Form 5500-SF Short Form Annual Return/Report of Small Emp Department of the Treasury Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089			
Inter	nal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal						
	epartment of Labor enefits Security Administration		7(b) and 6058(a) of the l).	of the Internal This Form is Op Public Inspec					
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I		dentification Information			10.0.10.0.1.0				
For calenda	ar plan year 2018 or fisc	cal plan year beginning 05/01/20	-		/30/2019	de a dela haccanada da abra			
A This return/report is for:									
☐ a one-participant plan ☐ a foreign plan B This return/report is ☐ d of a foreign plan									
		the first return/report	the final return/report						
0		an amended return/report		n/report (less than 12 mo	ontns)				
C Check b	box if filing under:	Form 5558	automatic extension	l	DFVC p	rogram			
		special extension (enter descri							
Part II		mation—enter all requested info	ormation						
1a Name	•				1b Thre	e-digit number			
IRIDENT PR	ROFIT SHARING 401(K) PLAN			(PN)				
					1c Effect	tive date of plan 05/01/1985			
		er, if for a single-employer plan)			2b Empl	oyer Identification Number			
		 apt., suite no. and street, or P.O. country, and ZIP or foreign posta 		uctions)	(EIN)				
-	GRICULTURAL PRODU		, C	,	2c Sponsor's telephone number 360-225-3500				
					2d Busir	ness code (see instructions)			
346 N. PEKI P.O. BOX 19						424500			
WOODLAND									
3a Plan a	dministrator's name and	d address 🛛 Same as Plan Spons	sor.		3b Admi	nistrator's EIN			
				-	3c Administrator's telephone number				
4 If the r	ame and/or FIN of the	plan sponsor or the plan name has	s changed since the last re	aturn/report filed for	4b EIN				
this pl	an, enter the plan spon	sor's name, EIN, the plan name ar							
a Spons C Plan N	or's name				4d PN				
	laine								
5a Total r	number of participants a	at the beginning of the plan year			5a	30			
		at the end of the plan year			5b	32			
		ccount balances as of the end of th			5c	32			
d(1) Tota	al number of active part	icipants at the beginning of the pla	n year		5d(1)	24			
• •		icipants at the end of the plan yea			5d(2)	23			
		erminated employment during the			5e	0			
Caution: A	penalty for the late o	r incomplete filing of this return	report will be assessed	unless reasonable cau					
SB or Sche	alties of perjury and othe edule MB completed and true, correct, and compl	er penalties set forth in the instruct d signed by an enrolled actuary, as	tions, I declare that I have s well as the electronic ver	examined this return/rep sion of this return/report	port, includi , and to the	ng, if applicable, a Schedule best of my knowledge and			
SIGN		ete. valid electronic signature.	09/30/2019	MIKE CONWAY					
HERE	Signature of plan ad		Date	Enter name of individu	al signina	as plan administrator			
SIGN						•			
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor			
					a synny				

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

Form 5500-SF (2018) v.171027

	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? Image: Comparison of the plan's assets during the plan's asse									
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)									
	· · · · · ·		<u> </u>	、 ,						
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	4788388	5234295						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	4788388	5234295						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						

3	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	150000	
	(2) Participants		82772	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	285674	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		518446
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	58244	

	to provide benefits)	8d		58244							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		14295							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					72539				
i	Net income (loss) (subtract line 8h from line 8c)	8i					445907				
j	Transfers to (from) the plan (see instructions)	8j									
Pa	Part IV Plan Characteristics										
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Pla	n Chara	acterist	ic Cod	es in the instructions:				
	Part V Compliance Questions										
Pa	t V Compliance Questions										
Pa 10	t V Compliance Questions During the plan year:				Yes	No	Amount				
	During the plan year: 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	oluntary F	iduciary Correction	10a	Yes		Amount				
10	During the plan year: 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 ? (Do not	iduciary Correction	10a 10b	Yes	No X X	Amount				
10 a	 During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.). 	oluntary F ? (Do not	include transactions		Yes	x	Amount				
10 a	During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	oluntary F ? (Do not fidelity bo	Fiduciary Correction include transactions	10b		x					

g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		18549
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			

Х

10f

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

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

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	For Paperwork Reduction Act Notice,	see the Instructions for Form 5500	-SF.		<u>V</u>	Form 5500-SF (2018)		

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 										
C Ift	 C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.) 									
Part I	II Financial Information		·····	·						
7 Pla	an Assets and Liabilities	and	(a) Beginning of Year	(b) End of Year						
a To	tal plan assets	7a	4,788,388	5,234,29						

-			(a) Boginning of rour	
<u>a</u>	Total plan assets	7a	4,788,388	5,234,295
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	4,788,388	5,234,295
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a 	Contributions received or receivable from: (1) Employers	8a(1)	150,000	
	(2) Participants	8a(2)	82,772	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	285,674	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		518,446
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	58,244	
e	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	14,295	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			72,539
i	Net income (loss) (subtract line 8h from line 8c)	8i		445,907
j	Transfers to (from) the plan (see instructions)	8i		
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plan Character	istic Codes in the instructions:
h	If the plan provides walfers hanafits, onter the applicable walfers f	4		

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:	Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
c	Was the plan covered by a fidelity bond?	10c	х		1,000,000
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	
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		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		18,549
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
	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			

Part	VI	Pension Funding Compliance							
11	ls th (For	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)	i complete Sch	edule S	В	Ye	es 🗌 No		
_11a		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.							
12	Is th ERIS	his a defined contribution plan subject to the minimum funding requirements of section 412 of the SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Code or sectio	n 302 o	f	. [] Ye	es 🛛 No		
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year								
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	ə 13.						
<u>b</u>	Enter	the minimum required contribution for this plan year		12b					
<u> </u>	Enter	the amount contributed by the employer to the plan for this plan year		12c					
d 	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)	12d						
<u>e</u>	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				<u></u>			
13a		a resolution to terminate the plan been adopted in any plan year?			Yes	X No			
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Wer cont	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro rol of the PBGC?	ught under the	L	[Yes X	No		
С	lf, dı	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider th 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)		
			A						