Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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

2017

This Form is Open to Public Inspection

Part I		Identification Information	1					
For calenda	ar plan year 2017 or fis	scal plan year beginning 01/01/2	2017		and ending 10	0/01/2017		
A This ret	urn/report is for:	a single-employer plan			in (not multiemployer) (ployer information in ac		-	
		a one-participant plan	a fo	oreign plan	,			,
B This retu	urn/report is	the first return/report	X the	final return/report				
		an amended return/report	X a sh	nort plan year return	/report (less than 12 m	onths)		
C Check I	oox if filing under:	Form 5558	ш	omatic extension		DFVC	program	
		special extension (enter descri	ription)					
Part II	Basic Plan Info	rmation—enter all requested in	nformation	n				
1a Name FOSTER FA	of plan MILY FARM PROFIT	SHARING PLAN				1b Three plan (PN	number	001
						1c Effe	ctive date o	f plan 1/1996
Mailing	address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C				2b Emp (EIN	•	fication Number 088513
City or CHRIS A. FO	· ·	e, country, and ZIP or foreign post	tal code ((if foreign, see instru	uctions)	2c Spo	onsor's telep 509-266	hone number 6-4609
						2d Busi	iness code ((see instructions)
11006 W. CO PASCO, WA	OURT STREET 99301						1119	900
•								
3a Plan a	dministrator's name ar	nd address Same as Plan Spor	nsor.			3b Adm	ninistrator's	
CHRIS A. FO	OSTER, LLC	11006 W. PASCO, V		STREET		3c Adm		088513 telephone number
		17,000,	***************************************	71		oo man	509-266	
		e plan sponsor or the plan name hansor's name, EIN, the plan name a				4b EIN		
•	or's name				·	4d PN		
C Plan N	lame							
5a Total i	number of participants	at the beginning of the plan year				5a		1
b Total i	number of participants	at the end of the plan year				5b		0
		account balances as of the end of	•		· ·	5с		0
d(1) Tota	al number of active pa	rticipants at the beginning of the pl	lan year.			5d(1)		1
		rticipants at the end of the plan ye				5d(2)		0
than	100% vested	terminated employment during the				5e		0
		or incomplete filing of this return						
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.						
SIGN	Filed with authorized	/valid electronic signature.	(04/23/2018	CHRIS A. FOSTER			
HERE	Signature of plan a	dministrator		Date	Enter name of individ	ual signing	as plan adr	ninistrator
SIGN								
HERE	Signature of emplo	yer/plan sponsor		Date	Enter name of individe	ual signing	as employe	er or plan sponsor

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b	Are you claiming a waiver of the annual examination and report of a	an indeper		ccount	ant (IQ	PA)		X Yes ☐ No X Yes ☐ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannot		,					N 162 ∐ 140		
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		-					(See instructions.)		
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year		
а	Total plan assets	7a		32456			` '	0		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7с	73	32456				0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) -	Гotal		
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	10	06485						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						106485		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	83	38941						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	Total expenses (add lines 8d, 8e, 8f, and 8g)						838941		
	Net income (loss) (subtract line 8h from line 8c)	8i						-732456		
	Transfers to (from) the plan (see instructions)	8j								
Par										
9a 	If the plan provides pension benefits, enter the applicable pension 2E 3B 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acterist	ic Cod	les in the instr	uctions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
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 F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			20000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X				
е	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.)					X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	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 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 Scho (Form 5500) and line 11a below)	edule S	В	Y	es 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?	1 302 of		Y	es X No
а	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			of the letter Year	ruling
lf y	rou 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			
С	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			
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?		X Yes	s 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?			X 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)

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

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

2017

This Form is Open to Public Inspection

For calen	dar plan year 2017 or	fiscal plan year beginning	01/	01/2017	and ending	10/01/	0.01		
						10/01/			
A This re	A This return/report is for: 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 one-participant plan		a foreign plan	inproyer information in a	accordance with t	ne ton	m instructions.)	
B This re	turn/report is		П,	a roroigii piari					
	turnireport is	the first return/report	X ti	ne final return/report					
		an amended return/report	Xa	short plan year retu	rn/report (less than 12 r	months)			
C Check	box if filing under:					_			
• 0110011	box ii iiiiiig dilaci.	Form 5558	ш	automatic extension		DFVC progra	am		
		special extension (enter descri		•					
Part II	Basic Plan Info	ormation—enter all requested info	ormal	tion					
1a Name	e of plan					1b Three-dig	jit		
FOSTER	FAMILY FARM F	PROFIT SHARING PLAN				plan num	ber	001	
						(PN) Þ			
						1c Effective			
2a Plan s	sponsor's name (emple	oyer, if for a single-employer plan)				01/01/1			
Mailin	g address (include roc	om, apt., suite no, and street, or P.O.	Box))				fication Number	
City o	r town, state or proving	ce, country, and ZIP or foreign posta	l cod	e (if foreign, see inst	tructions)	(EIN) 91			
CORIS	A. FOSTER, LL	C				2c Sponsor's 509-266			
11006 1	W. COURT STRE	Tem						(see instructions)	
11000	W. COURT SIRE	FI				111900	Jouc 1	(occ manachons)	
PASCO		WA 99301							
	almatini a su a si a di								
	idministrator's name a		sor.			3b Administra		EIN	
	1001111, 1110	•				91-2088!		tolonhana number	
11006 W	. COURT STREE	PT.				509-266-		telephone number	
	· oodii oiii					309 200	400	9	
PASCO		WA 99301							
4 If the	name and/or EIN of the	e plan sponsor or the plan name has	chai	nged since the last r	aturn/report filed for	4b EIN			
this p	lan, enter the plan spo	ensor's name, EIN, the plan name an	d the	plan number from t	he last return/report.	4D EIN			
	or's name				·	4d PN			
C Plan N	lame								
-									
		at the beginning of the plan year				5a		1	
b Total	number of participants	at the end of the plan year				5b		0	
C Numb	er of participants with	account balances as of the end of th	e pla	n year (only defined	contribution plans	5c			
								0	
		rticipants at the beginning of the plar				5d(1)		1	
d(2) Tota	al number of active pa	rticipants at the end of the plan year		•••••		5d(2)		0	
e Numb	er of participants who	terminated employment during the p	olan y	ear with accrued be	nefits that were less	5e			
Caution: A	penalty for the late	or incomplete filing of this return/	repor	t will be assessed	unless ressentable car		al	0	
Under pena	alues of perjury and oti	ner penalties set forth in the instruction	ons. I	declare that I have	evamined this return/rea	port including if	annlia.	able, a Schedule	
OD OF SUITE	dule MB completed ar rue_correct; and com	nu signed by an enrolled actuary, as	well a	as the electronic ver	sion of this return/report	t, and to the best	of my	knowledge and	
SIGN	1 h	1/4 1		41/10/	Chris A Hand				
HERE	1 yrus	H warre		/ /	Chris A. Foste				
	Signature of plan a	oministrator	_	Date /	Enter name of individu	ual signing as pla	n adm	inistrator	
SIGN									

Date

HERE

	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an mucpe		0000111	tant (li			_	res No
С		and condi	tions.)	accour	ıtant (ı	QPA) 		X	es No
C	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and mus	st inste	ad us	e Form 5	500.	_	
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA s	ection	4021)?	· 🗍 ·	Yes No	☐ Not o	letermined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	olan ye	ar			(See ins	structions.)
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End	d of Year	
а	Total plan assets	7a		732,	$\overline{}$				(
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7с		732,	456				(
8	Income, Expenses, and Transfers for this Plan Year	- 1-11	(a) Amour	nt			(b)	Total	
	Contributions received or receivable from:						7-7		
	(1) Employers	8a(1)			-				
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b_	Other income (loss)	8b		106,	485				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							106,485
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		838,	941				
	Certain deemed and/or corrective distributions (see instructions)	8e							
f_	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							838,941
	Net income (loss) (subtract line 8h from line 8c)	8i						-	732,456
j	Transfers to (from) the plan (see instructions)	8j						V 19	
Par	IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension to $2\mathrm{E}$ $3\mathrm{B}$ $3\mathrm{D}$	eature co	des from the List of Pl	an Cha	racteri	stic Code	s in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Pla	n Chara	acteris	tic Codes	in the instr	uctions:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
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 Verogram)	oluntary Fi	iduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not i	nclude transactions	10b		х			
С	Was the plan covered by a fidelity bond?			10c	х				20,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	idelity bor	nd, that was caused	10d		х			
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons	s by an insurance the benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-e	nd.)	10g		х			
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 2520.101	e required	notice or one of the	10i					

Form	5500	CE	20	17

Page	3-	

Part								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedul	e S	В			Yes	S N
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11:	a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic ERISA?	on 302 of				Yes X		
_	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				1			
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver		ert Day		e of t	the let Year		uling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	nter the minimum required contribution for this plan year	12	b					
C	nter the amount contributed by the employer to the plan for this plan year	120	c					
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)	120	d					
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes		No		N/A
Part \	Il Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	s	П	No	
	f "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	П					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	, [X Yes No		
C	f, 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	,					
13	c(1) Name of plan(s):	FIN(s)				13c(3) PN(s)		
							-,	.(0)
			_		-			
			-	-	_		_	
			_					