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

2017

This Form is Open to Public Inspection

Part I Annua	al Report Identification Information	1										
For calendar plan year	ar 2017 or fiscal plan year beginning 01/01/2	2017		and ending 12	2/31/2017							
A This return/report	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.)											
	a one-participant plan	a foreign	oreign plan									
B This return/report	the first return/report	the final re	eturn/report									
	an amended return/report	a short pla	a short plan year return/report (less than 12 months)									
C Check box if filing	under: X Form 5558	automatio	extension		DFVC p	rogram						
	special extension (enter desc	ription)										
Part II Basic	Plan Information—enter all requested in	formation										
1a Name of plan PETE'S MILK DELIVE					1b Three plan (PN)	number	001					
					. ,	tive date o	f plan					
2a Dian anancaria n	ame (employer, if for a single-employer plan)				2h []		1/2012					
Mailing address	(include room, apt., suite no. and street, or P.0				(EIN)	-	fication Number 161118					
City or town, star	e or province, country, and ZIP or foreign pos	tal code (if fore	ign, see instri	uctions)	2c Spon		hone number					
	,				2d Busin	253-736	see instructions)					
27441 68TH AVE S					ZG BGSIII	4543	,					
KENT, WA 98032					404000							
3a Plan administrate	or's name and address X Same as Plan Spo	nsor.			3b Administrator's EIN							
	_				20. A designaturate via talambana a sumaban							
					3c Administrator's telephone number							
	or EIN of the plan sponsor or the plan name he plan sponsor's name, EIN, the plan name a				4b EIN							
a Sponsor's name	, , , , , , , , , , , , , , , , , , , ,			·	4d PN							
C Plan Name												
5a Total number of	participants at the beginning of the plan year.				5a							
b Total number of	participants at the end of the plan year				5b							
	cipants with account balances as of the end of em)			-	5c		9					
d(1) Total number	of active participants at the beginning of the p	lan year			5d(1)		15					
	of active participants at the end of the plan ye				5d(2)		15					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e		0					
	or the late or incomplete filing of this retur											
SB or Schedule MB	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.											
SIGN Filed with authorized/valid electronic signature. 09/25/2018 PETE ELLIS												
HERE Signatu	re of plan administrator	Date		Enter name of individ	ual signing a	as plan adr	ministrator					
SIGN												
HERE Signatu	re of employer/plan sponsor	Enter name of individ	vidual signing as employer or plan sponsor									

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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 use Form 5500-SF and must instead use Form 5500. 									
	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
Pa	rt III Financial Information		r							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year		
a	Total plan assets	7a	10	07262				160052		
<u>b</u>	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	10	07262				160052		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		13663	_					
	(2) Participants	8a(2)	2	21004	-					
	(3) Others (including rollovers)	8a(3)			_					
<u> </u>	Other income (loss)	8b		19746						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						54413		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		1223						
f	Administrative service providers (salaries, fees, commissions)	8f		400						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1623		
i	Net income (loss) (subtract line 8h from line 8c)	8i						52790		
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics	, ,,								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in the in	structions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		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 F	iduciary Correction	10a	Х			17863		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			50000		
d	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.)			10e	X			107		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g		-	•	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 Sch (Form 5500) and line 11a below)		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?	n 302 of			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	d enter t		of the letter Year	ruling
lf y	you 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 '	VII 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 X	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

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 (FRISA) and sections 6057(b) and 6058(a) of the Internal

OMB Nos. 1210-0110 1210-0089

2017

	ment of Labor s Security Administration	— Income Security Act of 197	Revenue Code (the Co		e internai	This Form is Open to			
Pension Benefit	Guaranty Corporation	▶ Complete all entries in	accordance with the in	structions to the Form	5500-SF.	Public Inspection			
		Identification Informatio							
For calendar pl	lan year 2017 or f	iscal plan year beginning	01/01/2017	and ending		31/2017			
A This return/	report is for:	☒ a single-employer plan☐ a one-participant plan				king this box must attach a with the form instructions.)			
B This return/r	eport is	the first return/report	the final return/repo	rt					
		an amended return/report	_ <u>_</u>	'' turn/report (less than 12 r	nonths)				
C Check box i	if filing under:	Form 5558	automatic extension	n	☐ DFVC p	rogram			
Part II B	asic Plan Info	prmation—enter all requested in							
1a Name of pl		mation—enter an requested in	nionnation		1b Three	e_digit			
		, LLC 401(K) PLAN			plan (PN)	number 001			
					II	tive date of plan 1/2012			
Mailing add	tress (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.			2b Empl	oyer Identification Number 91-2161118			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Pete's Milk Delivery, LLC				structions)	2c Sponsor's telephone number 253-736-2278				
27441 68tl	n Ave S					ess code (see instructions)			
Kent		WA 98032							
3a Plan admin	istrator's name a	nd address X Same as Plan Spo	onsor.		3b Admir	nistrator's EIN			
					3c Admir	nistrator's telephone number			
		e plan sponsor or the plan name h	_	•	4b EIN				
a Sponsor's r	name		and the plan humber from	The last return report.	4d PN				
5a Total numb	per of participants	at the beginning of the plan year			5a	17			
		at the end of the plan year				19			
c Number of	participants with	account balances as of the end o	f the plan year (only defin	ed contribution plans	5c	9			
-	•	rticipants at the beginning of the p			5d(1)	15			
		irticipants at the end of the plan ye			5d(2)	15			
than 100%	6 vested	terminated employment during th	· •		5e	0			
Caution: A pen	nalty for the late	or incomplete filing of this retu	rn/report will be assesse	ed uniess reasonable ca					
SB or Schedule		her penalties set forth in the instrund signed by an enrolled actuary, plete.							
SIGN	120	Elle'	9/25/18	Pete Ellis					
	gnature of plan a	administrator	Date	Enter name of individ	lual signing a	as plan administrator			
SIGN HERE	~ ~ ~ ~ · · · · · · · · · · · · · · · ·	walulan anana	D-/-		desert esternis				
510		oyer/plan sponsor ce. see the Instructions for Form 550	Date	⊨nter name of individ	iual signing a	as employer or plan sponsor			

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b Are you claiming a under 29 CFR 252 If you answered	an's assets during the plan year invested in eligi a waiver of the annual examination and report of 20.104-46? (See instructions on waiver eligibility "No" to either line 6a or line 6b, the plan can	an indepe and condi not use Fo	ndent qualified public tions.) orm 5500-SF and mus	account st inste	ant (le	QPA) e Form	5500.		es No
	ned benefit plan, is it covered under the PBGC i					-	-	ш	etermined
	d, enter the My PAA confirmation number from the	ne PBGC p	premium filing for this p	olan yea	r			. (See ins	ructions.)
	al Information		Ι		—т				
7 Plan Assets and L			(a) Beginning				(b) End		
		. 7a		107,	262				160,05
· · · · · · · · · · · · · · · · · · ·	3	+							
C Net plan assets (se	ubtract line 7b from line 7a)	. 7c		107,	262				160,05
8 Income, Expenses	, and Transfers for this Plan Year		(a) Amour	ıt			(b) T	otal	
	ived or receivable from:	. 8a(1)		13,	663				
(2) Participants		8a(2)		21,	004				
(3) Others (includi	ng rollovers)	8a(3)							
b Other income (loss	s)	8b		19,	746				
C Total income (add	lines 8a(1), 8a(2), 8a(3), and 8b)	8c							54,41
	ding direct rollovers and insurance premiums	8d							
e Certain deemed ar	nd/or corrective distributions (see instructions)	8e		1,	223				
f Administrative serv	rice providers (salaries, fees, commissions)	8f		,	100				
g Other expenses		8g							
h Total expenses (ac	Id lines 8d, 8e, 8f, and 8g)	8h							1,62
i Net income (loss) (subtract line 8h from line 8c)	8i							52,79
j Transfers to (from)	the plan (see instructions)	8i							
Part IV Plan Cha	aracteristics	, -,					·······		
L	s pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Chai	acteri	stic Cod	les in the inst	ructions:	
 	s welfare benefits, enter the applicable welfare t	eature cod	es from the List of Pla	n Chara	cteris	tic Code	es in the instru	ictions:	
Part V Complia	nce Questions			• ,			· ·		
10 During the plan y					Yes	No		mount	١
described in 29	re to transmit to the plan any participant contribu CFR 2510.3-102? (See instructions and DOL's V	/oluntary F	iduclary Correction	10a	х				17,863
b Were there any n	onexempt transactions with any party-in-interes	t? (Do not	include transactions	10a		х			
	vered by a fidelity bond?			10c	Х				50,000

...

10	During the plan year:		Yes	No	Amount	V
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	х		1	17,863
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х		
С	Was the plan covered by a fidelity bond?	10c	Х		ŗ	50,000
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		х		
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.)	10e	х			1.07
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-end.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х		
ì	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	Is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions a (Form 5500) and line 11a below)	and complete Sci	hedule S	SB		Yes	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	ne Code or section	on 302 o	f	[Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, segranting the waiver.	e instructions, an Month	d enter		of the le		uling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to l	ine 13.					
b	Enter the minimum required contribution for this plan year		12b				
	c Enter the amount contributed by the employer to the plan for this plan year						
d							
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 b control of the PBGC?	rought under the			Yes	X 1	10
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), is which assets or liabilities were transferred. (See instructions.)	lentify the plan(s) to				
1:	3c(1) Name of plan(s):	13c(2	EIN(s)]	130	(3) P	N(s)
				İ			

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