Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	<u>n</u>									
For calend	lar plan year 2018 or f	iscal plan year beginning 01/01/2	/2018		and ending 12	2/31/2018						
A This re	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		eign plan				,				
B This ret	urn/report is	the first return/report	the fir	nal return/report								
		an amended return/report	a sho	a short plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	auto	matic extension		DFVC pro	gram					
		special extension (enter desc	cription)									
Part II	Basic Plan Info	ormation—enter all requested in	nformation									
1a Name	of plan					1b Three-	-digit					
	INC 401K PLAN					plan n (PN)		001				
						1c Effecti		plan /1990				
22 Plan 6	enoncor's namo (omple	oyer, if for a single-employer plan)				2h Emplo						
Mailin	g address (include roo	om, apt., suite no. and street, or P.C	O. Box)	familiar and taken	('\)	(EIN)		ication Number 889308				
AGRISHOP	•	ce, country, and ZIP or foreign post	stai code (if	foreign, see instru	ictions)	2c Spons	or's telepl	none number				
AGRISHUP	INC						253-833	-0870				
						2d Busine	ess code (s	see instructions)				
308 W MAIN AUBURN, W							44420	00				
7.0001.11, T	77.00007											
3a Plan a	administrator's name a	nd address X Same as Plan Spo	onsor.			3b Admin	istrator's F	EIN				
						3c Administrator's telephone number						
4 If the	name and/or FIN of th	e plan sponsor or the plan name h	has change	d since the last re	turn/report filed for	4b EIN						
this p	lan, enter the plan spo	onsor's name, EIN, the plan name a										
•	sor's name					4d PN						
C Plan N	Name											
5a Total	number of participants	s at the beginning of the plan year.				5a		26				
b Total	number of participants	s at the end of the plan year				5b		26				
		account balances as of the end of		, ,	·	5c		10				
d(1) Tot	tal number of active pa	articipants at the beginning of the pl	olan year			5d(1)		25				
d(2) Total number of active participants at the end of the plan year						5d(2)		25				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e		0				
Caution: A	A penalty for the late	or incomplete filing of this return	rn/report w	vill be assessed u	ınless reasonable cau	use is establ	ished.					
SB or Scho	alties of perjury and of edule MB completed a true, correct, and com	ther penalties set forth in the instruind signed by an enrolled actuary, aplete.	uctions, I de as well as	eclare that I have e the electronic vers	examined this return/re sion of this return/repor	port, including t, and to the l	g, if applic best of my	able, a Schedule knowledge and				
SIGN Filed with authorized/valid electronic signature. 04/30/2019 DARREN JONES												
HERE	Signature of plan a	administrator		Date	Enter name of individ	ual signing as	s plan adn	ninistrator				
SIGN												
HERE	Signature of emplo	oyer/plan sponsor		Date	Enter name of individ	ual signing as	s employe	r or plan sponsor				

Form 5500-SF (2018) Page **2**

c It the plan is a defined benefit plan, is it covered under the PBSC insurance program (see ERISA section 4021)?		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.									
7		If "Yes" is checked, enter the My PAA confirmation number from th					_	-			
a Total plan assets	Pa	rt III Financial Information									
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year		
C Net plan assets (subtract line 7b from line 7a)	<u>a</u>	Total plan assets	7a	6	44126				604733		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b	Total plan liabilities	7b		0				0		
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Net plan assets (subtract line 7b from line 7a)	7c	6	44126				604733		
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total		
(3) Other including rollovers)	a		8a(1)		0						
b Other income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C E Certain deemed and/or corrective distributions (see instructions). Be		(2) Participants	8a(2)		6272						
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>b</u>	Other income (loss)	8b		43615						
e Certain deemed and/or corrective distributions (see instructions) 8e	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-37343				
f Administrative service providers (salaries, fees, commissions)	d	, , ,	. 8d		0						
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c) i Net income (loss) (subtract line 8h from line 8c) i Net income (loss) (subtract line 8h from line 8c) 8i -39393 j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, 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). 10	f	Administrative service providers (salaries, fees, commissions)	8f		2050						
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0						
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2050		
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, 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). 10a X 80000 d Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10b X 673 f Has the plan failed to provide any benefit when due under the plan? 2520.101-3.) 10h X	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-39393		
9a	j	Transfers to (from) the plan (see instructions)	8j	8j							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, 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 Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Pai	t IV Plan Characteristics									
Part V Compliance Questions 10 During the plan year: a 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)	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ins	tructions:		
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, 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 Has the plan failed to provide any benefit when due under the plan? 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 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	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 instr	uctions:		
a 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)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No		Amount		
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b				10b		Χ				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, 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 Has the plan failed to provide any benefit when due under the plan? 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 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	С	Was the plan covered by a fidelity bond?			10c	X			80000		
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.)	d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			10d		Х				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 3604 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	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			10e	Х			673		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the plan?			10f		X				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the					10g	X			3604		
· · · · · · · · · · · · · · · · · · ·	h	2520.101-3.)	· ·····		10h		X				
	i	·	•		10i						

Form 5500-SF (2018)	Page 3- 1
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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 (Form 5500) and line 11a below)			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 se ERISA?		of	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year
lf y	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		
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?		Ye	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 control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)

Form 5500-SF

Department of the Treesury 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

2018

This Form is Open to Public Inspection

Part I	Annual Repo	rt Identification Information	01/01/2018	and ending	12/	31/2018			
For calendar	plan year 2018 or	fiscal plan year beginning	a multiple-employer pla						
▲ This refur	n/report is for:	X a single-employer plan	list of participating em	ployer Information in acc	ordance wi	th the form	Instructions.)		
A THIS LOCAL	op ott to tott	a one-participant plan	a foreign plan						
B This return	n/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	/report (less than 12 mo	nths)				
C Check ho	x if filing under:	☐ Form 5558	automatic extension	Г	DFVC pr	ogram			
O OHOUR DO		special extension (enter des		-	_				
Part II	Basic Plan In	formation—enter all requested l							
1a Name of		TOTTIMATOTI SINO, STITLE SINO			1b Three				
	P INC 401K	PLAN			plan r (PN)	number	001		
					1c Effect	tive date of	plan		
Malling	addrose (Include r	ployer, if for a single-employer plan) dom, apt., suite no. and street, or P.	O Box)			oyer Identifi 91-0889	cation Number		
City or to	own, state or prov	ince, country, and ZIP or foreign por	stal code (if foreign, see instr	uctions) -		sor's teleph 3)833-0	none number 0870		
				Ī	2d Busin	ess code (s	see Instructions)		
308 W M	AIN STREET								
AUBURN			WA	98001	444200				
3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN				
		N	has shanged along the last re	sturn/report filed for	4b EIN		1		
4 If the na	ime and/or EIN of n. enter the plan s	the plan sponsor or the plan name ponsor's name, EIN, the plan name	nas changed since the last re and the plan number from th	e last return/report.					
a Sponsor		, , ,	,		4d PN	X			
c Plan Na	me								
5a Total ni	umber of participa	nts at the beginning of the plan year	ſ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5a		20		
		nts at the end of the plan year		1	5b	l line	20		
c Number	r of participants w	Ith account balances as of the end of	of the plan year (only defined	contribution plans	5c		10		
,	· ·	participants at the beginning of the		- 1	5d(1)		25		
		participants at the end of the plan y			5d(2)	L	25		
e Numbe	er of participants v	ho terminated employment during t	he plan year with accrued be	nefits that were less	5e		(
than 10	00% vested	te or incomplete filing of this retu	un/report will be assessed	unless reasonable cau	ise is estal	blished.			
Under penal SB or Scheo	tles of perlury and	other penalties set forth in the instr d and signed by an enrolled actuary	ructions. I declare that I have	examined this return/rea	port, includi	ng, if applic	able, a Schedule knowledge and		
SIGN	Wann /	A		DARREN	JONES				
HERE	Signature of pla	n administrator	Date 4 / 20 / 19	Enter name of individu		as plan adn	ninistrator		
SIGN	anginatare of pra	, amiliaman	1/3//	- Marine of marvior		Transfer Grant			
HEDE	Signature of em	ployer/plan sponsor	Date	Enter name of Individu	ual signing	as emplove	r or plan sponsor		
		otice, see the Instructions for Form 55					orm 5500-SF (2018)		

Form	5500-	SE	/201R
1 01111	0000	01	(2010

Page 2

b	Were all of the plan's assets during the plan year invested in eligib 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 ir If "Yes" is checked, enter the My PAA confirmation number from the	an indepen and conditi ot use For nsurance pi	dent qualified public ar ons.) m 5500-SF and must ogram (see ERISA se	instea ction 4	ant (IQ d use 021)?	PA) Form 550	Yes No No Not determined
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Danimina a	f Vaar		_	(h) End of Voca
- <u>'</u>	Total plan assets	70	(a) Beginning o	544,			(b) End of Year 604, 733
	Total plan liabilities	7a 7b			0		0
	Net plan assets (subtract line 7b from line 7a)	7c	6	544,3	26		604,733
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		-		(b) Total
	Contributions received or receivable from:		(a) Aniount		-		(b) Total
	(1) Employers	8a(1)			0		
	(2) Participants	8a(2)		6,2	272		
	(3) Others (including rollovers)	8a(3)			0		
b	Other income (loss)	8b		-43,6	515	i ali	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-			-37,343
d	Benefits paid (including direct rollovers and insurance premiums	0.4			0		
	to provide benefits)	8d			0		
	Certain deemed and/or corrective distributions (see instructions)	8e		2,050			
	Administrative service providers (salaries, fees, commissions)	8f		2,030			
	Other expenses	8g					2,050
	Total expenses (add lines 8d, 8e, 8f, and 8g)						-39,393
÷	Net income (loss) (subtract line 8h from line 8c)	8i		_	-	-	337030
J	Transfers to (from) the plan (see instructions)	8j					
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 f						
Pai					Γ		
_10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	/oluntary F	iduciary Correction	10a		Х	
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	•		10b		Х	
C	Was the plan covered by a fidelity bond?			10c	Х		80,000
	by fraud or dishonesty?			10d		Х	
e	 Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.) 	ne or all of	the benefits under	10e	Х		673
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х	
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g	Х		3,604
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ections and 29 CFR	10h		Х	
	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i			

-	_	Form 5500-SF (2018) Page 3-					
Part	VI	Pension Funding Compliance					
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an orm 5500) and line 11a below)	d complete Sch	edule S	В	_ Y	es X No
11a	Ent	ter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is t	this a defined contribution plan subject to the minimum funding requirements of section 412 of the ISA?	Code or sectio	n 302 o		Y	es X No
a	lf a	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see nting the waiver.		d enter t		the letter	ruling
If	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ne 13.				
b	Ente	er the minimum required contribution for this plan year		12b			
С С	Ente	er the amount contributed by the employer to the plan for this plan year		12c			
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the gative amount)		12d			
е	Will	I 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	s 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	We	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brother of the PBGC?	ought under the			Yes X	No
С	If, c	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide ich assets or liabilities were transferred. (See instructions.)					

13c(1) Name of plan(s):

13c(2) EIN(s)

13c(3) PN(s)