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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information							
For calend	lar plan year 2018 or fi	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018				
A This re	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.)								
D. Trick	,	a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	the final return/report						
an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am			
		special extension (enter descr	. ,						
Part II	Basic Plan Info	ormation—enter all requested inf	ormation						
1a Name SID'S SUPE	of plan ERMARKET, INC. 401((K) PLAN			1b Three-dig plan num (PN) ▶				
					1c Effective	date of plan 01/01/1982			
		oyer, if for a single-employer plan)	, Payl			Identification Number			
		m, apt., suite no. and street, or P.Oce, country, and ZIP or foreign post		ructions)	(EIN)	91-0780890			
SIDS SUPE	RMARKET, INC.					s telephone number 60-642-3737			
					2d Business	code (see instructions)			
4410 PACIF SEAVIEW, V					445110				
,									
3a Plan a	administrator's name a	nd address 🛛 Same as Plan Spor	nsor.		3b Administr	ator's EIN			
					3c Administr	rator's talanhana numbar			
					JC Administr	rator's telephone number			
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN				
	sor's name	Tion o Hame, Env, the plan hame a	na the plan namber nom t	ino last rotarri roport.	4d PN	-			
C Plan N	Name								
5a Total	number of participants	s at the beginning of the plan year			5a	34			
_		s at the end of the plan year			5b	36			
C Numb	per of participants with	account balances as of the end of	the plan year (only defined	d contribution plans	5c	19			
'	,	articipants at the beginning of the pla			5d(1)	25			
		articipants at the end of the plan yea	-		5d(2)	26			
		terminated employment during the			5e	1			
than	100% vested	an in a manifest filling of this nature	· · · · · · · · · · · · · · · · · · ·						
Under pen SB or Scho	alties of perjury and ot	or incomplete filing of this return ther penalties set forth in the instruc- and signed by an enrolled actuary, a plete.	tions, I declare that I have	e examined this return/re	port, including, i	f applicable, a Schedule			
SIGN		l/valid electronic signature.	05/24/2019	SIDNEY SNYDER JR					
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as p	lan administrator			
SIGN									
HERE	Signature of employer/plan sponsor Date Enter name of individual signing as employer or p								

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

Part III Financial Information Financial Information	ccountant (IQPA)	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.)							
7 Plan Assets and Liabilities	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determine								
a Total plan assets							rt III Financial Information	Part	
b Total plan liabilities	of Year (b) End of Year	ear ear	of Yea	(a) Beginning			Plan Assets and Liabilities	7 P	
C Net plan assets (subtract line 7b from line 7a)	15330 1064200	30	45330	10	7a		Total plan assets	a ⊺	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or received from: (1) Employers	0	0	0		7b		Total plan liabilities	b ⊺	
a Contributions received or receivable from: (i) Employers	15330 1064200	30	45330	10	7c	a)	Net plan assets (subtract line 7b from line 7a)	C N	
(1) Employers	t (b) Total		nt	(a) Amour		an Year	Income, Expenses, and Transfers for this Plan	8 Ir	
(3) Others (including rollovers)	39506	506	39506		8a(1)				
b Other income (loss)	3085	85	43085		8a(2)		(2) Participants	(2	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					8a(3)		(3) Others (including rollovers)	(3	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	50328	28	60328	-	8b		Other income (loss)	b 0	
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f Administrative service providers (salaries, fees, commissions) 8f Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i 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 3D 2K 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X C Was the plan nave 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 have any participant loans? (If "Yes," enter amount as of year-end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	22263				8c	and 8b)	Total income (add lines 8a(1), 8a(2), 8a(3), an	C T	
f Administrative service providers (salaries, fees, commissions)	1947)47	1947		8d	•			
g Other expenses					8e	ns (see instructions)	Certain deemed and/or corrective distributions	e 0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	1446	46	1446		8f	es, commissions)	Administrative service providers (salaries, fees	f A	
i Net income (loss) (subtract line 8h from line 8c)					8g		Other expenses	g c	
Part IV Plan Characteristics	3393				8h)	Total expenses (add lines 8d, 8e, 8f, and 8g)	h T	
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 3D 2K 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	18870				8i	8c)	Net income (loss) (subtract line 8h from line 8d	iΝ	
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 3D 2K					8j	s)	Transfers to (from) the plan (see instructions).	j⊤	
Description Part V Compliance Questions									
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)	an Characteristic Codes in the instructions:	Characteri	lan Cha	odes from the List of P	feature co	the applicable pension		9a	
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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c 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? 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 X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	n Characteristic Codes in the instructions:	haracteris	n Char	les from the List of Pla	eature cod	he applicable welfare f	If the plan provides welfare benefits, enter the	b	
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)							t V Compliance Questions	Part	
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Yes No Amount	Yes	_						
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10a X	0a	10a	iduciary Correction	/oluntary F	structions and DOL's \	described in 29 CFR 2510.3-102? (See insti	а	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				include transactions	t? (Do not	ith any party-in-interes	Were there any nonexempt transactions with	b	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10c X 130000	nc X	10c				Was the plan covered by a fidelity bond?	С	
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.)				nd, that was caused	fidelity bo	imbursed by the plan's	Did the plan have a loss, whether or not reim	d	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10e X	0e	10e	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				е	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10f X	Of	10f		ın?	when due under the pla	Has the plan failed to provide any benefit who	f	
	10g X 845	0g X	10g						
2520.101 0.)	10h X	0h	10h				2520.101-3.)		
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	0i	10i		•	•	•		

Form 5500-SF (2018)	Page 3 - 1
1 3.111 3333 3.1 (23.13)	i ago 🗸 📑

Part	VI Pension Funding Compliance								
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
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?		:	Y	es 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, and granting the waiver	d enter t Day		of the lette Year _	r ruling				
lf :	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?									
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 (ERISA), and sections 6057(b) and 6058(a) of the Internal

OMB Nos. 1210-0110 1210-0089

2018

Employee Denefite Security Administration		Revenue Code (the Code	·).		This Form is Open to Public inspection
Pension Benefit Guaranty Corporation	► Complete all antries in		uctions to the Form 550	00-SF.	
Part I Annual Report	Identification Information			3676	2. /2/10
For calendar plan year 2018 or fit	scal plan year begioning	01/01/2018	and ending		1/2 <u>018</u>
A This return/report is for:	X a single-employer plan a one-participant plan	☐ a multiple-employer pi list of participating er ☐ a foreign plan	an (not multlemployer) (F nployer information in acc	ordence W	ling this box must atlach a Ith the form instructions.)
B This return/report is		_ *·			
in include toportio	the first return/report	the final return/report			
	an amended return/report	a short plan year relui	n/report (less than 12 mo	mins)	
C Check box If filing under:	Form 5558	automatic extension	[DFVC p	rogram
	special extension (enter desc	ription)			·
Part II Basic Plan Info	rmation—enter ell requested in	lomation		***	
12 Name of plan SID'S SUPERMARKET	r, INC. 401(k) PLAN			1b Thre plan (PN)	number
				1c Effec	nive date of plan 01/1992
Malling address (include roo	oyer, if for a single-employer plan) m, apt., suite no, and street, or P.	O. Box)	Lystlana		loyer Identification Number) 91–0780890
City or town, state or provinc SIDS SUPERMARKET,	ce, country, and ZIP or foreign pos , INC .	(al code (il foreign, see ins	vucuons)	360	nsor's telephone number 0-642-3737
4410 Pacific Way				2d Busi	ness coda (see instructions)
SEAVIEW	WA 986	44		445	110
3a Plan administrator's name a	nd address 🐰 Samo as Plan Spo	oneor.	A. T.	3b Adm	inistrator's EIN
				3c Adm	inistrator's telephono number
4 If the name and/or EIN of the	e plan aponsor or the plan name onsor's name, EIN, the plan name	has changed since the last and the plan number from	return/report filed for the last return/report.	4b EiN	A) a
a Sponsor's name c Plan Name				4d PN	
en e		•		5a	34
	s at the beginning of the plan year s at the and of the plan year			5b	36
 Number of participants with 	s at the end of the plan year	if the plan year (only define	d contribution plans	5c	19
	articipants at the beginning of the			5d(1)	25
· · ·	articipants at the end of the plan y			5d(2)	26
Number of participants wh Number of participants when	o terminated employment during t	he plan year with accrued	benefite that were loss	5e	1
Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed	s or Incomplete filling of this retu other penalties set forth in the Instr and signed by an enrolled actuary	irn/report will be assesse	d unless reasonable ca	OOTL HICKI	TRIC II Abbiirdhiol a concant
helief, it is true, correct, and cor	0 - 0-	5/24/19	Sidney Snyder	Jr	
SIGN Signature of plan	artministrator	Date	Enter name of individ	dual signing	as plan administrator
	REMAINS NAME OF THE PARTY OF TH	Service .		***************************************	
SIGN HERE Simulator of amp	loyar/plan sponsor	Date	Enter name of individ	dual signing	as emplayer or plan sponsor
Soy Personark Reduction Act Not	logampian sponsor lice, see the instructions for Form 5		1 1	· · · · · · · · · · · · · ·	Form 5500-8F (2018)

	Form 5500-9F (2018)		Page 2	mt m					
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you olaiming a walver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on walver eligibility and conditions.) If you answered "No" to olther line 6s or line 6s, the plan cannot use Form 5500-SF and must instead use Form 5500.							X Yes [No No
	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	surance p	rogram (see ERISA se	cilon 40	21)? .			Not determ	
Pa	rt III Financial Information .				т-			1	
7	Plan Assets and Liabilities		(a) Beginning o				(b) End	of Year	
a		7à	1,0	045,3	30			1,064	1,200
	Total plan liabilities	7b		045 1	0			1,064	200
	Not plan assets (subtract line 7b from line 7a)	7c		045,3	330				1,200
.8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ţ.			(d)	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		39,5	506				
	(2) Participants.	8a(2)		43,0	085				
<u> </u>	(3) Others (including rollovers)	8a(3)							
ь	Other income (loss)	8b		-60,3	328				
*	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						22	2,263
d		1			147	•		,	
	to provide benefita)	- 8d		1,5	24 [
	Certain deemed and/or corrective distributions (see instructions)			1 1	146		<u></u>		
	Administrative service providers (salaries, focs, commissions)	†		1,	146				
9_		8g			}		<u>, , , , , , , , , , , , , , , , , , , </u>		3,393
	Total expenses (add lines 8d, 8e, 8f, and 8g)	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					8,870
<u> </u>	Net Income (loss) (subtract line 8h from line 8c)	1			 -		, , , , , , , , , , , , , , , , , , , 		0,010
	Transfers to (from) the plan (see instructions)	Bj Bj		,					
9a b	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 2K If the plan provides welfare benefits, enter the applicable welfare to								···
	rt V Compliance Questions	4.1.						·	
10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		······································		Yes	No		Amount	
***************************************	During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-1027 (See Instructions and DOL's Program)	Voluntary i	Elduciary Correction	10a		х			
	Were there any nonexempt transactions with any party-in-interes					х	,		
	reported on line 10a.)			10b					
(Was the plan covered by a fidelity bond?		/13[*j***********************************	10c	x			1.3	0,000
(Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bo	ond, that was caused	10d		Х			
	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ue ot all o	f the benefits under	10e		х			
	Has the plan falled to provide any benefit when due under the plant the plan	∌n?		10f		Х			······································
	g Did the plan have any perticipant loans? (If "Yes," enter amount	as of year-	end.)	10g	X		,		845
	h If this is an individual account plan, was there a blackout period? 2520,101-3.)	(See Inst	uctions and 29 CFR	10h		х			
P#477	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the				<u> </u>		 .

	Form 5500-SF (2018)	Page 3-						
Part \	/I Pension Funding Compliance							
	(Form 5500) and line 11a below)	um funding requirements? (If "Yes," see Instructions and	*******************************	1			Yes [_	
11a	Enter the unpaid minimum required contribut	ions for all years from Schedule SB (Form 5500) line 40		11a				1
12	is this a defined contribution plan subject to	the minimum funding requirements of section 412 of the C	Code of section	1 302 01			Yes X	No
— <u>a</u>	(If "Yes," complete tine 12s or lines 12b, 12c If a walver of the minimum funding standard	ior a prior year is being amortized in this plan year, see in	structions, and	enter t	he date of	the latt Year	er ruling)
	granting the waiver.	, and 10 of Schedule MB (Form 5500), and skip to line	13.					
				12b		,		
		is plan year	ì	120				_
d	Subtract the amount in line 12c from the amount	ount in line 12b. Enter the result (enter a minus sign to the	e left of a	12d			<u> </u>	
	Will the minimum funding amount reported a	n line 12d be met by the funding deadline?		<u> </u>	Yes	No	∐_N//	<u> </u>
Part								
		pted in any plan year?	944		Yes	X	No	
104		that reverted to the employer this year		13a				
b	Were all the plan assets distributed to partic	pants or beneficiaries, transferred to another plan, or bro	ught under the	453355187**		Yes	Νο Νο	
c	If, during this plan year, any assets or liability which assets or liabilities were transferred.	ies were transferred from this plan to another plan(s), Ide	ntify the plan(s) to				
	13c(1) Name of plan(s):		13c(2) EIN(s)	13¢	(3) PN(5)
	Tact I) Hanse or plantay.				ļ			
			·					***************************************
		<u></u>	<u> </u>					