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C Plan Name 5a Total number of participants at the beginning of the plan year 5a 115 b Total number of participants at the end of the plan year 5b 114 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c 15 d(1) Total number of active participants at the beginning of the plan year 5d(1) 111 d(2) Total number of active participants at the end of the plan year 5d(2) 114 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 Filed with authorized/valid electronic signature. 08/30/2019 KEVIN DORSING HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	this pla	an, enter the plan spo									
5a Total number of participants at the beginning of the plan year 5a 115 b Total number of participants at the end of the plan year 5b 114 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 15 d(1) Total number of active participants at the beginning of the plan year 5d(1) 111 d(2) Total number of active participants at the end of the plan year 5d(2) 114 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 Filed with authorized/valid electronic signature. 08/30/2019 KEVIN DORSING SIGN HERE Enter name of individual signing as plan administrator	•						40 PN				
b Total number of participants at the end of the plan year	• Hairre										
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5a Total r	number of participants	at the beginning of the plan year				5a	115			
complete this item) 3c 13 d(1) Total number of active participants at the beginning of the plan year 5d(1) 111 d(2) Total number of active participants at the end of the plan year 5d(2) 114 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 HERE Filed with authorized/valid electronic signature. 08/30/2019 KEVIN DORSING Bignature of plan administrator Date Enter name of individual signing as plan administrator		· · ·					5b	114			
d(2) Total number of active participants at the end of the plan year 5d(2) 114 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 Filed with authorized/valid electronic signature. 08/30/2019 KEVIN DORSING SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator							5c	15			
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 HERE Filed with authorized/valid electronic signature. 08/30/2019 KEVIN DORSING SIGN HERE Filed with authorized/valid electronic signature. 08/30/2019 KEVIN DORSING	d(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year.			5d(1)	111			
than 100% vested Jee 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 HERE Filed with authorized/valid electronic signature. 08/30/2019 KEVIN DORSING SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator	• •						5d(2)	114			
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 HERE Filed with authorized/valid electronic signature. 08/30/2019 KEVIN DORSING SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator							5e	0			
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 HERE Filed with authorized/valid electronic signature. 08/30/2019 KEVIN DORSING Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Signature of plan administrator Image: Signature of plan administrator	Caution: A	penalty for the late	or incomplete filing of this return	n/report	will be assessed u	unless reasonable ca					
SIGN HERE Filed with authorized/valid electronic signature. 08/30/2019 KEVIN DORSING Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE A A	SB or Sche	dule MB completed a	nd signed by an enrolled actuary, a								
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Signature of plan administrator Image: Signature of plan administrator				(08/30/2019	KEVIN DORSING					
SIGN HERE					Date	Enter name of individ	ual signina	as plan administrator			
HERE	SIGN	-					3	•			
		Signature of emplo	oyer/plan sponsor		Date	Enter name of individ	ual signing	as employer or plan sponsor			

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

Form 5500-SF (2018) v.171027

6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of 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	an indeper and condit	ndent qualified public accountant (I	QPA)	X Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the			9 Yes No	Not determined
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year
2	Total plan acceta	70	465909		536031

		(u) Deginning (or rear			
a Total plan assets	. 7a	40	65909			536931
b Total plan liabilities	. 7b					170
C Net plan assets (subtract line 7b from line 7a)	. 7c	7c 465				536761
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
 a Contributions received or receivable from: (1) Employers 	8a(1)	ł	50168			
(2) Participants	8a(2)	12	21349			
(3) Others (including rollovers)	8a(3)	2	21427			
b Other income (loss)	8b	-2	28165			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					164779
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	Ş	93217			
e Certain deemed and/or corrective distributions (see instructions)	. 8e					
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses	8g		710			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			93927		
i Net income (loss) (subtract line 8h from line 8c)	. 8i			70852		
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	odes from the List of Pla	an Chai	acteri	stic Cod	les in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	cterist	ic Code	es in the instructions:
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x	
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		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 som the plan? (See instructions.).	ne or all of	the benefits under	10e		x	

	the plan? (See instructions.)	10e		X	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		4552
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3				

Page **3-** 1

Part	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				
e	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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						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)

Fo	orm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Der Int	partment of the Treasury ternal Revenue Service	This form is required to be file	4:	2018		
	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	057(b) and 6058(a) of the	Internal	This Form is Open to
Pension	Benefit Guaranty Corporation	Complete all entries in	accordance with the ins	fructions to the Form 55	00-SF.	Public Inspection
Part I	Annual Report	t Identification Information				
For calen	dar plan year 2018 or f	iscal plan year beginning	01/01/2018	and ending	12/3	1/2018
A This re	eturn/report is for:	X a single-employer plan		olan (not multiemployer) (F mployer information in ac		ing this box must attach a ith the form instructions.)
R This re	turn/report is	a one-participant plan	a foreign plan			
	anneport is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 mc	onths)	
C Check	box if filing under:	X Form 5558	automatic extension]	DFVC pi	rogram
		special extension (enter descr	• •			
Part II	Basic Plan Info	prmation—enter all requested int	formation			
1a Name					1b Three	e-digit
Roy	al Ridge Fruit	s Retirement Plan			•	number ▶ 001
				-	(PN)	tive date of plan
	······					01/2014
2a Plans Mailin	sponsor's name (emplo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D		2b Emplo	oyer Identification Number
City o	or town, state or provinc	e, country, and ZIP or foreign post	al code (if foreign, see ins	tructions)		91-2084282
Roya	al Ridge Fruit	& Cold Storage, LLC				sor's telephone number - 3 4 6 - 1 5 2 0
P.0	. Box 428				2d Busin	ess code (see instructions)
	15 Rd F SW					
-	al City	WA 9935			1113	300
3a Plan a	administrator's name a	nd address Same as Plan Spon	isor.			nistrator's EIN 2084282
ROYA	ai kiuge riuit	& Cold Storage, LLC		-		histrator's telephone number
	. Box 428					
	15 Rd F SW al City					
		wA 99357 e plan sponsor or the plan name ha	a changed since the last	rohum loop ont file of fee		-346-1520
this p	lan, enter the plan spo	nsor's name, EIN, the plan name a	nd the plan number from t	the last return/report.	4b EIN	
a Spons C Plan N	sor's name Name				4d PN	
U Fianti	turio					
5a Total	number of participants	at the beginning of the plan year			5a	115
		at the end of the plan year			5b	114
C Numb	per of participants with a	account balances as of the end of t	he plan vear (only defined	d contribution plans	5c	15
		ticipants at the beginning of the pla			5d(1)	111
		rticipants at the end of the plan yea			5d(2)	
e Numl	ber of participants who	terminated employment during the	plan year with accrued be	enefits that were less	5e	
Caution: A	100% vested	or incomplete filing of this return	/report will be accessed		1	<u>C</u>
SB or Sche	alties of perjury and oth	ner penalties set forth in the instruct nd signed by an enrolled actuary, as	tions. I declare that I have	examined this return/rend	ort includin	a if applicable a Schedule
SIGN	2000		816120	Kevin Dorsing		
HERE	Signature of plan a	dministrator	Date		al cionica -	o plon administrate
SIGN				Enter name of individua	ai signing a	s plan administrator
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individur	al signing o	s employer or plan sponsor
For Paperw	ork Reduction Act Notic	e, see the Instructions for Form 5500-	SF.		a signing d	Form 5500-SF (2018)

v.171027

U,	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	turned to the second
	in you answered No to entire fine 6a of line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	Not determined

Part III Financial Information

-							
7	Plan Assets and Liabilities	T. second	(a) Beginning	o of Yea	r	47.0012	(b) End of Year
a	Total plan assets	. 7a		465,			536,93
b	Total plan liabilities	7b	T				17(
<u> </u>		7c		465,	909		536,76
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	-			
a	Contributions received or receivable from: (1) Employers	8a(1)			168		(b) Total
	(2) Participants	8a(2)	İ	121,	349		
	(3) Others (including rollovers)	8a(3)		21,			
b	Other income (loss)	8b		-28,		a and a second	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					164,779
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		93,	217		104,77
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	······		710		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					93,927
i	Net income (loss) (subtract line 8h from line 8c)	8i					70,852
j	Transfers to (from) the plan (see instructions)	8i			910-32-80-89 		,0,032
Pa	rt IV Plan Characteristics				15		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	des from the List of P	'lan Cha	racteri	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	an Chara	cteris	ic Cod	es in the instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Ve Program)	oluntarv Fi	iduciary Correction	100	105	x	Amount
b	Were there any nonexempt transactions with any party-in-interest?	? (Do not i	nclude transactions	10a		x	

b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
C	Was the plan covered by a fidelity bond?	100 10c		x	
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		x	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).			x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		x	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	x		4,552
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3				

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)	I complete Sch	edule S	В		Yes 🗌 No
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or sectio	n 302 o	f		Yes 🛛 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					•
G	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Structions, and Month	d enter l Dav		of the let	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b	Enter the minimum required contribution for this plan year		12b	l		
	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part '						
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	<u> </u>		
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) PN(s)
nana letandelande		######\$\$\$\$\$\$\$\$\$\$\$\$			naan tuliikun tunken innaan oo	All Sectors Colory and Color Anna and Color
					1944 404 FM 126 FF 14 PANA	
Bachancele Constantiation		atmaka bancatina nda incina anna an anna an anna	loka navnimi silanomista		at for the state of the state o	an a characterization of the second