| Form 5500-SF Short Form Annual Return/Report of Small Employee OMB No<br>Benefit Plan  | s. 1210-0110<br>1210-0089 |  |  |  |
|--|---------------------------|--|--|--|
| Department of the Treasury<br>Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Retirement <b>201</b>   | 8                         |  |  |  |
|  | This Form is Open to      |  |  |  |
| Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.   | ection                    |  |  |  |
| Part I Annual Report Identification 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 one-participant plan       ☐ a foreign plan         B This return/report is       ☐ the first extreme former to the fi   |                           |  |  |  |
|  |                           |  |  |  |
| an amended return/report a short plan year return/report (less than 12 months)   |                           |  |  |  |
| C Check box if filing under:   |                           |  |  |  |
| special extension (enter description)  |                           |  |  |  |
| Part II Basic Plan Information—enter all requested information   |                           |  |  |  |
| 1a Name of plan   1b Three-digit   |                           |  |  |  |
| VALLEY PROCESSING, INC. 401(K) RETIREMENT PLAN   | 003                       |  |  |  |
| 1c Effective date of plan  |                           |  |  |  |
|  |                           |  |  |  |
| 2a       Plan sponsor's name (employer, if for a single-employer plan)       2b       Employer Identification         Mailing address (include room, apt., suite no. and street, or P.O. Box)       (EIN)       91-1111645   |                           |  |  |  |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) VALLEY PROCESSING, INC. 2C Sponsor's telephone n 509-837-8084  | umber                     |  |  |  |
| 2d Business code (see ins  | structions)               |  |  |  |
| 108 EAST BLAINE AVENUE<br>SUNNYSIDE, WA 98944 311400   |                           |  |  |  |
|  |                           |  |  |  |
| 3a Plan administrator's name and address 🛛 Same as Plan Sponsor. 3b Administrator's EIN  |                           |  |  |  |
| <b>3c</b> Administrator's telepho  | ne 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 4b EIN  |                           |  |  |  |
| this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>4d</b> PN   |                           |  |  |  |
| C Plan Name  |                           |  |  |  |
| 5a Total number of participants at the beginning of the plan year  | 66                        |  |  |  |
| b Total number of participants at the end of the plan year   | 61                        |  |  |  |
| C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)   | 48                        |  |  |  |
| d(1) Total number of active participants at the beginning of the plan year   | 62                        |  |  |  |
| d(2) Total number of active participants at the end of the plan year   | 53                        |  |  |  |
| Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested  | 2                         |  |  |  |
| 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 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 knowl belief, it is true, correct, and complete.  |                           |  |  |  |
| SIGN         Filed with authorized/valid electronic signature.         10/14/2019         KELLY BLIESNER   |                           |  |  |  |
| HERE Signature of plan administrator Date Enter name of individual signing as plan administrator   | itor                      |  |  |  |
| SIGN   |                           |  |  |  |
| HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan Section 2012 For Benerication and National Section 2012 For S | an sponsor                |  |  |  |

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 a  | assets? | (See instructions.)              |              | X Yes 🗌 No            |
|------------|--|---------|----------------------------------|--------------|-----------------------|
| b          | Are you claiming a waiver of the annual examination and report of an i under 29 CFR 2520.104-46? (See instructions on waiver eligibility and |         |                                  | ,            | 🗙 Yes 🗌 No            |
|            | If you answered "No" to either line 6a or line 6b, the plan cannot u   | use Fo  | rm 5500-SF and must instead us   | e Form 5500. |                       |
| С          | If the plan is a defined benefit plan, is it covered under the PBGC insur  | rance p | rogram (see ERISA section 4021)? | Yes No       | Not determined        |
|            | If "Yes" is checked, enter the My PAA confirmation number from the P   | BGC p   | remium filing for this plan year |              | . (See instructions.) |
| <b>D</b> - |  |         |                                  |              |                       |
| Ра         | rt III Financial Information   |         |                                  |              |                       |
| 7          | Dian Assats and Lish Wilse   |         |                                  | () =         | <i></i>               |

| 7       | Plan Assets and Liabilities  |                            | (a) Beginning (                         | of Year |     |    | (b) End of Year |
|---------|--|----------------------------|---|---------|-----|----|-----------------|
| a       | Total plan assets  | 7a                         | 33                                      | 36296   |     |    | 2794543         |
| b       | Total plan liabilities   | 7b                         |   |         |     |    | 6               |
| C       | Net plan assets (subtract line 7b from line 7a)  | 7c                         | 333                                     | 36296   |     |    | 2794537         |
| 8       | Income, Expenses, and Transfers for this Plan Year   |                            | (a) Amoun                               | t       |     |    | (b) Total       |
| а       | Contributions received or receivable from:<br>(1) Employers  | 8a(1)                      |   | 91473   |     |    |                 |
|         | (2) Participants   | 8a(2)                      | 14                                      | 43630   |     |    |                 |
|         | (3) Others (including rollovers)   | 8a(3)                      |   | 0       |     |    |                 |
| b       | Other income (loss)  | 8b                         | -3:                                     | 33995   |     |    |                 |
| C       | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c                         |   |         |     |    | -98892          |
| d       | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d                         | 4:                                      | 34310   |     |    |                 |
| e       | Certain deemed and/or corrective distributions (see instructions)  | 8e                         |   | 6184    |     |    |                 |
| f       | Administrative service providers (salaries, fees, commissions)   | 8f                         |   | 2373    |     |    |                 |
| g       | Other expenses   | 8g                         |   |         |     |    |                 |
| h       | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h                         |   |         |     |    | 442867          |
| i       | Net income (loss) (subtract line 8h from line 8c)  | 8i                         |   |         |     |    | -541759         |
| j       | Transfers to (from) the plan (see instructions)  | 8j                         |   |         |     |    |                 |
| Pa      | rt IV Plan Characteristics   |                            |   |         |     |    |                 |
| 9a<br>b | If the plan provides pension benefits, enter the applicable pension<br>2E 2F 2G 2J 2K 2T 3D<br>If the plan provides welfare benefits, enter the applicable welfare for |                            |   |         |     |    |                 |
| 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 Program)                            | oluntary F                 | iduciary Correction                     | 10a     | х   |    | 5378            |
| b       | Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  |                            |   | 10b     |     | Х  |                 |
| С       | Was the plan covered by a fidelity bond?   |                            |   | 10c     | Х   |    | 335000          |
| d       | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  |                            |   | 10d     |     | х  |                 |
| 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.).    | ner person<br>ne or all of | s by an insurance<br>the benefits under | 10e     | х   |    | 3432            |
| f       | Has the plan failed to provide any benefit when due under the pla  | n?                         |   | 10f     |     | Х  |                 |
| g       | Did the plan have any participant loans? (If "Yes," enter amount a   | s of year-                 | end.)                                   | 10g     | Х   |    | 69900           |
| h       | If this is an individual account plan, was there a blackout period? 2520.101-3.)   | •                          |   | 10h     |     | Х  |                 |
| i       | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10                                    | •                          |   | 10i     |     |    |                 |

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| Part | VI    | Pension Funding Compliance  |                  |                 |       |             |                |      |
|------|-------|---|------------------|-----------------|-------|-------------|----------------|------|
| 11   |       | nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and<br>rm 5500) and line 11a below)   |                  |                 | B     |             | Yes            | X 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<br>SA?<br>"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) |                  | n 302 o         | f<br> | [           | 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<br>_ Da |       | e of the le |                | ing  |
| lf   | you o | 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    |       | re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?   | ght under the    |                 |       | Yes         | X N            | 0    |
| С    |       | luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident<br>ch assets or liabilities were transferred. (See instructions.)                  | tify the plan(s) | to              |       |             |                |      |
| 1    | 3c(1  | ) Name of plan(s):  | 13c(2)           | EIN(s)          |       | 13          | <b>:(3)</b> PN | ۱(s) |
|      |       |   |                  |                 |       |             |                |      |

| Form 5500-SF<br>Dequerest die Teury<br>Immit Reservent<br>Benefit Plan         Short Form Annual Return/Report of Small Employee<br>Benefit Plan         Out Bios: 200-0110<br>(200-000)         Descent Participation<br>(200-000)         Descent Pa  |  |   |   |   |                         |              |               |   |
|--|--|---|---|---|-------------------------|--------------|---------------|---|
| Descent town them         2018           Descent town         This form is required to be flat under sections 104 and 4065 of the Encyclove Retirement<br>Neurons Occurry Act of 1974 (ERISA), and sections 507.01 and 6005(a) of the Internet<br>Prevents beef used used for facility in the Internet Section the Code).         This Form is 0 penn to<br>Prevents beef used used for facility in the Internet Section 104 and 4005 of the Encyclove Retirement<br>is a comparison of the Internet Section 104 and and the Internet Section 104 and ending 1227036         This Form is 0 penn to<br>Prevents beef used used for facility in the Internet Section 104 and ending 12270361         Internet Section 104 and ending 12270361           A This return/report is for:         a single-employer plan (internet Section 104 and ending 12270361)         Internet Section 104 and ending 12270361         Internet Section 104 and ending 12270361           B This return/report is for:         a single-employer plan (internet Section 104 and ending ending ending 104 and ending  | For  | m 5500-SF                                       |   |   | of Small Emplo          | oyee         | 0             |   |
| Integration         Revenue Code (the Code).         If the Form 5008-SF.           Part III         Annual Report Identification Information         Complete all entities in accordance with the instructions to the Form 5008-SF.           Part III         Annual Report Identification Information         and ending 129/12018           For calendar plan year 2018 of fical laph year beginning 01/01/2018         and ending 129/12018           A         This rotum/report is for:         a ange-dample year plan         a foreign plan           B         This rotum/report is for:         a annext etam/report         B find in feat rotum/report         B find in the form feat rotum/report           B         This rotum/report is         a new participant plan         a foreign plan         Div/C program           B         This rotum/report is         a new participant plan         a foreign plan         Div/C program           B         This return/report         B find in annext rotum/report         Ib The rec-digit plan plan plan plan plan plan plan plan  |  |   | This form is required to be filed under   | sections 104 and 40                           | 65 of the Employee Re   | etirement    |               | 2018                                      |
| Present Comparison         Complete all entries in accordance with the instructions to the Form 5506-SF.           Part I         Annual Report Identification Information         and ending 1291/2018           For calendar plan year 2016 of fixed plan year beginning 01/07/2018         and upper employer plan         a multiple employer plan (not multiinsplayer) (Fiber chocking this box must attach a fit of participating employer plan         a multiple employer plan         a multiple employer plan         a multiple employer plan         a for eign plan           B This instrum/report is         in the file in strum/report         in the file in strum/report         a chort plan year return/report (less than 12 months)           C Check box if filing under:         Special extension (enter description)         DPVC program           Part II         Basic Plan Information—enter al requested information         1b Three-digit plan number (good good plan number (good good (ee instructions))           VALLEY PROCESSING, INC.         2b Employse Identification Number (good (ee instructions))         2b Employse Identification Number (good (ee instructions))           VALLEY PROCESSING, INC.         3b Administrator's telephone number (good goad pointon, country, and 2P or foreign postal code (if foreign, see instructions))         3b Administrator's telephone number (good goad goad country, and 2P or foreign postal code (if foreign, see instructions))         3b Administrator's telephone number (good goad country, and 2P or foreign postal c   | Employee Ber   | nefits Security Administration                  | Income Security Act of 1974 (ERISA<br>Reven   | A), and sections 6057<br>nue Code (the Code). | (b) and 6058(a) of the  | Internal     |               |   |
| For calcular plan year 2016 or fiscal plan year beginning 01/01/2018       and ending 12/21/2018         A This return/eport is for:       a single-employer plan       in multiple-employer plan (or ton multimelpoyer) (Fiber chocking this box must attach a fist of participating employer plan (or ton multimelpoyer) (Fiber chocking this box must attach a fist of participating and plan or plan plan return/report is on an one-participant plan (or ton fiber plan) (Fiber chocking this box must attach a fist of participating and plan year return/report (less than 12 months)         C Check box if filing under:       P form 5558       automatic extension       DPVC program         Part II       Basic Plan Information  | Pension Ber  |   |   | ance with the instru                          | ctions to the Form 55   | 00-SF.       |               |   |
| A This return/report is for:       a single-amployer plan       in multiple employer plan (mort multimoployer) (files decking this box must attach a a foreign plan         B This return/report is       a one-participant plan       is foreign plan         B This return/report is       mode first return/report       is a box plan year return/report (less than 12 months)         C Check box if filing under:       mode first return/report       is a box plan year return/report (less than 12 months)         Part III       Basice Plan Information- enter all requested information       in provide decision         Part III       Basice Plan Information- enter all requested information       in the decision of the decisi  | 2.25   |   |   |   |                         |              |               |   |
| A This return/report is for: <ul> <li>If is of participant plan</li> <li>If is of parti</li></ul>  | For calenda  | r plan year 2018 or fis                         |   |   | ×.                      |              |               |   |
| B This return/report is       the first return/report       the first return/report       the first return/report         C Check box if filing under:       is pacial extension (enter description)       is a short plan year return/report (less than 12 months)         C Check box if filing under:       is pacial extension (enter description)       is pacial extension (enter description)         Part II       Basic Plan Information—enter all requested information       1b Three-digit plan number (PN) b         14 Name of plan       1b Three-digit plan number (PN) b       003         24 Plan apponsor's name (empbyer, if for a single-employer plan)       1c Elficative data of plan (001/1993)         24 Plan apponsor's name (empbyer, if for a single-employer plan)       2b Employer identification Number (EN) 91-11111645         25 Options sites or povince, southy, and ZIP or foreign postal code (if foreign, see instructions)       2c Sponsor's telephone number (50) 937-4064         26 Usumess code (see instructions)       311400       2c Administrator's EIN         3a Plan administrator's name and address (Steme as Plan Sponsor.       3b Administrator's telephone number (20) 937-4064         5a Total number of participants at the end of the plan name and the plan name and the plan name and the plan number from the test return/report file of the plan sponsor's name. EN, the plan name and the plan name from the test return/report file of the plan sponsor's name. EN, the plan name and the plan number from the test return/report file of partisplants at the end of the plan year (onty d   | A This retu  | Im/report is for:                               |   | t of participating emp                        |                         |              |               |   |
| In the instructure port       Indentification is a name instructure port         In an amended return/report       Is a hort plan year return/report (less than 12 months)         Part II       Basic Plan Information—more all requested information         13 Name of plan       Ib         VALLEY PROCESSING, INC. 401(K) RETIREMENT PLAN       1b         Three-digit plan number of plan       03         VALLEY PROCESSING, INC. 401(K) RETIREMENT PLAN       1b         Three-digit plan number of plan       1b         VALLEY PROCESSING, INC. 401(K) RETIREMENT PLAN       2b         Employer identification Number       03         12a Plan sponsor's name (employer, if for a single-employer plan)       2b         Mailing address (include rows, apt, suite no. and street, or P.O. Box)       2c         City or town, static or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2d         2d Basiness code (see instructions)       3t1400         3a Plan administrator's name and address S arme as Plan Sponsor.       3b       Administrator's EIN         3a       Fine 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 pl  | <b>B</b> This retu   | rn/report is                                    |   | • •   |                         |              |               |   |
| C Check box if filing under:   |  | <b>-</b>  | 님 '님  |   | /report (less than 12 m | onths)       |               |   |
| Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b Three-digit plan number         VALLEY PROCESSING, INC. 401(K) RETIREMENT PLAN       1b Three-digit plan number         2a Plan sponsor's name (employer, if for a single-employer plan)       1c Effective date of plan         Mailing address (include room, apl., suite no. and street, or P.O. Box)       2b Employer (defilication Number (EIN) 91-1111645         2b Consor's target, state or promose, country, and ZIP or foreign postal code (if foreign, see instructions)       2b Employer (defilication Number (EIN) 91-1111645         2c Sponsor's target       2d Business code (see instructions)       2d Business code (see instructions)         108 EAST BLAINE AVENUE       311400       31400         SUNNYSIDE, WA 98944       3c Administrator's EIN       3c Administrator's telephone number         3a Plan 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         5a Total number of participants at the beginning of the plan year       5a 66       61         c Number of participants at the beginning of the plan year       5d (1) 62       63         64(2) Total number of active participants at the end of the plan yea  | C Check b  | ox if filing under:                             |   |   | i                       |              | noram         |   |
| 1a Name of plan       1b Three-digt plan number (PN) ▶       003         2a Plan sponsor's name (employer, if for a single-employer plan)       1c Effective date of plan (DIO/11993)         2a Plan sponsor's name (employer, if for a single-employer plan)       2b Employer (dentification Number (EIN) 9 + 1111645         2c Sponsor's name (employer, if for a single-employer plan)       2b Employer (dentification Number (EIN) 9 + 1111645         2c Sponsor's tablephone number (S00) 837-8004       2c Sponsor's tablephone number (S00) 837-8004         2d Business code (see instructions)       3d Administrator's talephone number (S00) 837-8004         3a Plan administrator's name and address (Same as Plan Sponsor.       3b Administrator's telephone number (S00) 837-8004         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 number from the last return/report filed for the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for the plan sponsor's name, EIN, the plan name and the plan name is scalable.       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 the plan sponsor's name, EIN, the plan name and the plan name is scalable.       5c 44         5a Total number of participants   | • • • • • • • • •  | ov i milg unon                                  |   |   |                         |              | ogram         |   |
| 1a Name of plan       1b Three-digt plan number (PN) ▶       003         2a Plan sponsor's name (employer, if for a single-employer plan)       1c Effective date of plan (DIO/11993)         2a Plan sponsor's name (employer, if for a single-employer plan)       2b Employer (dentification Number (EIN) 9 + 1111645         2c Sponsor's name (employer, if for a single-employer plan)       2b Employer (dentification Number (EIN) 9 + 1111645         2c Sponsor's tablephone number (S00) 837-8004       2c Sponsor's tablephone number (S00) 837-8004         2d Business code (see instructions)       3d Administrator's talephone number (S00) 837-8004         3a Plan administrator's name and address (Same as Plan Sponsor.       3b Administrator's telephone number (S00) 837-8004         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 number from the last return/report filed for the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for the plan sponsor's name, EIN, the plan name and the plan name is scalable.       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 the plan sponsor's name, EIN, the plan name and the plan name is scalable.       5c 44         5a Total number of participants   | Part II  | Basic Plan Info                                 |   |   |                         |              |               |   |
| VALLEY PROCESSING, INC. 401(K) RETIREMENT PLAN       plan number<br>(PN) b       003         Za Plan sponsor's name (employer, if for a single-employer plan)<br>Melling address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       Zb Employer identification Number<br>(EN) 91-1111645         Zc Sponsor's name (employer, if for a single-employer plan)<br>Melling address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       Zc Sponsor's telephone number<br>(S09) 837-8064         VALLEY PROCESSING, INC.       Zd Business code (see instructions)         VALLEY PROCESSING, INC.       3b Administrator's EIN         3a Plan administrator's name and address S Same as Plan Sponsor.       3b Administrator's telephone number<br>(S09) 837-8064         Zd Business code (see instructions)<br>VALLEY PROCESSING, INC.       3c Administrator's telephone number<br>(S09) 837-8064         Zd Business code (see instructions)<br>VALLEY PROCESSING, INC.       3b Administrator's telephone number<br>(BNN State provide)         Ze Sponsor's name<br>C Plan Name       3c Administrator's telephone number<br>(Total number of participants with account blances as of the plan year<br>(C) Total number of participants with account blances as of the end of the plan year.       5a         Se Number of participants with account blances as of the end of the plan year.       5d(2)       5a         Co Number of participants with account blances as of the end of the plan y  |  |   |   |   |                         | 1b Three     | e-digit       |   |
| 2a       Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt, suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b       Employer identification Number<br>(EIN) 91-1111645         VALLEY PROCESSING, INC.       2c       Sponsor's talephone number<br>(509) 837-8084       2d         3u Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's talephone number<br>(509) 837-8084         3a       Plan administrator's name and address       Same as Plan Sponsor.       3c       Administrator's telephone number<br>(509) 837-8084         4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for<br>this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for<br>this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for<br>this plan, enter the plan sponsor's name, EIN, the plan name and the plan number form the last return/report filed for<br>this plan, enter of participants at the beginning of the plan year       5a       66         5 Total number of participants at the beginning of the plan year       5a       64       62         6 Number of participants at the end of the plan year       5d(1)       62       63         6 (2)       Total number of participants at the edging of the plan year       5d(2)       63       5e       2   |  |   | (K) RETIREMENT PLAN   |   |                         | plan :       | number        | 003                                       |
| Mailing address (include room, apt, suite no. and street, or P.O. Box)       (EIN) 91-1111645         City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2C Sponsor's telephone number         VALLEY PROCESSING, INC.       2d Business code (see instructions)         108 EAST BLAINE AVENUE       3th Administrator's name and address S ame as Plan Sponsor.       3b Administrator's EIN         3a Plan administrator's name and address S ame 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         5a Total number of participants at the beginning of the plan year       5a       66         5a Total number of participants at the end of the plan year       5d(1)       62         c Auminet of participants at the end of the plan year       5d(2)       63         d(1) Total number of participants at the beginning of the plan year       5d(2)       63         c Number of participants who terminated employment during the plan year       5d(2)       63         c Number of participants who terminated employment during the plan year with accrued benefits that were less       5e       2         c Total number of participants who terminated employment during the plan year with accrued benefits that were les  |  |   |   |   |                         | 1c Effec     | tive date of  | plan                                      |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2c       Sponsor's telephone number (309) 837-8084         VALLEY PROCESSING, INC.       2d       Business code (see instructions)         108 EAST BLAINE AVENUE       311400         SUNNYSIDE, WA 98944       3a       Plan administrator's name and address Same as Plan Sponsor.       3b       Administrator's EIN         3a Plan 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 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 complete this item).       4d       PN         5a Total number of participants at the beginning of the plan year       5a       6a       66         b Total number of participants at the end of the plan year       5b       61         c Number of participants at the end of the plan year       5d(2)       63         d(1) Total number of active participants at the end of the plan year       5d(2)       63         e Number of participants who terminated employment during the plan year with accrued benefits that were less       5e       2         Cautiou: A penalty for the late or incomplete fill   |  |   |   |   |                         |              | -             |   |
| (305) G37-0034         108 EAST BLAINE AVENUE         SUNNYSIDE, WA 98944         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.         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.         4 Sponsor's name         5a Total number of participants at the beginning of the plan year         5a Total number of participants at the end of the plan year         5a Total number of active participants at the beginning of the plan year         5b       61         10 Total number of active participants at the beginning of the plan year         5c (1)       62         62(2)       53         64(1)       62         62(2)       53         63(2)       53         64(1)       62         65(2)       54         64(2)       53         65(2)       53         64(1)       62         65(2)       53         64(2)       53         7       54   | City or  | town, state or provinc                          | e, country, and ZIP or foreign postal code  | e (if foreign, see instru                     | ictions)                |              | isor's telepi | none number                               |
| 108 EAST BLAINE AVENUE       311400         3a Plan administrator's name and address address address and address address address address and address |  | 56L55INO, INO.                                  |   |   |                         |              |               |   |
| 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 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.       4d PN         5a Total number of participants at the beginning of the plan year       5a 66         b Total number of participants with account balances as of the end of the plan year       5b 61         c Number of participants with account balances as of the plan year       5d(1) 62         d(2) Total number of active participants at the beginning of the plan year       5d(2) 53         e Number of participants with terminated employment during the plan year with accrued benefits that were less 5e       5e       2         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule BB or originet and signed by an enroled actuary, as well as the electronic version of this return/report, including, if  | 108 EAST BI  | LAINE AVENUE                                    |   |   |                         |              | •             | see instructions)                         |
| 4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last retum/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last retum/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 retum/report.       4b       EIN         4.       A point of participants at the beginning of the plan year       5a       6a       66         5 Total number of participants at the end of the plan year       5a       66       5b       61         C Number of participants with account balances as of the end of the plan year       5c       48       42         d(1)       Total number of active participants at the end of the plan year       5c       48       5d(1)       62         d(2)       Total number of active participants at the end of the plan year       5d(2)       53       6       2         d(2)       Total number of active participants at the end of the plan year       5d(2)       53       2       2       53       2       2       53       2       2       53       2       2       53       2       2       53       2       2       53       2       2       53       2       2       53       2       2       53       2 <td< td=""><td></td><td></td><td></td><td></td><td></td><td>2b Admi</td><td>nintratoria</td><td>2161</td></td<>   |  |   |   |   |                         | 2b Admi      | nintratoria   | 2161                                      |
| 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       66         5a Total number of participants at the beginning of the plan year       5a       66         b Total number of participants at the end of the plan year       5b       61         c Number of participants with account balances as of the end of the plan year       5c       48         complete this item)       5c       48         d(1) Total number of active participants at the beginning of the plan year       5d(1)       62         d(2) Total number of active participants at the end of the plan year       5d(2)       53         e Number of participants who terminated employment during the plan year       5d(2)       53         e Number of participants who terminated employment during the plan year with accrued benefits that were less       5e       2         de Number of participants who terminated employment during the plan year will be assessed unless reasonable cause is established.       Under penalties of peritoripants who terminated employment during the plan year will be assessed unless reasonable cause is established.       Se       2         Caution: A penalty for the late or incomplete filing of this return/re  | <b>Ja</b> Plan ad  | aministrators name a                            | nd address ix Same as Plan Sponsor.   |   |                         |              |               |   |
| 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 Total number of participants at the beginning of the plan year       5a 66         b Total number of participants at the end of the plan year       5b 61         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c 48         d(1) Total number of active participants at the beginning of the plan year       5d(1) 62         d(2) Total number of active participants at the end of the plan year       5d(2) 53         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e 2         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.         signature of plan administrator       Date 1       Enter name of individual signing as plan administrator         signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor  |  |   |   |   |                         | 3c Admi      | nistrator's t | elephone number                           |
| a Sponsor's name       4d PN         c Plan Name       5a Total number of participants at the beginning of the plan year       5a       66         b Total number of participants at the end of the plan year       5b       61         c Number of participants with account balances as of the end of the plan year       5c       48         d(1) Total number of active participants at the beginning of the plan year       5d(1)       62         d(2) Total number of active participants at the beginning of the plan year       5d(2)       53         e Number of participants who terminated employment during the plan year with accrued benefits that were less       5e       2         than 100% vested       5e       2       2         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 to forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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.       10 have M         SIGN       Isignature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor  | 4 If the r   | name and/or EIN of th                           | e plan sponsor or the plan name has cha   | nged since the last re                        | tum/report filed for    | 4b EIN       |               |   |
| c       Plan Name         5a       Total number of participants at the beginning of the plan year       5a       66         b       Total number of participants at the end of the plan year       5b       61         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       48         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       62         d(2)       Total number of active participants at the end of the plan year       5d(2)       53         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       2         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.       10 h.4.1.4         SiGN       NHERE       Signature of plan administrator       Date 1       Enter name of individual signing as plan administrator         SIGN       HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing   | -  |   | insor's name, EIN, the plan name and the  | plan number from th                           | e last return/report.   | 4d PN        |               |   |
| b       Total number of participants at the degrinning of the plan year       5b       61         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans       5c       48         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       62         d(2)       Total number of active participants at the beginning of the plan year       5d(2)       53         e       Number of participants who terminated employment during the plan year with accrued benefits that were less       5e       2         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.       10 hwe have a set as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.       10 hwe have a set as the end of individual signing as plan administrator         SiGN       HERE       Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor   |  |   |   |   |                         |              |               |   |
| b       Total number of participants at the end of the plan year       5b       61         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       48         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       62         d(2)       Total number of active participants at the end of the plan year       5d(2)       53         e       Number of participants who terminated employment during the plan year with accrued benefits that were less       5e       2         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.       ID In the Implement of individual signing as plan administrator         SiGN       HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor  | 5a Total r   | number of participants                          | at the beginning of the plan year   |   |                         | 5a           |               | 66  |
| C       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       48         d(1) Total number of active participants at the beginning of the plan year       5d(1)       62         d(2) Total number of active participants at the end of the plan year       5d(2)       53         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       2         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.       10 hwh Kelly Bliesner         Signature of plan administrator       Date 1       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  |  |   |   |   |                         | 5b           |               | 61  |
| d(1) Total number of active participants at the beginning of the plan year       5d(1)       62         d(2) Total number of active participants at the end of the plan year       5d(2)       53         e Number of participants who terminated employment during the plan year with accrued benefits that were less       5e       2         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       2         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.         Signature of plan administrator       Date 1       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  | C Numb   | er of participants with                         | account balances as of the end of the pla   | n year (only defined                          | contribution plans      | 5c           |               | 48  |
| e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       2         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       5e       2         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       10 hat had       10 hat had       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  | -  |   |   |   |                         |              |               | 62  |
| than 100% vested         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       ID In the instruction of this return/report, including is plan administrator         Bate       ID In the instruction of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Signature of plan administrator       Date 1         Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date         Enter name of individual signing as employer or plan sponsor  | d(2) Tot   | al number of active pa                          | articipants at the end of the plan year   |   |                         | 5d(2)        |               | 53  |
| 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       ID       Kelly Bliesner         Signature of plan administrator       Date 1       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor   |  |   |   |   |                         | 5e           |               | 2   |
| 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       ID hughq       Kelly Bliesner         HERE       Signature of plan administrator       Date 1       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  | Caution: A   | penalty for the late                            | or incomplete filing of this return/repo  | rt will be assessed                           | unless reasonable ca    | use is esta  | blished.      |   |
| SIGN     HERE     10 hrshq     Kelly Bliesner       Signature of plan administrator     Date <sup>1</sup> Enter name of individual signing as plan administrator       SIGN     HERE     Signature of employer/plan sponsor     Date   | Under pena<br>SB or Sche   | alties of perjury and o<br>edule MB completed a | ther penalties set forth in the instructions,<br>and signed by an enrolled actuary, as well | I declare that I have                         | examined this return/re | port, includ | ing, if appli | cable, a Schedule<br>y knowledge and      |
| HERE     Signature of plan administrator     Date     Enter name of individual signing as plan administrator       SIGN<br>HERE     Signature of employer/plan sponsor     Date     Enter name of individual signing as employer or plan sponsor   | The formers  | N   | 851-  | 10/14/19                                      | Kelly Bliesner          |              |               |   |
| HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor  |  |   | administrator   |   | Enter name of individ   | lual signing | as plan ad    | ministrator                               |
| Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor   | the second s |   |   |   |                         |              |               |   |
| For Paperwork Reduction Act Notice, see the Instructions for Form 3000-3F.   | 1.00000  | Signature of empl                               | oyer/plan sponsor<br>ice, see the Instructions for Form 5500-SF.                            | Date  | Enter name of individ   | lual signing |               | er or plan sponsor<br>Form 5500-SF (2018) |

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Form 5500-SF (2018)

| Page Z |  |
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|         |  |              |                          | _          |         | -            |  |                           |
|---------|--|--------------|--------------------------|------------|---------|--------------|--|---------------------------|
| - C     |  |              |                          |            |         |              |  |                           |
| 6a<br>b | Were all of the plan's assets during the plan year invested in eligib  | ole assets?  | (See instructions.)      |            |         |              |  | . X Yes No                |
|         | Are you claiming a waiver of the annual examination and report of<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility                                   | and conditi  | ions.)                   |            |         |              |  | . X Yes No                |
| ~       | If you answered "No" to either line 6a or line 6b, the plan cannue to be a defined hone fit plan is it counted up do the DDCC is   |              |                          |            |         |              |  |                           |
|         | If the plan is a defined benefit plan, is it covered under the PBGC ir<br>If "Yes" is checked, enter the My PAA confirmation number from the                             |              |                          |            |         |              |  |                           |
|         | in res is checked, enter the my FAA continhation humber from th  | ie PBGC pi   | remium tiling for this p | an yea     |         |              |  | (See instructions.)       |
| Pa      | rt III Financial Information   |              |                          |            |         |              |  |                           |
| 7       | Plan Assets and Liabilities  |              | (a) Beginning            | of Yea     | r I     |              | (b) En                                   | d of Year                 |
| a       | Total plan assets  | 7a           |                          | 33362      | 96      |              |  | 2794543                   |
| b       | Total plan liabilities   | 7b           |                          |            |         |              |  | 6                         |
| C       | Net plan assets (subtract line 7b from line 7a)  | 7c           |                          | 33362      | 96      |              |  | 2794537                   |
| 8       | Income, Expenses, and Transfers for this Plan Year   | DESTR.       | (a) Amour                | It         |         |              | (b)                                      | Total                     |
| a       | Contributions received or receivable from:<br>(1) Employers  | 8a(1)        |                          | 9147       | 73      | i i com      | all and a start                          |                           |
|         | (2) Participants   |              |                          | 1436       | 30      | 1.1.1.       |  | se index as sh            |
|         | (3) Others (including rollovers)   | 8a(3)        |                          |            | 0       | N.S.         | e sa | Contraction of the second |
| b       | Other income (loss)  | 8b           |                          | -33399     | 95      | Janks        |  |                           |
|         | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c           |                          | ( integral | 344     |              |  | -98892                    |
| d       | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d           |                          | 43431      | 10      |              |  |                           |
| e       | Certain deemed and/or corrective distributions (see instructions)  | 8e           |                          | 618        | 34      |              | S. 200                                   |                           |
| f       | Administrative service providers (salaries, fees, commissions)   | 8f           |                          | 237        | 73      | 250          |  | 25-11-11-10-10-25         |
| g       | Other expenses   | 8g           |                          |            | 1       |              |  |                           |
| h       | Total expenses (add lines 8d, 8e, 8f, and 8g)  |              |                          |            | 1000    | and a second |  | 442867                    |
| i       | Net income (loss) (subtract line 8h from line 8c)  | 8i           |                          |            |         |              |  | -541759                   |
| Ţ       | Transfers to (from) the plan (see instructions)  | 81           |                          |            |         | 10.00        |  |                           |
| Pa      | rt IV Plan Characteristics   | 91           |                          | _          | 2       |              |  |                           |
| 9a      | If the plan provides pension benefits, enter the applicable pension<br>2E 2F 2G 2J 2K 2T 3D  | feature co   | des from the List of Pl  | an Cha     | racteri | stic Co      | des in the in                            | structions:               |
| b       | If the plan provides welfare benefits, enter the applicable welfare f  | eature code  | es from the List of Pla  | n Chara    | acteris | tic Cod      | les in the inst                          | tructions:                |
| 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 contribut<br>described in 29 CFR 2510.3-102? (See instructions and DOL's V<br>Program)                       | /oluntary Fi | iduciary Correction      | 10a        | x       |              |  | 5378                      |
| l       | Were there any nonexempt transactions with any party-in-interest<br>reported on line 10a.)   | l? (Do not i | nclude transactions      | 10b        |         | х            |  |                           |
| C       |  |              |                          | 10c        | x       |              |  | 335000                    |
| C       | Did the plan have a loss, whether or not reimbursed by the plan's<br>by fraud or dishonesty?   |              |                          | 10d        |         | х            |  |                           |
| e       | Were any fees or commissions paid to any brokers, agents, or oth<br>carrier, insurance service, or other organization that provides som<br>the plan? (See instructions.) | ne or all of | the benefits under       | 10e        | x       |              |  | 3432                      |
| f       |  |              |                          | 10f        |         | х            |  |                           |
| 9       | Did the plan have any participant loans? (If "Yes," enter amount a   | is of year-e | nd.)                     | 10a        | x       |              |  | 69900                     |
| h       |  | (See instru  | ctions and 29 CFR        | 10g        |         | х            | 1254                                     |                           |
| 1       | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10                                      | he required  | I notice or one of the   | 10i        |         |              |  |                           |

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| Part | VI Pension Funding Compliance   |       | _     |        |      |                 |              |      |
|------|---|-------|-------|--------|------|-----------------|--------------|------|
| 11   | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche<br>(Form 5500) and line 11a below)  | edule | SB    |        |      | · []            | Yes          | X N  |
| 11a  | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40  | 11a   |       |        |      |                 |              |      |
| 12   | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?  | n 302 | of    |        |      | <b>D</b> '      | Yes          | N 🛛  |
| a    | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver  |       | ar th | e date |      | e lette<br>/ear | er ruli      | ng   |
| lf   | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  |       |       |        |      |                 |              |      |
| b    | Enter the minimum required contribution for this plan year  | 12t   | ,     |        |      |                 |              |      |
| c    | Enter the amount contributed by the employer to the plan for this plan year   | 120   | ;     |        |      |                 |              |      |
| 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)   | 120   | 1     |        |      |                 |              |      |
| e    | Will the minimum funding amount reported on line 12d be met by the funding deadline?  |       |       | Yes    |      | No              | <b>I</b> 1   | 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    | XN              | lo           |      |
|      | If "Yes," enter the amount of any plan assets that reverted to the employer this year   | 13a   |       |        |      |                 |              |      |
| b    | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?   |       |       |        | [] Y | 'es [           | 3 N          | þ    |
| C    | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) | to    |       |        |      |                 |              |      |
|      | 13c(1) Name of plan(s): 13c(2)  | EIN(  | s)    |        |      | 13c(3           | <b>3)</b> PN | l(s) |
|      |   |       |       |        |      |                 | -            |      |
|      |   |       |       |        |      |                 |              |      |
|      |   |       |       |        |      |                 |              |      |