For	m 5500-SF	Short Form Annu	•	t of Small Employ	OMB Nos. 1210-0110 1210-0089						
	tment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan	4065 of the Employee Reti	tirement 2017						
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Employee Benefits Security Administration Revenue Code (the Code).						This Form is Open to					
Pension Be	enefit Guaranty Corporation	0-SF.	Public Inspection								
Part I		Identification Information									
For calenda	ar plan year 2017 or fis	cal plan year beginning 12/01/2		0	80/2018	ing this have several attach a					
A This ret	urn/report is for:	a single-employer plan		blan (not multiemployer) (Fil mployer information in acco		•					
B This retu	ırn/report is	a one-participant plan									
		the first return/report	he first return/report the final return/report in amended return/report a short plan year return/report (less than 12 months)								
•			(113)								
C Check b	box if filing under:	Form 5558	DFVC p	rogram							
Devit II	Desta Dise la fa	special extension (enter descr	. ,								
Part II		rmation—enter all requested inf	ormation	1	h Thro	digit					
1a Name SUNFRESH	FOODS INC 401K PL	AN			b Three plan	number					
					(PN)	• 001					
				1	C Effec	tive date of plan 12/01/2012					
Mailing	address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C			2b Employer Identification Number (EIN) 91-1431398						
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SUNFRESH FOODS INC				2c Sponsor's telephone number 206-764-0940						
				2	2d Busin	ess code (see instructions)					
125 S KENY SEATTLE, W						311400					
3a Plan a	dministrator's name an	d address X Same as Plan Spor	nsor.	3	3b Admi	nistrator's EIN					
				3	3c Administrator's telephone number						
4 If the r	name and/or EIN of the	plan sponsor or the plan name ha	as changed since the last	return/report filed for	1b EIN						
this pl	an, enter the plan spor	nsor's name, EIN, the plan name a		the last return/report.							
a Spons C Plan N	or's name lame			4	4d PN						
5a Total r	number of participants	at the beginning of the plan year			5a	8					
_		at the end of the plan year			5b	6					
		account balances as of the end of		-	5c	4					
•	,	ticipants at the beginning of the pl			5d(1)	7					
d(2) Tota	al number of active par	ticipants at the end of the plan yea	ar		5d(2)	5					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0					
Caution: A Under pena SB or Sche	alties of perjury and oth	or incomplete filing of this return the penalties set forth in the instruc- id signed by an enrolled actuary, a	n/report will be assessed ctions, I declare that I have	d unless reasonable cause e examined this return/repo	rt, includii	ng, if applicable, a Schedule					
SIGN	Filed with authorized/	JUDY HOGDEN									
HERE	Signature of plan ad		04/15/2019 Date		ividual signing as plan administrato						
SIGN			2410		. signing d						
HERE	Signature of employ	ver/nlan snonsor	Date	Enter name of individua	l signing r	as employer or plan sponsor					
For Paporw		e, see the Instructions for Form 5500			i siyilliy a	Form 5500-SF (2017)					

lotice, see Pape

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			-								
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 a										
	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 cann						_				
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 pl	lan yeai				(See instructions.)			
Pa	rt III Financial Information										
7	Plan Assets and Liabilities	Assets and Liabilities (a) Beginning of Year (b) B									
а	Total plan assets	7a		48761				277793			
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	24	48761				277793			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total				
а	Contributions received or receivable from:										
	(1) Employers	8a(1)		10967							
	(2) Participants	8a(2)	2	24519							
<u> </u>	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b 5253									
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)										
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		11657							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		50							
a	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						11707			
	Net income (loss) (subtract line 8h from line 8c)	8i						29032			
j	Transfers to (from) the plan (see instructions)	8i									
Pa	rt IV Plan Characteristics	3)									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Chai	acteris	stic Co	des in the ins	structions:			
	2E 2F 2G 2J 2K 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Pla	n Chara	cterist	ic Cod	es in the inst	ructions:			
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V										
	Program)	-		10a		x					
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions								
	reported on line 10a.)			10b		Х					
C	Was the plan covered by a fidelity bond?			10c		X					
C	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	ond, that was caused								

by fraud or dishonesty?

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.)....

 ${f f}$ Has the plan failed to provide any benefit when due under the plan?

g

h

i

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

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

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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10d

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Page **3-** 1

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	1 ×	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	:(3) P	'N(s)

SUNFRESH FOODS, INC

	yee	MB Nos, 1210-0110 1210-0089								
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and 4	065 of the Employee Re	tirement		2017				
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		e internal This Form is Op						
Pension Benefit Guaranty Corporation	- . Complete all entries in	accordance with the insta	<i>,</i>	5500-SE Public Inspection						
Part I Annual Report	Identification Information		actions to the Form 35	00-3r.						
For calendar plan year 2017 or fis		12/01/2017	and ending	117	30/2018	}				
	⊠ a single-employer plan	a multiple-employer pla	an (not multiemployer) (F	ilers checkl	ing this box	must attach a				
A This return/report is for:	a one-participent plan	[™] list of participating em ∏ a foreign plan	ployer information in acc	ordance wi	th the form	instructions.)				
B This return/report is										
· ····································	the first return/report	the final return/report								
	an amended return/report	a short plan year return	vreport (less than 12 mo	nths)						
C Check box if filing under:	Form 5558	automatic extension	Г	DFVC pr	ooram					
	Special extension (enter desc		L							
Part II Basic Plan Info	rmation—enter all requested in	10 · · /								
1a Name of plan	The all equested at		1	1b Three	-diait					
SUNFRESH FOODS INC 4	ומוא פי.אא				umber					
CONTINUES FOOD INC 4			L	(PN)		001				
				1c Effect						
3 - Dise second a second second					01/2012					
2a Plan sponsor's name (employ Mailing address (include room	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C), Box)		2b Employer Identification Number						
City or town, state or province	e, country, and ZIP or foreign post	al code (If foreign, see instr	uctions)	(EIN)91-1431398						
SOMEKESH POODS INC			ľ	2c Sponsor's telephone number (206) 764-0940						
			F	2d Business code (see instructions)						
125 S KENYON ST					,-	,				
SEATTLE		5.7.7	00100							
			98108	3114						
3a Plah administrator's name an	d address 🛛 Same ias Plan Spo	⊓30 Γ.		3b Admin	istrator's E	IN				
				3c Admin	iistrator's te	lephone number				
	plan sponsor or the plan name h			4b EIN						
this plan, enter the plan spon	plan sponsor or the plan name h isor's name, EIN, the plan name a		e last return/report.							
this plan, enter the plan spon a Sponsor's name			e last return/report.	4b EIN 4d PN						
this plan, enter the plan spon			e last return/report.							
this plan, enter the plan spon a Śponsor's hame c Plan Name	sor's name, EIN, the plan name a	and the plan number from th	e last return/report.	4d PN						
this plan, enter the plan spon a Śponsor's namę c Plan Name 5a Total number of participants	sor's name, EIN, the plan name a at the beginning of the plan year .	and the plan number from th	e last retum/report.	4d PN 5a						
this plan, enter the plan spor a Śponsor's name c Plan Name 5a Total number of participants a b Total number of participants with a	at the beginning of the plan year at the beginning of the plan year at the end of the plan year	and the plan number from th	e last return/report.	4d PN						
 this plan, enter the plan spon a Sponsor's name c Plan Name 5a Total number of participants a b Total number of participants a c Number of participants with a complete this item) 	isor's name, EIN, the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of	and the plan number from th	e last return/report.	4d PN 5a 5b 5c						
 this plan, enter the plan spon a Sponsor's name c Plan Name 5a Total number of participants a b Total number of participants with a complete this item)	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the plan	and the plan number from th the plan year (only defined	e last return/report.	4d PN 5a 5b 5c 5d(1)						
this plan, enter the plan spon a Śponsor's name c Plan Name 5a Total number of participants a b Total number of participants with a complete this item) d(1) Total number of active participants d(2) Total number of active participants and active participants active participants and active participants and active participants and active participants active participants and active participants a	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the plan ticipants at the end of the plan year	and the plan number from th the plan year (only defined lan year	e last return/report.	4d PN 5a 5b 5c 5d(1) 5d(2)						
 this plan, enter the plan sport à Śponsor's name c Plan Name b Total number of participants a c Number of participants with a complete this item) d(1) Total number of active participants who is number of participants who is number of participants are completed by the statement of active participants are number of participants who is n	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the plan ticipants at the end of the plan year terminated employment during the	and the plan number from th the plan year (only defined lan year ar	e last return/report.	4d PN 5a 5b 5c 5d(1)						
 this plan, enter the plan spon a Sponsor's name c Plan Name 5a Total number of participants is b Total number of participants with a complete this item)	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the plan ticipants at the end of the plan year terminated employment during the or incomplete filing of this return the penalties set forth in the instruct d signed by an enrolled actuary, a	and the plan number from the plan year (only defined an year	e last retum/report.	4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is estab ort, includin	g, if applica	ible, a Schedule				
 this plan, enter the plan spon a Sponsor's name c Plan Name 5a Total number of participants is b Total number of participants with a complete this item)	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the plan ticipants at the end of the plan year terminated employment during the or incomplete filing of this return the penalties set forth in the instruct d signed by an enrolled actuary, a	and the plan number from the plan year (only defined an year	e last return/report. contribution plans nefits that were less unless reasonable cause examined this return/rep sion of this return/report,	4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is estab ort, includin	g, if applica best of my	ble, a Schedule knowledge and				
this plan, enter the plan spon a Sponsor's name c Plan Name 5a Total number of participants is b Total number of participants with a complete this item)	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the plan ticipants at the end of the plan year terminated employment during the princomplete filing of this return the penalties set forth in the instruct disigned by an enrolled actuary, a lete.	and the plan number from the plan year (only defined an year	e last return/report. contribution plans nefits that were less unless reasonable cause examined this return/rep sion of this return/report,	4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is estable ort, includin and to the <i>Raff</i>	g, if applica best of my	ible, a Schedule knowledge and				
this plan, enter the plan spon a Sponsor's name C Plan Name 5a Total number of participants and b Total number of participants with a complete this item) d(1) Total number of active part d(2) Total number of active part e Number of participants who than 100% vested Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the plan ticipants at the end of the plan year terminated employment during the or incomplete filing of this return ter penalties set forth in the instruct d signed by an enrolled actuary, a lete.	and the plan number from the plan year (only defined an year (only defined an year	e last return/report. contribution plans nefits that were less unless reasonable cause examined this return/rep sion of this return/report,	4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is estab ort, includin and to the Raff Raff Se	g, if applica best of my AMS: Splan adm	knowledge and				

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SUNFRESH FOODS, INC

	Form 5500-SF 2017		Page 2								
b	Were all of the plan's assets during the plan year invested in eligit. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility 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 If "Yes" is checked, enter the My PAA confirmation number from the	an indepe and cond sot use Fe hsurance (endent qualified public a itions.) xm 5500-SF and mus program (see ERISA so	account t Inste ection 4	ant (10 ad use (021)?	2PA) • Form	15500.]Yes ∏No	Not de	es No es No etermined tructions.)		
Pa	rt III Financial Information										
7	Plan Assets and Llabilities		(a) Beginning (of Your	. 1		(b) End	of Voor			
a	Total plan assets	7a		248,			(8) 610		277,793		
b	Total pian liabilities	76	ł								
C	Net plan assets (subtract line 7b from line 7a)	7ç		248,	761				277,793		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun		- 1		(b) T				
а	Contributions received or receivable from: (1) Employers	8=(1)		10,	967						
	(2) Participants	8a(2)		24,	_						
	(3) Others (Including rollovers)	8a(3)	· · · · ·								
Ь	Other Income (loss)	8b		5,	253		lan an tao an				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							40,739		
	Benefits paid (including direct rollovers and Insurance premiums to provide benefits)	8d	kindeni er den konstruktur.	11,	657						
e	Certain deemed and/or corrective distributions (see instructions)	89									
f	Administrative service providers (seleries, fees, commissions)	8f		50							
a	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	and a start when a				et a state of a state		11,707		
i	Net income (loss) (subtract line 8h from line 8c)	8i		ar fan 1967. An de fan de An de fan de			29,03				
j	Transfers to (from) the plan (see instructions)	6)									
Pa	t IV Plan Characteristics	-1							•••••••		
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for										
· · · · ·	t V Compliance Questions					г <u></u>					
10	During the plan year:				Yes	No	· · · · · · · · · · · · · · · · · · ·	Imount			
а	Was there a fallure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary {	-iduciary Correction	10a		x					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	105		x					
c				10c		x					
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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.)	ner person ne or all of	s by an insurance the benefits under	10a	x				240		
f	Has the plan failed to provide any benefit when due under the pla			10f		х					
g	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.)	(See instr	uctions and 29 CFR	10g		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	he require	d notice or one of the	10i							

Form 5500-SF 2017

Page 3-

Part	Vie Pension Funding Compliance					
11	Is this a defined banefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule \$	\$ B		Yes 2	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 c	f		Yes 🕅] No
	(t "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the walver.	i enter Da		of the le Yea		9
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
Ь	Enter the minimum required contribution for this plan year	1 2 b				
C	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)	128				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N//	Å
Part	VII Plan Terminations and Transfers of Assets					
13a	Mas a resolution to terminate the plan been adopted in any plan year?		Ye:	s X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
Ь	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	
C	If, during this plan year, any assets or flabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or flabilities were transferred. (See instructions.)	l to				
1	3c(1) Name of plan(s): 13c(2)	ElN(a)		130	(3) PN(a	i)