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.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit SID'S SUPERMARKET, INC. 401(K) PLAN plan number 002 (PN) • 1c Effective date of plan 01/01/1982 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 91-0780890 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number SIDS SUPERMARKET, INC. 360-642-3737 2d Business code (see instructions) 4410 PACIFIC WAY 445110 SEAVIEW, WA 98644 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a 36 5a Total number of participants at the beginning of the plan year 5b 33 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 19 5c complete this item)..... 29 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 26 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 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.

<u>beliet, it is t</u>	rue, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2017	SIDNEY SNYDER JR				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor		idual signing as employer or plan sponsor				
Preparer's name (including firm name, if applicable) and address (include		oom or suite numbe	r)	Preparer's telephone number			

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C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets	Yes No Not determined (b) End of Year 915487 0 915487 (b) Total							
7 Plan Assets and Liabilities a Total plan assets 7a 841158 b Total plan liabilities 7b from line 7a) 7c 841158	915487 0 915487							
a Total plan assets 7a 841158 b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 841158	915487 0 915487							
b Total plan liabilities	915487							
C Net plan assets (subtract line 7b from line 7a)								
	(b) Total							
8 Income, Expenses, and Transfers for this Plan Year (a) Amount	\							
a Contributions received or receivable from:								
(1) Employers oa(1)								
(2) Participants								
(3) Others (including rollovers) 8a(3) Others income (loss) 43274								
D Citie income (loss)	136067							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	130007							
to provide benefits)								
e Certain deemed and/or corrective distributions (see instructions).								
f Administrative service providers (salaries, fees, commissions) 8f								
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	61738							
i Net income (loss) (subtract line 8h from line 8c)	74329							
j Transfers to (from) the plan (see instructions)								
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Cod 2E 2F 2G 2J 3D 2K	es in the instructions:							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Code	s in the instructions:							
Part V Compliance Questions								
	N/A Amount							
Was there a failure to transmit to the plan any participant contributions within the time period	Amount							
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions								
reported on line 10a.)	130000							
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused								
by fraud or dishonesty?								
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.)								
f Has the plan failed to provide any benefit when due under the plan?								
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	14683							
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								

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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 con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	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 broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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		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?			s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Pension	Bonofit Guaranty Corporatio	n h Complete all		•		•		Public Inspection
Part i	Annual Repo	▶ Complete all entries in a rt Identification Information	ccordanc	e with th	ie ins	tructions to the Form	5500-SF.	•••••
For calen	dar plan year 2016 o		01/01/	2016		and ending	197	31/2016
	eturn/report is for:		a multi	ole-empl	oyer p	olan (not multiemployer)	(Filers chec	king this box must attach a vith the form instructions.)
	lurn/report is	the first return/report an amended return/report	∐the fina		-	rn/report (less than 12 r	nonths)	
	box if filing under:	Form 5558 special extension (enter description)	otion)	atic exte	nsion		☐ DFVC p	rogram
Part II	Basic Plan In	formation—enter all requested info	rmation					
1a Nam o SID'S S	of plan	INC. 401(k) PLAN		•		, ,	(PN)	number 002
City o	ig address (include ro ir town, state or provi	oloyer, if for a single-employer plan) nom, apt., suite no. and street, or P.O. nce, country, and ZIP or foreign postal	Box)	relgn, se	e inst	iructions)	2b Empl (EIN)	01/1982 oyer Identification Number 191–0780890
	upermarket, ; gton 103	INC.					360-	nsor's telephone number 642-3737 ness code (see instructions)
SEAVIE	w	WA 98644-0009				•	4431	
3a Plan s	administrator's name	and address 🛛 Same as Plan Spons	ог.				3b Admi	nistrator's EIN
4 If the	name and/or EIN of t	he plan sponsor has changed since th	e last retur	n/report	filed (or this plan, enter the	4b EIN	nistrator's telephone number
name	e, Eliv, and the plan n or's name	umber from the last return/report.					4c PN	"-"
5a Total	number of participant	is at the beginning of the plan year		*********	****		5a	36
b Total	number of participant	s at the end of the plan year	************				5ь	33
C Numb comp	er of participants witi lete this item)	account balances as of the end of th	e plan yea	r (only de	efined	contribution plans	5c	19
d(1) Tot	al number of active p	articipants at the beginning of the plan	уеаг		******	***************************************	5d(1)	2.9
d(2) Tot	al number of active p	articipants at the end of the plan year					5d(2)	26
e Numi	oer of participants tha 100% vested	t terminated employment during the p	lan year w	ith accru	ed be	nefits that were less	5e	0
Under pena SB or Sche	alties of perjury and o	tor incomplete thing of this return/ other penalties set forth in the instruction and signed by an enrolled actuary, as	eport Will ons I deck	be asse	ssed	uniess reasonable car	aad iaaludk	w 16
SIGN HERE	Sidney 1.	2. Sneylv	10	114	וס	Sidney Snyder	Jr	
SIGN HERE	Signature of plan	administrator oyer/plan sponsor	Date			Enter name of individ		
	name (including îÎm	name, if applicable) and address (incl		e pravite n	umbe	Enter name of individ	ual signing a	s employer or plan sponsor telephone number
For Paperwo	ork Reduction Act Noti	ce, see the Instructions for Form 6500-S	F				'	Form 5500-SF (2016)

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								es No	
	If you answered "No" to either line 6a or line 6b, the plan cann					_	_	_	_	
	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 d	etermined
Pa	rt III Financial Information		<u> </u>							
7	Plan Assets and Liabilities		(a) Beginning				((b) End		915,487
	Total plan assets	7a		841,	T28					915,487
	Total plan liabilities	7b		841,	1 5 0					915,487
	Net plan assets (subtract line 7b from line 7a)	7c	(-) A		130			(L) T		913,407
<u>8</u> а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	it				(b) T	otai	
	(1) Employers	8a(1)		44,	730					
	(2) Participants	8a(2)		48,	063					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		43,	274					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								136,067
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		61,	738					
e	Certain deemed and/or corrective distributions (see instructions) \dots	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					61,738			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					74,3			74,329
<u>j</u>	Transfers to (from) the plan (see instructions)	8j)				
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E\ 2F\ 2G\ 2J\ 3D\ 2K$	feature co	odes from the List of Pl	an Cha	racteris	stic Co	des in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	cterist	ic Cod	des in t	he instru	ictions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary l	iduciary Correction	10a		Х				
b	· · · · · · · · · · · · · · · · · · ·	t? (Do not	include transactions	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					130,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
е		her persor ne or all of	ns by an insurance the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х				
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	Х					14,683
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete	Sched	lule SE	3	Пү	es No
	(Form 5500) and line 11a below)		<u> </u>			
_	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 se ERISA?		302 of		Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions,	, and e	_		of the letter Year	ruling
If ·	granting the waiver		Day			
	Enter the minimum required contribution for this plan year		12b			
	Enter the amount contributed by the employer to the plan for this plan year		12c			
d		١.	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part						
	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No)
154	If "Yes," enter the amount of any plan assets that reverted to the employer this year		I3a	100	24 140	<u>'</u>
b			ı sa			
	control 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), identify the planth which assets or liabilities were transferred. (See instructions.)	an(s) to)			
1	3c(1) Name of plan(s):	c(2) E	IN(s)		13c(3)	PN(s)
				<u> </u>		
Part	VIII Trust Information					
14a	Name of trust	1	I4b ⊺	rust's E	IN	
14c	Name of trustee or custodian	1			or custodia e number	an's
Part	IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b.	'es			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section $\parallel \parallel$	esign-l afe har			"Prior ye test	ar" ADP
		Current DP tes			N/A	
16a		Ratio	togo	☐ Av	verage	□ N/A
- 101	t	ercent est	ıaye	∐ be	nefit 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?	'es			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the letter and the serial number	etter o	r advis	ory lette	er, enter the	date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the cletter	late of	the mo	ost rece	ent determin	ation
	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 froservice?	om [Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	[Yes		No	