## 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	<b>Identification Information</b>				
For calend	ar plan year 2018 or fis	scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018	
A This ret	turn/report is for:	a single-employer plan		plan (not multiemployer) ( employer information in ac	_	
		a one-participant plan	a foreign plan			
<b>B</b> This retu	urn/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension	1	DFVC progr	am
		special extension (enter desc	ription)			
Part II	Basic Plan Info	rmation—enter all requested in	formation			
1a Name SAGE FARM	of plan MS PROFIT SHARING	PLAN			1b Three-dig plan num (PN) ▶	
					1c Effective	date of plan 01/01/1993
			2.5.		<b>2b</b> Employer	Identification Number
				structions)	(EIN)	20-0722537
		3   11	,	,		
					2d Business	code (see instructions)
300 COLUM	BIA POINT DRIVE J13	38				111210
MOHLAND,	WA 99332					
<b>3a</b> Plan a	dministrator's name ar	 nd address ☐ Same as Plan Spo	nsor.		<b>3b</b> Administr	 rator's EIN
		ш	UMBIA POINT DRIVE J1:	38		20-0722537
		RICHLAN	ID, WA 99352			
						03 330 0131
					<b>4b</b> EIN	
		nsor 3 name, Env, the plan name t	and the plan number nom	tille last retain/report.	4d PN	
C Plan N	lame					
Fo. Tatal		at the headers and the other second			52	
_					<b>-</b>	
		• •				
						8
						7
					5d(2)	7
than	100% vested				5e	0
SB or Sche	edule MB completed ar	nd signed by an enrolled actuary,				
SIGN	Filed with authorized	/valid electronic signature.	07/22/2019	MARCIA STETNER		
2a Plan sponsor's name (employer, if for a single-employer plan)   Mailing address (include room, apt., suite no. and street, or P.O. Box)   City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)   2c Sponsor's telephone number   S09-398-0131   2d Business code (see instructions)   2d Business code (see instructions)   111210   3a Plan administrator's name and address   Same as Plan Sponsor.   300 COLUMBIA POINT DRIVE J138   RICHLAND, WA 99352   3C Administrator's EIN   20-0722537   3c Administrator's telephone number   509-398-0131   3d Administrator's tele						
HERE						

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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.)							X Yes ☐ No X Yes ☐ No
c	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 th	ot use Fo	rm 5500-SF and mus rogram (see ERISA se	t instea ection 4	ad use 021)?	Form 	<b>5500.</b> Yes No	Not determined (See instructions.)
Pa	t III Financial Information	T						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year
<u>a</u>	Total plan assets	7a	349	95500				3378550
<u>b</u>	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	349	95500				3378550
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	_		(b) To	otal
а	Contributions received or receivable from:  (1) Employers	8a(1)		8311	_			
	(2) Participants	8a(2)		74000				
	(3) Others (including rollovers)	8a(3)			_			
b	Other income (loss)	8b	-10	66921				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-84610
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			_			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g		32340				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						32340
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-116950
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3B 3D	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in the instr	uctions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the instru	ctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	A	mount
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		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		Χ		
С	Was the plan covered by a fidelity bond?			10c	Χ			150000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ		
е	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	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g			•	10g		Χ		
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 Sche (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?		:	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	× N	0
	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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

## 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** 

For calendar alaman 2048	ort Identification Information			30/01/	0010				
For calendar plan year 2018		01/01/2018	and ending	12/31/					
A This return/report is for:	X 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.)							
B This return/report is	a one-participant plan	a foreign plan							
- ms return report is	the first return/report								
	an amended return/report	a short plan year return/report (less than 12 months)							
C Check box if filing under:	X Form 5558	automatic extension		DFVC progr	am				
-	special extension (enter desc								
Part II Basic Plan I	nformation—enter all requested in	nformation							
1a Name of plan				1b Three-dig					
Sage Farms Prof	it Sharing Plan			plan num					
				(PN) >	001				
				1c Effective 01/01					
2a Plan sponsor's name (en	nployer, if for a single-employer plan)				Identification Number				
City or town, state or pro	room, apt., suite no. and street, or P. vince, country, and ZIP or foreign pos	O. Box)	untions)	(EIN) 20	-0722537				
Sage Farms LLC	vinos, country, and 211 or loteign pos	star code (ir loreign, see instr	uctions)		s telephone number				
					98-0131				
300 Columbia Po	oint Drive J138			2d Business	code (see instructions)				
Richland	WA 993	:52							
30 Dlon administratorio non				111210					
Sage Farms LLC	e and address Same as Plan Spo	onsor.		3b Administr 20-072					
bage raims inc		rator's telephone number							
300 Columbia Po		oo rammo	ator a telephone number						
Richland	WA 99352								
					98-0131				
4 If the name and/or EIN o this plan, enter the plan	f the plan sponsor or the plan name i sponsor's name, EIN, the plan name	has changed since the last re and the plan number from th	eturn/report filed for le last return/report.	4b EIN					
a Sponsor's name			,	4d PN					
C Plan Name			T. I						
5a Total number of participa	ants at the beginning of the plan year			5a	8				
<b>b</b> Total number of participa	ents at the end of the plan year	***************************************	.,	5b	8				
c Number of participants w	rith account balances as of the end o	f the plan year (only defined	contribution plans	5c					
	participants at the beginning of the p			5d(1)	8				
* *	participants at the end of the plan ye			5d(2)	7				
e Number of participants v	vho terminated employment during th	ne plan year with accrued be	nefits that were less						
than 100% vested Caution: A penalty for the la	ate or incomplete filing of this retu	rn/report will be assessed	unless reasonable es	5e	0				
Under penalties of periury and	d other penalties set forth in the instru	uctions. I declare that I have	examined this return/re	nort including	if annlicable a Schodule				
SB or Schedule MB complete belief, it is true, correct, and c	d and signed by an enrolled actuary,	as well as the electronic ver	sion of this return/repor	t, and to the be	st of my knowledge and				
sign Marcia	Sterner	07/22/2019	Marcia Stetne	r					
HERE Signature of pla	n administrator	Date 7-22/19	Enter name of individ	ual signing as p	lan administrator				
sign Marcia	Stetner								
	ployer/plan sponsor	Date 7 - 7 2 . 19	Enter name of individ	ual signing as e	mployer or plan sponsor				
For Panerwork Reduction Act N	otice, see the instructions for Form 550	0-SF.			Form 5500-SF (2018)				

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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
b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public accounta	ant (IC	QPA)
	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				
C	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				
Do					
7		T			
	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
<u>a</u> b		7a	3,495,	500	3,378,550
	Total plan liabilities	7b			
	Net plan assets (subtract line 7b from line 7a)	7c	3,495,	500	3,378,550
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)	8,3	311	
-	(2) Participants	8a(2)	74,(	000	econtrary de busines and an announce an announce promoting production of party and mark and and an additional production and an additional production and an additional production and an additional production and additional pro
***************************************	(3) Others (including rollovers)	8a(3)		$\neg \uparrow$	
b	Other income (loss)	8b	-166,9	921	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-84,610
<u>a</u>	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			
	Certain deemed and/or corrective distributions (see instructions)	8e		1.	
f	Administrative service providers (salaries, fees, commissions)	8f		13	
	Other expenses	8g	32,3	340	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		- 1	32,340
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			-116,950
j	Transfers to (from) the plan (see instructions)	8j			
	rt IV Plan Characteristics		-		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3B 3D	feature co	odes from the List of Plan Chara	acteris	stic Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Charac	cterist	ic Codes in the instructions:
Par	t V Compliance Questions	***************************************			
10	During the plan year:			Yes	No Amount
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary f	iduciary Correction 10a		Х
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions		x

10	During the plan year:		Yes	No	Amount
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		х	
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		150,000
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	
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	
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			

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Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum fundin (Form 5500) and line 11a below)	g requirements? (If "Yes," see instructions a	nd complete Sch	edule S	SB		Yes No	
11a Enter the unpaid minimum required contributions for all	years from Schedule SB (Form 5500) line 4	0	11a				
12 Is this a defined contribution plan subject to the minimu ERISA?	m funding requirements of section 412 of th		n 302 c			Yes X No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and	12e below, as applicable.)	0.95¢		<del>imimonio lormana</del>			
If a waiver of the minimum funding standard for a prior granting the waiver.		Month	d enter Da		f the lett Year		
If you completed line 12a, complete lines 3, 9, and 10 c	f Schedule MB (Form 5500), and skip to I	ine 13.			·		
<b>b</b> Enter the minimum required contribution for this plan year	ır		12b	***************************************			
c Enter the amount contributed by the employer to the plan	o for this plan year		12c				
d Subtract the amount in line 12c from the amount in line negative amount)	12b. Enter the result (enter a minus sign to t	he left of a	12d				
e Will the minimum funding amount reported on line 12d	pe met by the funding deadline?			Yes	No	N/A	
Part VII Plan Terminations and Transfers of A	ssets			o Annabine Per Periodo de Proposicio abraño		ipadasan ya isi danimara awi suranga maya asaa asaa asaa	
13a Has a resolution to terminate the plan been adopted in any			***************************************	Yes	X 1	Vo	
If "Yes," enter the amount of any plan assets that rever			13a	1			
<b>b</b> Were all the plan assets distributed to participants or be control of the PBGC?	eneficiaries, transferred to another plan, or b	rought under the		Yes X No			
If, during this plan year, any assets or liabilities were trawhich assets or liabilities were transferred.	ansferred from this plan to another plan(s), id	lentify the plan(s)	to		<del></del>		
13c(1) Name of plan(s):	13c(1) Name of plan(s): 13c(2)		EIN(s)		13c(3) PN(s)		
-			***************************************		Militaria de la composito de l	Santa en començativa de la companya	
			MANGERAL MONTANCE		Trining Parameters (44)		
	authorized by a decrease of the second is a second in second in the second indicates in the second in the second in the second in the second i	***	ON THE SHAPE HE SHAPE		and of the second second second		
				1			