Form 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be filed		065 of the Employee Ret	tirement	2018	
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (	ERISA), and sections 605 Revenue Code (the Code		nternal	This Form is Open to	
Pension Benefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 550	00-SF.	Public Inspection	
	Identification Information					
For calendar plan year 2018 or f	iscal plan year beginning 01/01/20			31/2018		
<b>A</b> This return/report is for:	X a single-employer plan	list of participating em			king this box must attach a ith the form instructions.)	
<b>B</b> This return/report is	a one-participant plan	a foreign plan				
	the first return/report	the final return/report				
	an amended return/report	a short plan year return	n/report (less than 12 mor	nths)		
<b>C</b> Check box if filing under:	Form 5558	automatic extension		DFVC p	rogram	
	special extension (enter descri	ption)				
Part II Basic Plan Info	ormation—enter all requested info	ormation				
1a Name of plan				1b Three	e-digit number	
E&E FOODS, INC. 401(K) PROF	IT SHARING PLAN			(PN)		
		· · ·	tive date of plan			
<b>22</b> Dian anangor'a nama (amni	over if for a single employer plan)			2h	01/01/2004	
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.			(EIN)	oyer Identification Number 81-3259090	
City or town, state or provin E&E FOODS, INC.	ce, country, and ZIP or foreign posta	l code (if foreign, see instr	uctions)	2c Spor	sor's telephone number 206-812-3361	
				2d Busir	ness code (see instructions)	
900 POWELL AVENUE SW RENTON, WA 98057					311710	
<b>3a</b> Plan administrator's name a	nd address 🛛 Same as Plan Spon	sor.		<b>3b</b> Admi	nistrator's EIN	
			-	3c Admi	nistrator's telephone number	
	e plan sponsor or the plan name ha			4b EIN		
this plan, enter the plan spo <b>a</b> Sponsor's name	onsor's name, EIN, the plan name ar	nd the plan number from th		<b>4d</b> PN		
C Plan Name						
5a Total number of participants	s at the beginning of the plan year			5a	103	
	s at the end of the plan year			5b	127	
	account balances as of the end of the		·····	5c	66	
<b>d(1)</b> Total number of active pa	articipants at the beginning of the pla	ın year		5d(1)	96	
•••	articipants at the end of the plan yea			5d(2)	113	
than 100% vested	o terminated employment during the	•		5e	0	
Caution: A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable caus			
	ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete.					
	d/valid electronic signature.	07/15/2019	SYLVIA CRUZ			
HERE Signature of plan	administrator	Date	Enter name of individua	al signing a	as plan administrator	
SIGN						
	oyer/plan sponsor	Date	Enter name of individua	al signing a	as employer or plan sponsor	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

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<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b 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.)</li> </ul>								
	If you answered "No" to either line 6a or line 6b, the plan cannot				X Yes No			
С	If the plan is a defined benefit plan, is it covered under the PBGC insu	irance p	rogram (see ERISA section 4021)?	Yes No	Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from the P				(See instructions.)			
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Vear			

7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year			
а	Total plan assets	7a	246	61115			2742463			
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	246	61115			2742463			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
а	Contributions received or receivable from:	8a(1)		60358						
	<ol> <li>(1) Employers</li> <li>(2) Participants</li> </ol>	8a(2)		91497						
	(3) Others (including rollovers)	8a(3)		6513						
b	Other income (loss)	8b	-9	90763						
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					367605			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		19491						
е	Certain deemed and/or corrective distributions (see instructions)	8e	4	49416						
f	Administrative service providers (salaries, fees, commissions)	8f		17350						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					86257			
<u>    i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					281348			
j	Transfers to (from) the plan (see instructions)	8j								
Pa	t 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 Chai	racteris	stic Co	odes in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Cor	les in the instructions:			
				enare						
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	1 ,1 1									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest									
	reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	X		500000			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
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.)	ne or all of	the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х				
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		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X 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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	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 ative amount)		12d				
e	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 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 brou trol of the PBGC?	ght under the			Yes	X N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		13	<b>:(3)</b> PN	۱(s)

Form 5500-SF	Short Form Ann	ual Return/Rep	port of Small Em	MB Nos. 1210				
Internal Revenue Service	This form is required to be 60				·			
Department of Labor	Income Security Act of 197	4 (ERISA), and sections	and 4065 of the Employe is 6057(b) and 6058(a) of	e Retirement	2018			
		Kevenue Code (the	Code).		This Form is Open to			
Destinant of the time of the maximum states and the time of the time of the time of the time of		Public Inspection						
Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>								
				12/	31/2018			
A This return/report is for:		list of participatir	ig employer information in	r) (Filers check Laccordance w	ing this box must attach a			
D This are detailed	a one-participant plan	a foreign plan			an the form instructions.)			
D This return/report is	the first return/report	the final return/rer	ort					
		<b>—</b>						
C Check box if filing under:	-	<b>C1</b>		months)				
			ion	DFVC pr	ogram			
Part II Basic Plan Infe	special extension (enter desci	ription)						
	ormation-enter all requested int	formation						
•	(k) Profit Chamins Pr			1b Three	-digit			
12 + 50 aby 11(ct 401	(K) FIOLIC Sharing Pl	an						
2a Plan sponsor's name (emplo	wer if for a single smaller			01/0	1/2004			
walling address (include rool	M ant suite no and street or D O	. Box)		2b Emplo	ver Identification Number			
	e, country, and ZIP or foreign posta	al code (if foreign, see i	instructions)					
				2C Spons (206	or's telephone number			
000 5 33 5								
900 Powell Avenue SM	Ŵ				see that actions)			
Renton		Ţ	WA 98057	2117	10			
3a Plan administrator's name an	nd address 🛛 Same as Plan Spons	sor.						
					Strator's EIN			
				3c Adminis	trator's telephone number			
······								
4 If the name and/or EIN of the	plan sponsor or the plan name has	Changed since the las	t seturn/report filed for					
hered a state and blant opon	isor's name, EIN, the plan name an	d the plan number fron	n the last return/report.					
,				4d PN				
5a Total number of participants a	at the beginning of the plan year							
<b>b</b> Total number of participants a	at the end of the plan year			┢────────────────	103			
<ul> <li>Number of participants with a</li> </ul>	ccount balances as of the end of the	e plan vear (only define	ed contribution plans	<u> </u>	127			
complete this item)				5c	66			
d(1) Total number of active parti	icipants at the beginning of the plan	ı year		5d(1)	96			
d(2) Total number of active part	icipants at the end of the plan year			5d(2)	113			
<ul> <li>e Number of participants who to</li> </ul>	erminated employment during the p	an year with accrued l	benefits that were loss					
Caution: A penalty for the late or	r incomplete filing of this return/r	eoort will be assesse	d unless researable ca		0			
Under penalties of perjury and othe	er penalties set forth in the instruction	ons. I declare that I hav	e examined this return/re	oort including	if applicable a Cehedule			
SB or Schedule MB completed and	d signed by an enrolled actuary, as	well as the electronic v	ersion of this return/report	t, and to the be	st of my knowledge and			
	),	Michae	Sylvia Cruz					
	ministrator				lon administrator			
		Dailo		aan siyniiny as p	nan aummistrator			
		Data	Enter name of local tot					
	, see the Instructions for Form 5500-S	F.	Enter name of Individu	iai signing as e	Form 5500-SF (2018)			
a an a mga an an ann an an a' Chuir an a'					1/			

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6a	Were all of the plan's assets during the plan year invested in all it.		
b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes	No
	under 29 CFR 2520.104-46? (See instructions on wave cligibility and use finate independent qualified public accountant (IQPA)		
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	🛛 Yes 🛛	] No
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see EPISA section 4024)2		-
	so the section of the covered under the PBGC insurance program (see ERISA section 4034)	-	

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year\_\_\_\_\_\_. (See instructions.) e program (see ERISA section 4021)? ...... Yes No Not determined

P	art III Financial Information				year		(See instructions.)
_7	Plan Assets and Liabilities	Τ	T		, <u> </u>	<b>—</b> —–	
2	Total plan assets	7.	(a) Beginni			<u> </u>	(b) End of Year
<u>t</u>	otal plan liabilities	<u>7a</u> 7b	+	2,46	<u>, 11</u>		2,742,463
	Net plan assets (subtract line 7b from line 7a)	70 70	·	2 4 6			
8	Income, Expenses, and Transfers for this Plan Year	<u> </u>		2,463	L, 11:	) 	2,742,463
a	Contributions received or receivable from:		(a) Amo	ount			(b) Total
	(1) Employers	8a(1)		60	,358		
	(2) Participants	8a(2)		391	,497		
h	(3) Others (including rollovers)	8a(3)		6	,513		
<u>~</u>	Other income (loss)	8b		-90	,763	[	
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>			_		367,605
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	Lo		1.0	4.0.1		
e	Certain deemed and/or corrective distributions (see instructions)	<u>8d</u>	<u> </u>		,491		
f	Administrative service providers (salaries, fees, commissions)	<u>8e</u> 8f	<u>                                      </u>		,416		
g	Other expenses			1/	,350		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8g</u> 8h					
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	<u>on</u> 8i					86,257
_j	Transfers to (from) the plan (see instructions)					······	281,348
Par	t IV Plan Characteristics	<u>8j</u>					
9a b	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for	eature co	des from the List of F	Plan Ch	aracter	istic Cod	es in the instructions:
	If the plan provides welfare benefits, enter the applicable welfare fea	ature codi	es from the List of Pla	an Chai	acteris	tic Code:	s in the instructions:
Par				-			
10	During the plan year:				Yes	No	
а	Was there a failure to transmit to the plan any participant contribution described in 29 CEP 2510.2 1000 (Described in 29 CEP 2510.2	ons within	the time period		1		Amount
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)	luntary Ci	ducions Comentina				
b	vvere there any nonexempt transactions with any party-in-interest?	(Do pot in		_10a_	<u> </u>	X	
	reported on line 10a.)			106		х	
С	Was the plan covered by a fidelity bond?				x		
d	Did the plan have a loss, whether or not reimbursed by the plan's fid	telity bon	that was asward	<u>1</u> 0c	^		500,000
	by fraud or dishonesty?	<u></u>		10d		Х	
C	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.).	or all of th	o bonofite under	10e		x	
f	f Has the plan failed to provide any benefit when due under the plan?					x	
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year-en	d.)	_10f		x	
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	ee instruc	tions and 29 CFR	10g		x	<u></u>
Ì	If 10h was answered "Yes," check the box if you either provided the excentions to providing the notice applied under 29 CFR 2520,101-3	required r		101			

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Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule S	\$B		Yes 🛛 I
Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.	11a	[	<u></u>	
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 X M
(ii res, complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
granting the waiver				er ruling
rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
	12b			
	12c			
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d		·	
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
		<b></b> _		<u></u>
Has a resolution to terminate the plan been adopted in any plan year?		Yes	X N	 o
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	<u> </u>	<u> </u>	<u> </u>
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the		[	Yes X	No
If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s) identify the plan(s)	to			
C(1) Name of plan(s):	EIN(s)		13c(3)	PN(s)
				, <b>.</b> <u>.</u>
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule S (Form 5500) and line 11a below)	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)	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) Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40