Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan							ON	IB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	065 of the Employee R	etirement	2	2017					
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and		7(b) and 6058(a) of the			m is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance w	ith the instru	uctions to the Form 5	500-SF.	Fublic	Inspection		
Part I		dentification Information								
For calenda	ar plan year 2017 or fise	cal plan year beginning 01/01/2				2/31/2017	the state to see			
A This ret	turn/report is for:	X a single-employer plan	list of pa	rticipating em	in (not multiemployer) (ployer information in ac		-			
D This set		a one-participant plan	a foreign	pian						
	urn/report is	the first return/report								
		an amended return/report	a short pla	an year return	/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatio	c extension		DFVC p	orogram			
		special extension (enter descr	ription)			—				
Part II	Basic Plan Infor	mation—enter all requested inf	formation							
1a Name						1b Thre				
CALICO CU	PBOARD CAFE & BAK	ERY 401(K) PLAN				plan (PN)	number	001		
						()	tive date of p			
							01/01/2			
		er, if for a single-employer plan) n, apt., suite no. and street, or P.O), Box)			2b Empl (EIN)	•	ation Number		
City or	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CALICO CUPBOARD OF MOUNT VERNON, INC.						nsor's telephone number			
						2d Busin	360-202-0	ee instructions)		
121 B FREE	WAY DR.					ZU DUSI	44529			
MOUNT VEF	RNON, WA 98273						44029	1		
20 Diana						2h Admi	inistratoria El	NI		
Ja Plan a	aministrator's name and	d address 🗙 Same as Plan Spon	nsor.			SU Admi	inistrator's El	IN		
						3c Admi	inistrator's tel	ephone number		
4 If the r	name and/or EIN of the	plan sponsor or the plan name ha	as changed sir	nce the last re	turn/report filed for	4b EIN	b EIN			
•	an, enter the plan spon or's name	sor's name, EIN, the plan name a	and the plan nu	umber from th	e last return/report.	4d PN				
C Plan N						HU FIN				
5a Total I	number of participants a	at the beginning of the plan year				5a		68		
b Total i	number of participants a	at the end of the plan year				5b		49		
		ccount balances as of the end of t			•	5c		24		
d(1) Tota	al number of active part	icipants at the beginning of the pla	an year			5d(1)		52		
d(2) Tot	al number of active part	ticipants at the end of the plan yea	ar			5d(2)		39		
		erminated employment during the				5e		0		
Caution: A	penalty for the late o	r incomplete filing of this return	n/report will b	e assessed i	unless reasonable ca	use is estal	blished.			
SB or Sche	edule MB completed and	er penalties set forth in the instruc d signed by an enrolled actuary, a								
	true, correct, and comp		02/02/	2019						
SIGN HERE		valid electronic signature.	03/22/	2010	RODNEY W. FREED					
	Signature of plan ad	Iministrator	Date		Enter name of individ	ual signing	as plan admi	nistrator		
SIGN HERE					_					
	Signature of employ	/er/plan sponsor	Date		Enter name of individ	ual signing	as employer	or plan sponsor		

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

Form 5500-SF (2017) v.170203

6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)					X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					,		X Yes No
	If you answered "No" to either line 6a or line 6b, the plan canne		,					
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	premium filing for this p	lan yea	r		(See instructions.)
Da	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Boginping	of Voor			(b) End of	Voor
<u>'</u> a	Total plan assets	7a	(a) Beginning (42122			(b) Ella Ol	209205
b	Total plan liabilities	7u 7b						
	Net plan assets (subtract line 7b from line 7a)	7c	14	42122				209205
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Tot	al
а	Contributions received or receivable from:		((
	(1) Employers	8a(1)		11228				
	(2) Participants	8a(2)	4	47163				
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b	:	30904				
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						89295
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	:	22212				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						22212
i	Net income (loss) (subtract line 8h from line 8c)	8i						67083
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2 E 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Chai	racteri	stic Co	des in the instruc	ctions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Pla	n Chara	cterist	ic Cod	es in the instruct	ions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	An	nount
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 Provided in 29 CFR 2510.3-102?) 	oluntary F	iduciary Correction	10-		~		
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		Х		
N	reported on line 10a.)			10b		Х		
c	Was the plan covered by a fidelity bond?			10c	Х			20000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
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.). 	ne or all of	the benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		

Х

Х

10g

10h

10i

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

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i,

2520.101-3.)

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	VIF	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 5500) and line 11a below)	Sche	dule S	SB		Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ? 	tion	302 o	f	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver.	and	enter _ Da		of the le		uling
If y	you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	6 X	No	
	lf "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) ℕ	lame of plan(s): 13c	:(2)	EIN(s)		13	c(3)	PN(s)

		10.4	6 O		(OMB Nos. 1210-0110		
Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	or Small Emplo	oyee		1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be file	ed under sections 104 and 40	65 of the Employee R	etirement		2017		
Department of Labor Employee Benefits Security Administration		(ERISA), and sections 6057 Revenue Code (the Code).		Internal		orm is Open to ic Inspection		
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instru	ctions to the Form 55	500-SF.	Fub	ic mapection		
Part I Annual Repor	t Identification Information							
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending		31/2017			
A This return/report is for:	X a single-employer plan	a multiple-employer plan list of participating emp						
	a one-participant plan	🗌 a foreign plan						
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year return	report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
	special extension (enter desc	ription)						
	ormation—enter all requested in	formation		41		<u> </u>		
1a Name of plan				1b Three	e-digit number	001		
CALICO CUPBOARD CAF	E & BAKERY 401(k) PLAN	N		(PN)		001		
				1c Effect	tive date of 1/2015	f plan		
2a Plan sponsor's name (emp	loyer, if for a single-employer plan)					fication Number		
Mailing address (include ro	om, apt., suite no. and street, or P.o.	O, Box) tal code (if foreign, see instru	ctions)		91-173			
	MOUNT VERNON, INC.		·····,		Sponsor's telephone number 360-202-0369			
121 B FREEWAY DR.				2d Busir	ness code	(see instructions)		
IZI B FREEWAI DR.				4452	91			
MOUNT VERNON	WA 98273							
3a Plan administrator's name	and address 🕅 Same as Plan Spo	onsor.		3b Admi	inistrator's	EIN		
				3c Admi	inistrator's	telephone number		
4 If the name and/or EIN of t	he plan sponsor or the plan name h	has changed since the last re	turn/report filed for	4b EIN				
this plan, enter the plan sp	ponsor's name, EIN, the plan name	and the plan number from th	e last return/report.					
a Sponsor's name c Plan Name				4d PN				
5a Total number of participan	ts at the beginning of the plan year					6		
	its at the end of the plan year			5b		4		
	h account balances as of the end o			5c		2		
	participants at the beginning of the p			5d(1)		5		
	participants at the end of the plan ye					3		
e Number of participants with	ho terminated employment during th	ne plan year with accrued be	nefits that were less	5e				
Caution: A penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed	uniess reasonable ca	use is esta	blished.			
Under penalties of perjury and SB or Schedule MB completed	other penalties set forth in the instru and signed by an eprolled actuary,	uctions, I declare that I have	examined this return/re	eport, includ	ing, if appl	icable, a Schedule ly knowledge and		
belief, it is true, correct, and co	M hut	3/22/11	8 RODNG	W	FREE	D		
HERE Signature of plan	administrator	Date	Enter name of individ	dual signing	11.			
SIGN								
HERE	oloyer/plan sponsor	Date	Enter name of individ	dual signing				
	tice, see the Instructions for Form 55	00-SF.				Form 5500-SF (2017) v.170203		

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-167 (See instructions on walver eligibility and conditions.)	X 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.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [] Yes [] No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of	Year
а	Total plan assets	7a		142,	122			209,20
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		142,	122			209,20
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Tota	1
а	Contributions received or receivable from: (1) Employers	8a(1)		11,2	228			
	(2) Participants	8a(2)		47,	163			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		30,	904			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						89,29
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		22,	212			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						22,21
i	Net income (loss) (subtract line 8h from line 8c)	81			_			67,08
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f							
Da	rt V Compliance Questions							
10					Yes	No	٨٣	iount
	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions within	n the time period		103		All	iount
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		х		
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.).			10b		х		
(Was the plan covered by a fidelity bond?			10c	Х			20,00
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
_	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.).	her person ne or all of	s by an insurance the benefits under	10e		x		
1	Has the plan failed to provide any benefit when due under the pla	in?		10f		х		
1] Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		х		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		
	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			101				

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Part	/I Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)	edule S	В	Yes No
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?		F 	🗌 Yes 🗙 No
	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	l enter t Day		of the letter ruling Year
lf	ou 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		
	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		mad hand
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	/II Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X 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
С	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		
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)
		_		