

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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 Revenue Code (the Code).  <b>► Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <b>2018</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2018 or fiscal plan year beginning <u>11/01/2018</u> and ending <u>10/31/2019</u>	
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan
<b>B</b> This return/report is	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

<b>Part II Basic Plan Information</b> —enter all requested information							
<b>1a</b> Name of plan <u>HORRIGAN FARMS, INC. DEFINED BENEFIT PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>1b</b> Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan 11/01/1976</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ►	<u>001</u>	<b>1c</b> Effective date of plan 11/01/1976			
<b>1b</b> Three-digit plan number (PN) ►	<u>001</u>						
<b>1c</b> Effective date of plan 11/01/1976							
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HORRIGAN FARMS, INC.</u>  <u>12905 SHORELINE ROAD</u> <u>PASCO, WA 99301</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>2b</b> Employer Identification Number (EIN) <u>91-0878423</u></td> <td style="width: 40%;"></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number <u>509-545-1518</u></td> <td></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <u>111100</u></td> <td></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>91-0878423</u>		<b>2c</b> Sponsor's telephone number <u>509-545-1518</u>		<b>2d</b> Business code (see instructions) <u>111100</u>	
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<b>2d</b> Business code (see instructions) <u>111100</u>							
<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor. <u>HORRIGAN FARMS, INC.</u> <u>12905 SHORELINE ROAD</u> <u>PASCO, WA 99301</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>3b</b> Administrator's EIN <u>91-0878423</u></td> <td style="width: 40%;"></td> </tr> <tr> <td><b>3c</b> Administrator's telephone number <u>509-545-1518</u></td> <td></td> </tr> </table>	<b>3b</b> Administrator's EIN <u>91-0878423</u>		<b>3c</b> Administrator's telephone number <u>509-545-1518</u>			
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<b>3c</b> Administrator's telephone number <u>509-545-1518</u>							
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>4b</b> EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td><b>4d</b> PN</td> <td></td> </tr> </table>	<b>4b</b> EIN		<b>4d</b> PN			
<b>4b</b> EIN							
<b>4d</b> PN							
<b>5a</b> Total number of participants at the beginning of the plan year .....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>5a</b></td> <td style="width: 40%; text-align: center;"><u>9</u></td> </tr> </table>	<b>5a</b>	<u>9</u>				
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<b>5b</b>	<u>9</u>						
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>5c</b></td> <td style="width: 40%;"></td> </tr> </table>	<b>5c</b>					
<b>5c</b>							
<b>d(1)</b> Total number of active participants at the beginning of the plan year .....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>5d(1)</b></td> <td style="width: 40%; text-align: center;"><u>6</u></td> </tr> </table>	<b>5d(1)</b>	<u>6</u>				
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<b>d(2)</b> Total number of active participants at the end of the plan year .....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>5d(2)</b></td> <td style="width: 40%; text-align: center;"><u>6</u></td> </tr> </table>	<b>5d(2)</b>	<u>6</u>				
<b>5d(2)</b>	<u>6</u>						
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>5e</b></td> <td style="width: 40%; text-align: center;"><u>0</u></td> </tr> </table>	<b>5e</b>	<u>0</u>				
<b>5e</b>	<u>0</u>						

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	12/15/2019	HILKE GALLANT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4215204. (See instructions.)

**Part III Financial Information**

<b>7 Plan Assets and Liabilities</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	5558031	5712699
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	5558031	5712699
<b>8 Income, Expenses, and Transfers for this Plan Year</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	16035	
<b>(2)</b> Participants .....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	464586	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		480621
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	288940	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ...	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	8100	
<b>g</b> Other expenses .....	<b>8g</b>	28913	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		325953
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		154668
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	0	

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
1A 1I 3D
- 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**

<b>10 During the plan year:</b>		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> 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) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		500000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> 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.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>			
<b>i</b> 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 .....	<b>10i</b>			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☒ Yes ☐ No

**11a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

**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 \_\_\_\_\_

**If 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 **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**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) **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? ☐ Yes ☒ No

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? ☐ Yes ☒ No

**c** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

<b>SCHEDULE SB (Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2018</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

▶ **Round off amounts to nearest dollar.**  
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>HORRIGAN FARMS, INC. DEFINED BENEFIT PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HORRIGAN FARMS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0878423</u>
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

<b>Part I</b>	<b>Basic Information</b>
<b>1</b> Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2018</u>	
<b>2</b> Assets:	
<b>a</b> Market value.....	<b>2a</b> <u>5554331</u>
<b>b</b> Actuarial value .....	<b>2b</b> <u>5554331</u>
<b>3</b> Funding target/participant count breakdown	
<b>a</b> For retired participants and beneficiaries receiving payment .....	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
<b>b</b> For terminated vested participants .....	<u>3</u> <u>4412013</u> <u>4412013</u>
<b>c</b> For active participants .....	<u>0</u> <u>0</u> <u>0</u>
<b>d</b> Total .....	<u>6</u> <u>1198458</u> <u>1198458</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	<u>9</u> <u>5610471</u> <u>5610471</u>
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>
<b>5</b> Effective interest rate.....	<b>5</b> <u>5.75 %</u>
<b>6</b> Target normal cost .....	<b>6</b> <u>6000</u>

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	
Signature of actuary <u>KAREN DUNN, EA, MSPA, QPA</u>	<u>12/03/2019</u> Date
Type or print name of actuary <u>INDEPENDENT ACTUARIES, INC.</u>	<u>17-05142</u> Most recent enrollment number
Firm name <u>4500 KRUSE WAY, SUITE 200 LAKE OSWEGO, OR 97035</u>	<u>503-520-0848</u> Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**Part II Beginning of Year Carryover and Prefunding Balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b> Interest on line 9 using prior year's actual return of <u>-3.27</u> % .....	0	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.06</u> % .....		0
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	0

**Part III Funding Percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	98.99%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	97.43%
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	100.65%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/25/2019	16035	0			
<b>Totals ▶</b>			<b>18(b)</b>	16035	<b>18(c)</b> 0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	15179

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:

1st segment:

3.92%

2nd segment:

5.52%

3rd segment:

6.29%

☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

**22** Weighted average retirement age .....**22**

65

**23** Mortality table(s) (see instructions)

Prior regulation:

☐

Prescribed - combined

☐

Prescribed - separate

☐

Substitute

Current regulation:

☒

Prescribed - combined

☐

Prescribed - separate

☐

Substitute

**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years .....**28**

0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....**29**

0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....**30**

0

**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) .....**31a**

6000

**b** Excess assets, if applicable, but not greater than line 31a .....**31b**

0

**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment.....

56140

9165

**b** Waiver amortization installment .....

0

0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount .....**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....**34**

15165

Carryover balance

Prefunding balance

Total balance

**35** Balances elected for use to offset funding requirement.....

0

**36** Additional cash requirement (line 34 minus line 35).....**36**

15165

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

15179

**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) .....**38a**

14

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....**38b**

0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....**39**

0

**40** Unpaid minimum required contributions for all years .....**40**

0

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected .....☐ 2 plus 7 years☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made .....☐ 2008☐ 2009☐ 2010☐ 2011

**Horrigan Farms, Inc. Defined Benefit Pension Plan****EIN: 91-0878423 PN: 001**

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**2018 Form 5500 Schedule SB, Line 26 – Schedule of Active Participant Data**

Service/ Age	Less than 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	1	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	1	0	0	0	0	0	0	0
35 to 39	0	0	0	1	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	1	1	0	0	0	0	0
55 to 59	0	0	0	0	1	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	1	0	2	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0

# **Horrigan Farms, Inc. Defined Benefit Pension Plan**

**EIN: 91-0878423    PN: 001**

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## **2018 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

### **Actuarial Method for Minimum Required Contribution**

Asset Valuation Method	Fair market value.
Valuation Date	First day of plan year.
Yield Curve Selected	24-month average Segmented Yield Curve, subject to corridor provided by MAP-21 as adjusted by the Highway and Transportation Funding Act of 2014.
Lookback Month for Determining Segment Interest Rates	4 <sup>th</sup> month prior to valuation date.
Future Compensation	Actual compensation for prior year increased with Salary Scale.

### **Actuarial Assumptions for Minimum Required Contribution**

Segment Interest Rates	First Segment (Under 5 years):    3.92% Second Segment (5 to 19 years):    5.52% Third Segment (20 or more years): 6.29%
Assumed Form of Payment	Normal form of benefit.
Lump Sum Payment Assumptions	Greater result of §417(e) applicable mortality and yield curve segments (above) as described in IRS Regulations, and plan factors applying the appropriate yield curve segment to deferral period.
Assumed Termination Date for Active Employees in Pay Status	One year from val date.
Assumed Commencement Date	Normal Retirement Date.
Average Retirement Age	Age 65.



## **Horrigan Farms, Inc. Defined Benefit Pension Plan**

**EIN: 91-0878423    PN: 001**

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### **2018 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Concluded)**

#### **Mortality**

Pre-Retirement

None.

Post-Retirement

Small plan combined Annuitant / Non-Annuitant Male and Female static tables prescribed by regulation.

#### **Salary Scale**

4.0% for valuation year.

#### **Turnover Rate**

No explicit assumption.

#### **Expenses**

Prior year's expenses rounded to the nearest \$1,000.

#### **Future Annual Hours Worked**

1,000 or more in each future year.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2018</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan HERRIGAN FARMS, INC. DEFINED BENEFIT PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> </table>	<b>B</b> Three-digit plan number (PN) ►	001
<b>B</b> Three-digit plan number (PN) ►	001		
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HERRIGAN FARMS, INC.	<b>D</b> Employer Identification Number (EIN) 91-0878423		

<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500
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Part I Basic Information									
<b>1</b> Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2018</u>									
<b>2</b> Assets: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 70%;">a Market value.....</td> <td style="width: 10%; text-align: center;"><b>2a</b></td> <td style="width: 20%; text-align: right;">5,554,331</td> </tr> <tr> <td>b Actuarial value.....</td> <td style="text-align: center;"><b>2b</b></td> <td style="text-align: right;">5,554,331</td> </tr> </table>				a Market value.....	<b>2a</b>	5,554,331	b Actuarial value.....	<b>2b</b>	5,554,331
a Market value.....	<b>2a</b>	5,554,331							
b Actuarial value.....	<b>2b</b>	5,554,331							
<b>3</b> Funding target/participant count breakdown	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>(1) Number of participants</th> </tr> </table>	(1) Number of participants	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>(2) Vested Funding Target</th> </tr> </table>	(2) Vested Funding Target	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>(3) Total Funding Target</th> </tr> </table>	(3) Total Funding Target			
(1) Number of participants									
(2) Vested Funding Target									
(3) Total Funding Target									
a For retired participants and beneficiaries receiving payment.....	3	4,412,013	4,412,013						
b For terminated vested participants.....	0	0	0						
c For active participants.....	6	1,198,458	1,198,458						
d Total.....	9	5,610,471	5,610,471						
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 70%;">a Funding target disregarding prescribed at-risk assumptions.....</td> <td style="width: 10%; text-align: center;"><b>4a</b></td> <td style="width: 20%;"></td> </tr> <tr> <td>b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....</td> <td style="text-align: center;"><b>4b</b></td> <td></td> </tr> </table>				a Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>	
a Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>								
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>								
<b>5</b> Effective interest rate.....	<b>5</b>	5.75%							
<b>6</b> Target normal cost.....	<b>6</b>	6,000							

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">SIGN HERE</div> <div style="text-align: center;">             KAREN DUNN            Signature of actuary         </div> </div> <div style="margin-top: 10px;">           KAREN DUNN, EA, MSPA, QPA            Type or print name of actuary            INDEPENDENT ACTUARIES, INC.            Firm name            4500 Kruse Way, Suite 200            Lake Oswego OR 97035            Address of the firm         </div>	<div style="text-align: center; margin-bottom: 10px;">           12/03/2019            Date            1705142         </div> <div style="text-align: center;">           Most recent enrollment number            503-520-0848            Telephone number (including area code)         </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2018  
v. 171027

## Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8).....	0	0
<b>10</b> Interest on line 9 using prior year's actual return of <u>-3.27%</u> .....	0	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year).....		0
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.06%</u> .....		0
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		0
<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b> Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

### Part III Funding Percentages

<b>14</b>	<b>Funding target attainment percentage .....</b>	<b>14</b>	98.99%
<b>15</b>	<b>Adjusted funding target attainment percentage.....</b>	<b>15</b>	97.43%
<b>16</b>	<b>Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....</b>	<b>16</b>	100.65%
<b>17</b>	<b>If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....</b>	<b>17</b>	%

## Part IV Contributions and Liquidity Shortfalls

**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/25/2019	16,035	0			
Totals ►			18(b)	16,035	18(c) 0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year.

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	15,179

## 20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?..... ☐ Yes ☒ No

<b>b.</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

Liquidity Statement as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %
			<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	Prior regulation:	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate
	Current regulation:	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate
		<input type="checkbox"/> Substitute	<input type="checkbox"/> Substitute

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....		<b>31a</b>	6,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....		<b>31b</b>	0
<b>32</b> Amortization installments:		Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment.....		56,140	9,165
<b>b</b> Waiver amortization installment.....		0	0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....		<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		<b>34</b>	15,165
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....			0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>		15,165
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>		15,179
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....		<b>38a</b>	14
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....		<b>38b</b>	0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>		0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>		0

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:	
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011

# Horrigan Farms, Inc. Defined Benefit Pension Plan

EIN: 91-0878423 PN: 001

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## 2018 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

1. Effective Date November 1, 1976; last restated effective November 1, 2002.
2. Plan Year November 1 to October 31.
3. Plan Eligibility
  - Eligible Employees All employees except those whose retirement benefits are subject to collective bargaining and certain non-resident aliens with no US income.
  - Requirements Later of attainment of age 21 and completion of 2 years of service.
  - Entry date November 1 or May 1 coinciding with or next following completion of eligibility requirements. The Plan is frozen as of April 15, 2019, no new eligible employees shall enter the plan on or after that date.
4. Years of Service
  - Eligibility 12-Month period commencing on employee's date of hire during which the employee is credited with at least 1,000 hours.
  - Benefit Plan year during which the participant is credited with at least 1,000 hours of service, excluding years prior to date of entry into the plan.
5. Normal Retirement
  - Eligibility The first day of the month coincident with or following the later of the participant's 65<sup>th</sup> birthday or the 5<sup>th</sup> anniversary of plan entry.
  - Benefit 100% of average monthly compensation, reduced pro-rata for years of benefit service at retirement less than 25 years.
6. Early Retirement
  - Eligibility The first day of the month following the later of attainment of age 55 and completion of 10 years of benefit service, as a participant.
  - Benefit Accrued benefit actuarially reduced for each year that early commencement precedes normal retirement age.

# Horrigan Farms, Inc. Defined Benefit Pension Plan

EIN: 91-0878423 PN: 001

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## 2018 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

(Continued)

### 7. Late Retirement

Eligibility	Defer commencement of benefit beyond normal retirement date.
Benefit	Greater of prior year's accrued benefit actuarially increased for deferred commencement and benefit calculated under normal retirement formula, using additional years of compensation and benefit service, if applicable.

### 8. Disability Benefit

Not provided.

### 9. Death Benefit

Eligibility	Death of participant prior to commencement of benefits.
Benefit	Present value of accrued benefit.

### 10. Termination Benefit

100% of the participant's accrued benefit.

### 11. Compensation

Limits	\$200,000 as indexed; \$275,000 for plan years beginning in or after 2018.
Plan	§3401(a) compensation. Compensation includes regular pay and excludes leave cashouts paid within 2½ months of the participant's severance from employment. All other types of post-severance compensation are excluded from compensation.
Average Monthly	Plan compensation averaged over the three consecutive plan years that produce the highest average, excluding compensation in a year which during an employee does not earn a year of benefit service.

### 12. Accrued Benefit

A participant's normal retirement benefit calculated using projected years of benefit service at normal retirement and average monthly compensation as of the date of calculation, multiplied by a fraction, the numerator of which is the number of years of benefit service as of the date of calculation, and the denominator of which is the number of years of benefit service projected at normal retirement. Benefit accruals are frozen as of April 15, 2019.

# Horrigan Farms, Inc. Defined Benefit Pension Plan

EIN: 91-0878423 PN: 001

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## 2018 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

(Concluded)

- |                               |   |
|-------------------------------|---|
| 13. Normal Form of Benefit    | Joint & 100% survivor annuity with spouse as beneficiary and 3% post-retirement COLA (limited to accumulated increase in CPI).  |
| 14. Optional Forms of Benefit | Lump sum, certain and life annuity (5-yr, 10-yr), joint and survivor annuity (50%, 75%, and 100%).  |
| 15. Actuarial Equivalent      |   |
| Interest                      | 5.0% pre- and post-retirement.  |
| Mortality                     | Pre-retirement:       None.<br><br>Post-retirement:    1994 Group Annuity Reserve, projected to 2002, blended 50% Male / 50% Female.  |
| §417(e)                       | Stability period is plan year; lookback month is second month preceding plan year.  |
| 16. Top-Heavy Provisions      | In the event the plan becomes top-heavy, certain provisions will apply. Generally, a plan is top-heavy if more than 60% of the total present value of accrued benefit and account balances are held for key employees, as defined in the Internal Revenue Code. |
| Minimum Accrual               | Each non-key participant shall receive 2% of top-heavy monthly compensation for each year of top-heavy service, up to 10 years.   |
| Top-Heavy Compensation        | Plan compensation averaged over the five consecutive plan years that produce the highest average, excluding compensation in a year during which the plan is not top-heavy.  |
| Vesting                       | The regular vesting schedule meets the minimum requirements.  |
| Status                        | Plan is top-heavy.  |
| 17. Changes Since Last Report | Plan freeze, and application of increases in statutory limits.  |

**Horrigan Farms, Inc. Defined Benefit Pension Plan****EIN: 91-0878423 PN: 001**

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**2018 Form 5500 Schedule SB, Line 32 – Schedule of Amortization Bases****Existing Amortization Shortfall Bases**

Year of Origin	Installment Amount	First Segment Rate		Second Segment Rate		Present Value
		# of Payments	Interest Rate	# of Payments	Interest Rate	
N/A	0	N/A	N/A	N/A	N/A	N/A
Total Existing:		0				0

**Current Year Amortization Shortfall Base**

Year of Origin	Installment Amount	First Segment Rate		Second Segment Rate		Present Value
		# of Payments	Interest Rate	# of Payments	Interest Rate	
2018	9,165	5	3.92%	2	5.52%	56,140
Total:		9,165				56,140



**Horrigan Farms, Inc. Defined Benefit Pension Plan**

**EIN: 91-0878423    PN: 001**

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**2018 Form 5500 Schedule SB, Line 24 – Change in Actuarial Assumptions**

Added assumed termination date for active employees in pay status, and changes in mandated interest and mortality as required under the Pension Protection Act of 2006 (PPA), MAP-21 and the Highway and Transportation Funding Act of 2014.