## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

Part I

**Benefit Plan** 

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).

**Short Form Annual Return/Report of Small Employee** 

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

For calenda	ar plan year 2016 or fis	scal plan year beginning 01/01/	2016	and ending 12	2/31/2016						
A This ret	······································	X a single-employer plan			oyer) (Filers checking this box must atta						
A Inis ret	urn/report is for:	a one-participant plan	a foreign plan	ipioyer information in ac	cordance with the form	n instructions.)					
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retur	turn/report (less than 12 months)							
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program						
Dort II	Pasia Dian Info	special extension (enter desc	1 ,								
Part II 1a Name		rmation—enter all requested in	ntormation		<b>1b</b> Three-digit						
	NUTRITIONAL, LLC 4	01(K) PLAN			plan number (PN)	001					
			1c Effective date o	f plan 1/2013							
Mailing	ponsor's name (emplo address (include root	ructions)	<b>2b</b> Employer Identi (EIN) 46-1	fication Number 587255							
•	NUTRITIONAL, LLC	e, country, and ZIP or foreign pos	ital code (il loreign, see insti	ructions)	2c Sponsor's telep						
3006 NE 112	TH AVE STE A				2d Business code (	,					
VANCOUVE					2389	100					
3a Plan a	dministrator's name ar	nd address X Same as Plan Spo	onsor.		<b>3b</b> Administrator's	EIN					
					20 11:11						
					<b>3c</b> Administrator's	telephone number					
4 If the r	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	<b>4b</b> EIN						
name,	EIN, and the plan nur	mber from the last return/report.		, ,	4c PN						
a Sponso		at the hearinging of the plan year			5a						
_		at the beginning of the plan year			5b						
		at the end of the plan year account balances as of the end of									
			. , , ,	•	5c	64					
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the p	olan year		5d(1)	70					
		rticipants at the end of the plan ye		To the second se	5d(2)	111					
		terminated employment during th			5e	0					
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau		anhla a Cahanlula					
SB or Sche		her penalties set forth in the instrund signed by an enrolled actuary, plete.									
SIGN HERE		valid electronic signature.	07/19/2017	KEVIN UNGER	NGER						
TIERE	Signature of plan a	dministrator	Date	Enter name of individu	nter name of individual signing as plan administrator						
SIGN HERE											
	Signature of emplo	yer/plan sponsor name, if applicable) and address (i	Date	Enter name of individu	ual signing as employe Preparer's telephone						
Fiepaiei s	name (including limi)	iame, ii applicable) and address (i	include room or suite number	51 <i>)</i>	Freparer S telephone	Humber					

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b	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>								X Ye	s No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not de	termined
7	rt III Financial Information Plan Assets and Liabilities		(a) Paginning	of Voor				(b) End	d of Voor	
<u> </u>	Total plan assets	7a	(a) Beginning	687570				(D) EIIC	d of Year 90307	77
	Total plan liabilities	7b		0	)					0
	Net plan assets (subtract line 7b from line 7a)	7c		687570	)				90307	77
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b)	Total	
а	Contributions received or receivable from:		, ,	86727						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		177779 2872	_					
	(3) Others (including rollovers)	8a(3)		66564						
	Other income (loss)	8b		00004	-				33394	12
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							33382	+2
	to provide benefits)	8d		103696						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions) 8f									
g	Other expenses	8g								
<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)								11843	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				215507				)7
<u>j</u>	j Transfers to (from) the plan (see instructions)									
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	les in t	he inst	ructions:	
Day	t V Compliance Questions									
Par					Vac	Na	N/A			
10	During the plan year:  Was there a failure to transmit to the plan any participant contribu	ıtione withi	n the time period		Yes	No	N/A		Amoun	
a	described in 29 CFR 2510.3-102? (See instructions and DOL's \		•			Χ				
	Program)			10a						
D	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	C Was the plan covered by a fidelity bond?			10c	X					70000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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Part	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No		
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?							Yes X No		
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling		
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1				
<u>b</u>	Enter	the minimum required contribution for this plan year		12b						
С	Enter	the amount contributed by the employer to the plan for this plan year			12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d					
		he 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			1					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	) to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information			•					
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN			
14c	Name	of trustee or custodian			<b>14d</b> Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	-  LL ;		n-based narbor	d [	Test	ear" ADP		
			ΙП '	"Curre	•	ent year"				
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:				entage		verage enefit test	□ N/A			
<b>16b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No			
	the le									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination		
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No			
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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).

> Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

Part I		rt Identification Information				<u> </u>		
For calend	lar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31	/2016		
△ This re	A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attal  list of participating employer information in accordance with the form instruction							
A illivis	шинорог о ю.	a one-participant plan	a foreign plan	g wiipiojo, ilio/liaaalii	GLOT GLITTON TERM.	ino tomi monuciono.		
B This ret	tum/report is	the first return/report	the final return/rep	port				
		an amended return/report	a short plan year	return/report (less than 12 m	nonths)			
C Check	box if filing under:	Form 5558	automatic extensi	sion	☐ DFVC progr	ram		
		special extension (enter description)	Second Co.					
Part II	Basic Plan Inf	formation—enter all requested in						
1a Name			NOTE OF THE PARTY		1b Three-dig	ait		
		1, LLC 401(k) Plan			plan num (PN) ▶	nber		
					1c Effective	date of plan		
7					01/01	•		
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		instructions)	Sill receive a second second second	r Identification Number 6-1587255		
	a Nutritional		at code (ii foreign, 500	maducuona)		's telephone number 737-9966		
					2d Business code (see instructions)			
3006 NE	112th Ave St	PE A			23890	0		
VANCOUV				WA 98682				
3a Plan a	dministrator's name	and address K Same as Plan Spor	nsor.		3b Administr	rator's EIN		
		he plan sponsor has changed since umber from the last return/report.	the last return/report fi	iled for this plan, enter the	4b EIN			
	or's name	annot non an macroscorrep			4c PN			
5a Total r	number of participant	ts at the beginning of the plan year			5a	94		
		ts at the end of the plan year			5b	120		
		h account balances as of the end of			5с	64		
d(1) Tota	al number of active p	articipants at the beginning of the pl	ian year		5d(1)	70		
		participants at the end of the plan year			5d(2)	111		
		at terminated employment during the	,		5e	0		
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be asses	sed unless reasonable ca		hed.		
Under pena SB or Sche	alties of perjury and o	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I h	have examined this return/re	eport, including, i	if applicable, a Schedule		
SIGN	The state of the s			KEVIN UNGER	(			
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as p'	lan administrator		
SIGN								
HERE		loyer/plan sponsor	Date	Enter name of individ		mployer or plan sponsor		
Preparer's	name (including firm	name, if applicable) and address (in	iclude room or suite nu	imber)	Preparer's tele	ephone number		

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-	SOL	,
	reger	Hom

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						×	′es ∏ No
b	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.).						band	, n.,		
	If you answered "No" to either line 6a or line 6b, the plan cann	and condition	m 5500-SF and mu	et inete	ad ue	e For	n 5500	***********	X Y	'es   No
С	If the plan is a defined benefit plan, is it covered under the PBGC in								□ Not d	etermined
	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r			(b) End	of Year	
a	Total plan assets	7a	( )	687,				(0) 2.10		903,077
b	Total plan liabilities	7b			0					(
С	Net plan assets (subtract line 7b from line 7a)	7c		687,	570					903,077
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou					(b) T		
а	Contributions received or receivable from: (1) Employers	8a(1)			727					
	(2) Participants	8a(2)		177,	779					
-	(3) Others (including rollovers)	8a(3)		2,	872					
b	Other income (loss)	8b		66,	564					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								333,942
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		103,	696					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		14,739						
<u>g</u>	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								118,435
-	Net income (loss) (subtract line 8h from line 8c)	8i								215,507
j	Transfers to (from) the plan (see instructions)	8j	0							
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D	feature cod	es from the List of P	lan Cha	aracteri	istic C	odes in	the inst	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code:	s from the List of Pla	n Char	acteris	tic Co	des in t	he instru	ctions:	
Par	t V Compliance Questions						***************************************			
10	During the plan year:				Yes	No	N/A		Amour	nt
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fid	uciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	clude transactions	10b		Х			3,000	
С				10c	Х					70,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	, that was caused	10d		Х				,0,000
е		er persons l	oy an insurance e benefits under	10e		Х				
f				10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-en	d.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See instruct	ions and 29 CFR	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 2520.101	e required r	otice or one of the	10i						

Form 5500-SF 2016 Page <b>3-</b>		•			
Part VI Pension Funding Compliance	a support				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sc	hedule S	iB		Yes 🛛 No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.		THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (ERISA?	Code or section	on 302 o	f		Yes 🛭 No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	structions, ar Month	nd enter Day		f the lette Year	er ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b Enter the minimum required contr bution for this plan year		12b			
C Enter the amount contr buted 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 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	X N	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 broucontrol of the PBGC?	) 	Yes X No			
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)					
13c(1) Name of plan(s):	13c(2	) EIN(s)		13c(3	) PN(s)
Part VIII Trust Information					
14a Name of trust		14b 1	Trust's Ell	j	
14c Name of trustee or custodian		14d Trustee's or custodian's telephone number			
Part IX IRS Compliance Questions		•			
15a Is the plan a 401(k) plan? If "No," skip b	Yes			No	
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	n-based narbor ent year	П	"Prior ye test N/A	ar" ADP	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio			age efit test	□ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number					
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the date	of the m	ost recent	determin	nation

No

No

Yes

Yes

letter

Defined Benefit Plan or Money Purchase Pension Plan Only:

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?