	rm 5500-SF	Short Form Annua	yee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury mal Revenue Service	This form is required to be filed		2017					
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		nternal	This Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 550	00-SF.	Public Inspection			
For calend	Annual Report lo ar plan year 2017 or fisc	dentification Information cal plan year beginning 01/01/2	017	and ending 12/	31/2017				
		X a single-employer plan		plan (not multiemployer) (F		ing this box must attach a			
A This ret	turn/report is for:	a one-participant plan	list of participating e	mployer information in acc	ordance w	ith the form instructions.)			
<b>B</b> This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report		urn/report (less than 12 mo	nths)				
C Check	box if filing under:	 Form 5558	automatic extension	Г	DFVC p	rogram			
	-	L	]						
Part II	Basic Plan Infor	special extension (enter descri mation—enter all requested info							
1a Name	•				1b Three				
MCDONALE	MCDONALD'S FRANCHISEE 401(K) PLAN					number 001			
			1c Effec	tive date of plan 01/01/2004					
Mailing	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O			2b Empl (EIN)	oyer Identification Number 82-0329474			
-	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PALOUSE EMPIRE FOOD SERVICES, INC.				2c Spor	sor's telephone number 509-888-2244			
				-	<b>2d</b> Business code (see instructions)				
	E ST., SUITE 206 E, WA 98801				722511				
3a Plan a	dministrator's name and	l address 🗙 Same as Plan Spon	ISOr.		3b Administrator's EIN				
					<b>3c</b> Administrator's telephone number				
4 If the	name and/or EIN of the	plan sponsor or the plan name ha	s changed since the last	return/report filed for	4b EIN				
this pl		sor's name, EIN, the plan name a		the last return/report.	<b>4d</b> PN				
C Plan N					4U PN				
5a Total	number of participants a	t the beginning of the plan year			5a	119			
_		it the end of the plan year			5b	103			
		ccount balances as of the end of t		-	5c	20			
	,	icipants at the beginning of the pla		F	5d(1)	113			
<b>d(2)</b> Tot	al number of active part	icipants at the end of the plan yea	ar		5d(2)	99			
		erminated employment during the			5e	1			
Caution: A	A penalty for the late or	r incomplete filing of this return er penalties set forth in the instruc	/report will be assesse	d unless reasonable caus					
SB or Sche		d signed by an enrolled actuary, a							
SIGN	Filed with authorized/v	alid electronic signature.	04/10/2018	RACHEL ROCHE					
HERE	Signature of plan ad		Date	Enter name of individua	al signing a	as plan administrator			
SIGN	Filed with authorized/v	alid electronic signature.	04/10/2018	RACHEL ROCHE					
HERE For Paperw	Signature of employ		Date	Enter name of individua	al signing a	as employer or plan sponsor Form 5500-SF (2017)			
i or Faperw	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 eligib	le assets? (	See instructions.)		X Yes 🗌 No				
-	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.)								
	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th	nsurance pro	ogram (see ERISA section 402	21)?	Yes No Not determined				
Pa	rt III Financial Information								
	Plan Assets and Liabilities	_	(a) Beginning of Year	_	(b) End of Year 284044				
	Total plan assets	7a	211480 0	_	284044				
-	Total plan liabilities	7b	211480	_	284044				
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c							
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)	(a) Amount 12640		(b) Total				
	(2) Participants	8a(2)	25280						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	38028						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			75948				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1544						
е	Certain deemed and/or corrective distributions (see instructions)	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f	1840						
g	Other expenses	8g	0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			3384				
i	Net income (loss) (subtract line 8h from line 8c)	8i			72564				
j	Transfers to (from) the plan (see instructions)	8j	0						
Ра	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 3H	feature cod	es from the List of Plan Chara	cteristic	Codes in the instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Charact	teristic C	Codes in the instructions:				
Par	t V Compliance Questions								
10	During the plan year:		Y	res N	o Amount				
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fic	luciary Correction	×					

b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c	х		60000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e	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.).	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		36114
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
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	10i			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No		N/A
Part '	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)	) to				
1	3c(1	) Name of plan(s): 13c(2	) EIN(s	5)	130	: <b>(3)</b> F	'N(s)

-	Form 5500-SF	Short Form Annua		urn/Report of nefit Plan	f Small Emp	oyee		OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service	This form is required to t			d 4065 of the Empl		2	2017			
	Department of Labor Noyee Benefits Security Administration Iension Benefit Guaranty Corporation	Retirement Income Security	Act of 1 Internal I	974 (ERISA), and se Revenue Code (the C	clion 6057(b) and 6 Code).	058(a) of	58(a) of This Form is Open to Publi Inspection				
P	art I Annual Report lo	dentification Information				<u></u>	v				
Concession of the local division of the loca	calendar plan year 2017 or fisca			01/01/2017	and ending	12,	/31/2017				
A	Image: A This return/report is for:       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.)         Image: A This return/report is for:       a one-participant plan       a foreign plan										
B	This return/report is:	the first return/report an amended return/report		e final return/report short plan year retur	n/report (less than 1	2 months)					
С	Check box if filing under:	Form 5558 special extension (enter des		utomatic extension		DFVC program					
P	art II Basic Plan Infor	mation enter all requester	l informa	ation							
1a	1a Name of plan McDonald's Franchisee 401(k) Plan						Three-digit )lan number PN) ►	001			
_							1c Effective date of plan 01/01/2004				
2a 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)							2b Employer Identification Number (EIN) 82-0329474				
Palouse Empire Food Services, Inc.						2c Sponsor's telephone number (509) 868-2244					
11 Spokane St., Suite 206						2d Business code (see instructions) 722511					
20	US Wenatchee WA 98801					26	A _41_1_1_441	<b>E</b> (1)			
29	Plan administrators name and	d address 🔯 Same as Plan S	ponsor			30 /	3b Administrator's EIN				
						3c /	Administrator's	telephone number			
4		plan sponsor or the plan name sor's name, EIN, the plan name				4b	4b EIN				
	this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name  C Plan Name										
5a	Total number of participants a	at the beginning of the plan year	*********		************************************	5a		119			
b		at the end of the plan year				5b		103			
C	• •	ccount balances as of the end o			•			20			
d	1) Total number of active parti	icipants at the beginning of the p	olan year	**********************	*******	<u>5d(</u> '	1)	113			
d		cipants at the end of the plan ye		********		5d(2	2)	99			
e	· · · · · · · · · · · · · · · · · · ·	erminated employment during th				5e		1			
		or incomplete filing of this ret									
ŞI	nder penaities of perjury and ot 3 or Schedule MB completed ar elief, it is tru <del>e, corr</del> ect, and comp	her penalties set forth in the inst nd signed by an enrolled actuary plete.	ructions, /, as wel	I declare that I have as the electronic ve	examined this return rsion of this return/m	n/report, inc eport, and to	cluding, if applied the best of my	cable, a Schedule y knowledge and			
200	IGN Kachel	Koche		4/10/18	Rachel Roche						
1004	HERE Signature of plan administrator Date Enter name of individu				vidual signir	ng as plan adm	inistrator				

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Rachel Roche

BIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

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Form 5500-SF (2017) v.170203

Form 5500-SF 2017

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)					XYes 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.)											
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Form	n 5500-SF and must inste	ead u	se Fo	rm 5!	500.					
	If the plan is a defined benefit plan, is it covered under the PBGC ins If "Yes" is checked, enter the My PAA confirmation number from the					_						
-			internangior and jobri					()				
Pa	rt III Financial Information					_						
7	Plan Assets and Liabilities	1 Stand	(a) Beginning of	Year			_	(b) End of Year				
a	Total plan assets	7a	21	1,48	30	1		284,044				
b	Total plan liabilities	7b			0	_	_	0				
С	Net plan assets (subtract line 7b from line 7a)	7c	21	1,46	90			284,044				
8	Income, Expenses, and Transfers for this Plan Year	1000	(a) Amount					(b) Total				
	Contributions received or receivable from:	0-/41	1	2,64	40	130						
	(1) Employers	8a(1)		5,28								
-	(2) Participants	8a(2)			0	-	-	10 March 10 March 200				
	(3) Others (including rollovers)	8a(3)			-	-						
	Other income (loss)	8b	3	8,02	28	A COMPANY						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				100.000	10.00	75,948				
	to provide benefits)	8d		1,54	44							
_	Certain deemed and/or corrective distributions (see instructions)	8e			0	1						
	Administrative service providers (salaries, fees, commissions)	8f		1,84	40	1200						
1	Other expenses	8g			0	in m						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		32				3,384				
	Net income (toss) (subtract line 8h from line 8c)	81						72,564				
	Transfers to (from) the plan (see instructions)	81			0	100	200	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	nt IV Plan Characteristics	1 9	27 2018 12		_	-		1. A. A. A. A. A.				
_	If the plan provides pension benefits, enter the applicable pension fe	-			adatta	Cada	a in the	- Instructional				
Ja	2E 2F 2G 2J 2K 3D 3H	alure cou	es nom the List of Plan Ch	idi dUt	ensuc	Coue	:5 III UN	e instructions.				
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code:	s from the List of Plan Cha	racte	ristic (	Codes	in the	instructions:				
				-								
	Int V Compliance Questions			-			in the second					
10	During the plan year:				Yes	NO	N/A	Amount				
a			·									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo			10a		x						
ь	Program)			104								
	reported on line 10a.)			10Ь		x						
C	Was the plan covered by a fidelity bond?			10c	х			60,00				
d		fidelity bo	nd, that was caused	10d		x						
e			and the second se	100								
_	carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		x	ľ					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		x						
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	х			36,11				
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 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		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below)					Yes [	X) N	ю			
_11a	11a Enter 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 302 of ERISA?											
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		_				_				
_a		iver of the minimum funding standard for a prior year is being amortized in this plan year, see i		d enter		of the Ye		uling				
lf y	ou con	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.									
b	Enter	the minimum required contribution for this plan year.	*****	12b								
_ c	C Enter the amount contributed by the employer to the plan for the plan year											
d	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)											
е	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										
<u>13a</u>	Has a	resolution to terminate the plan been adopted in any plan year?	*****	[	] Yes	X	No					
	lf "Yes	," enter the amount of any plan assets that reverted to the employer this year	*******	13a								
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t control of the PBGC?						X N	lo				
С	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.)											
1:	13c(1) Name of plan(s): 13c(2) E						ic(3) Pl	V(s)				