sar organing c	o por duminoliator
Nerve         Signature of plan administrator         Date         Enter name of individual signing as plan administrator           SIGN		HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	er/plan sponsor	Date	Enter name of individu	ual signing a	s employer or plan sponsor

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

Form 5500-SF (2018)

Page	2

	Were all of the plan's assets during the plan year invested in eligit							X	Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of under 20 CER 2520 104 462 (See instructions on waiver all alivibility							X	Yes 🗌 No
	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							쓰	
с	If the plan is a defined benefit plan, is it covered under the PBGC i							□ Not	determined
	If "Yes" is checked, enter the My PAA confirmation number from the						J 6)	لسسا	
-									
Pa	rt III Financial Information	1 Contractor	<b>1</b>		r				
	Plan Assets and Liabilities		(a) Beginning		1		(b) End	d of Year	
<u>a</u>		. 7a		252,	989				301,729
	Total plan liabilities								
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c	~	252,	989				301,729
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total	
a 	Contributions received or receivable from: (1) Employers	. 8a(1)		26,	135				
	(2) Participants	. 8a(2)		42,	686				
	(3) Others (including rollovers)	. 8a(3)			1000				
b	Other income (loss)	. 8b		-19,	931				dele constante del
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							48,890
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					Colores .		
f	Administrative service providers (salaries, fees, commissions)	. 8f			A STATE				
g	Other expenses	. 8g			150				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							150
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							48,740
j	Transfers to (from) the plan (see instructions)	. 8j			1				
Pa	rt IV Plan Characteristics		- <b></b>			1.01910000011			
9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the ins	structions	•
b	If the plan provides welfare benefits, enter the applicable welfare f	feature co	des from the List of Pla	n Chara	acteris	tic Coc	les in the inst	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V					x			
	Program)			10a	ļ	<u> </u>			
a 	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b	ļ	x			
c	Was the plan covered by a fidelity bond?			10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x			
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.).	her persor ne or all of	ns by an insurance f the benefits under	10e		x			

Х

Х

Х

10f

10g

10h

10i

......

f Has the plan failed to provide any benefit when due under the plan?

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

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 .....

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

2520.101-3.) .....

i

Form 5500-SF (2018)

Page 3-

Part	VI 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	edule S	SB	Ye	s 🗌 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 ERISA?	Code or sectio	n 302 c	ıf	. [] Ye	s 🛛 No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i granting the waiver.	. Month	d enter Da		of the letter r Year	uling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ə 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	1		
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			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	Νο	N/A
Part '	/II 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	Τ		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro control of the PBGC?	ught under the		] [	Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred.	ntify the plan(s)	) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	'N(s)
			*****			
		<b>8111/01/01/01/01/01/01/01/01/01/01/01/01/</b>				unasi kanganganganganganganganganganganganganga
			1		anna fa fa sha anna anna anna anna anna anna anna	****