Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089			
	ment of the Treasury al Revenue Service	4065 of the Employee R		2018					
	partment of Labor nefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Cod		Internal	This Form is Open to Public Inspection			
Public I Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I		Identification Information							
For calenda	ir plan year 2018 or fis	cal plan year beginning 01/01/2	_		2/31/2018	land the base second and a dealers			
A This retu	urn/report is for:	X a single-employer plan	list of participating e	pian (not multiemployer) (employer information in ac		king this box must attach a tith the form instructions.)			
B This retu	rn/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/report (less than 12 months)									
C Check b	ox if filing under:	X Form 5558	automatic extension	1	DFVC p	rogram			
		special extension (enter desc	ription)						
Part II	Basic Plan Info	rmation—enter all requested in	formation			Γ			
1a Name of	•				1b Three	e-digit number			
NEW WEST	FISHERIES 401(K) PI	LAN			(PN)				
					1c Effec	tive date of plan 01/01/1996			
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.C	D. Box)		2b Employer Identification Number (EIN) 47-4883311				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DISTILLERS WAY, LLC					isor's telephone number 360-961-1966			
					2d Busir	ness code (see instructions)			
5235 INDUST						312140			
FERNDALE, V	WA 98248								
3a Plan ad	Iministrator's name an	d address 🛛 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
4 If the na	ame and/or EIN of the	plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN				
this pla a Sponso		nsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN				
C Plan Na					HU FIN				
5a Total n	umber of participants	at the beginning of the plan year.			5a	7			
_		at the end of the plan year			5b	5			
C Numbe	er of participants with a	account balances as of the end of	the plan year (only define	ed contribution plans	5c	2			
	,	ticipants at the beginning of the pl			5d(1)	6			
d(2) Total number of active participants at the end of the plan year					5d(2)	4			
		terminated employment during the			5e	0			
than 1 Caution: A	penalty for the late of	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca		blished.			
Under pena SB or Schee	Ities of perjury and oth dule MB completed ar	ner penalties set forth in the instru- nd signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, includi	ng, if applicable, a Schedule			
	rue, correct, and comp Filed with authorized/	valid electronic signature.	08/13/2019	ROBERT SEIDEL					
HERE	Signature of plan a	č	Date		ual signing as plan administrator				
SIGN		valid electronic signature.	08/13/2019	ROBERT SEIDEL	sa signing a				
HERE	Signature of employ	Ŭ	Date		ual signing (as employer or plan sponsor			
For Paperwo		e, see the Instructions for Form 550			aai siyiiiiya	Form 5500-SF (2018)			

v.171027

6a b	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.)										
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined										
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)										
Pa	rt III Financial Information										
7	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year										
а	Total plan assets	7a	78082	72363							
b Total plan liabilities			0	0							
C Net plan assets (subtract line 7b from line 7a)			78082	72363							
8	Income Expanses, and Transfers for this Plan Vear		(a) Amount	(b) Total							

8	Income, Expenses, and Transfers for this Plan Year	(a) Amount		t			(b) Total	
а	Contributions received or receivable from:	a (1)		0				
	(1) Employers	8a(1)		0	_			
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
	Other income (loss)	8b		-3791				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-3791	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		1928				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1928	
i	Net income (loss) (subtract line 8h from line 8c)	8i					-5719	
j	Transfers to (from) the plan (see instructions)	8j		0				
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Code	es 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 Codes	s in the instructions:	
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 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		x		
С	Was the plan covered by a fidelity bond?			10c	Х		1000000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			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.)	ne or all of	the benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?					Х		

Х

Х

10g

10h

10i

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

i

2520.101-3.<u>)</u>_____

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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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	× 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	c(3) PN	۱(s)

	Form 5500-SF	Short Form Annual	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service	This form is required to be f	Benefit Plan	nd 4065 of the Employee	2018				
Em	Department of Labor ployee Benefits Security Administration	Retirement Income Security Ac	ct of 1974 (ERISA), and se ernal Revenue Code (the o	ection 6057(b) and 6058(a) of	This Form is Open to Public Inspection				
	Pension Benefit Guaranty Corporation	► Complete all entries in acc	cordance with the instruc	tions to the Form 5500-SF.	mapection				
		dentification Information			/01/0010				
For	calendar plan year 2018 or fisc		01/01/2018	U	2/31/2018				
A	This return/report is for:	x a single-employer plan a one-participant plan	a multiple-employer pl a list of participating e a foreign plan	an (not multiemployer) (Filers mployer information in accorda	checking this box must attach ince with the form instructions.)				
В	This return/report is:	the first return/report an amended return/report	the final return/report a short plan year retur	n/report (less than 12 months)					
			automatic extension	Γ	DFVC program				
С	Check box if filing under:	x Form 5558 special extension (enter description)		L					
10.000									
	art II Basic Plan Infor Name of plan	rmation enter all requested in	nformation	1b	Three-digit				
Id	NEW WEST FISHERIES	401 (K) PLAN			plan number (PN) ► 001				
	NEW WEST FISHERIES				Effective date of plan				
					01/01/1996				
2a	Mailing Address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C e, country, and ZIP or foreign posta). Box)		Employer Identification Number (EIN) 47-4883311				
	Distillers Way, LLC			2c	2c Sponsor's telephone number (360) 961-1966				
	5235 Industrial Pl			2d	2d Business code (see instructions) 312140				
	US Ferndale WA 98248								
3a		nd address X Same as Plan Spo	onsor	3b	Administrator's EIN				
				3c	Administrator's telephone number				
4	If the name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last	otarimoport mod for	EIN				
	this plan, enter the plan spon	nsor's name, EIN, the plan name a	nd the plan number from t	he last return/report.	PN				
	a Sponsor's name			40	FN				
0	Plan Name								
5	Total number of participante	at the beginning of the plan year	••••••		a 7				
b	Total number of participants	at the end of the plan year			b 5				
C	Number of participants with a	account balances as of the end of	the plan year (only defined	d contribution plans 5	c 2				
		ticipants at the beginning of the pla			(1) 6				
		ticipants at the end of the plan yea			(2) 4				
e	Number of participants who t	terminated employment during the	plan year with accrued be	enefits that were	e 0				
_					e established				
L	Inder populties of periup, and of	and signed by an enrolled actuary,	uctions. I declare that I have	e examined this return/report,	including, if applicable, a Schedule I to the best of my knowledge and				
			8-13-19						
	SIGN HERE Signature of plan adm	ninistrator	Date	Enter name of individual sign	ning as plan administrator				
	A	~~~~	8-13-19	7					
	HERE Signature of employed	r/plan sponsor	Date	Enter name of individual sign	ning as employer or plan sponsor				

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

XYes No

b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				•	'	•••••	X Yes	No			
	If you answered "No" to either line 6a or line 6b, the plan canno	ot use For	m 5500-SF and must ins	tead	use F	orm !	5500.					
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sectio	on 402	21)?	[Yes	🗌 No 🗌 Not de	etermined			
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pr	emium filing for this year					(See instruc	ctions.)			
Pa	art III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End of Year				
а	Total plan assets	7a	7	/8,0	82		72,363					
b	Total plan liabilities	7b			0			·	0			
С	Net plan assets (subtract line 7b from line 7a)	7c	7	8,0	82			72,	363			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total				
а	Contributions received or receivable from:											
	(1) Employers	8a(1)			0							
	(2) Participants	8a(2)			0							
	(3) Others (including rollovers)	8a(3)			0							
b	Other income (loss)	8b	(3	3,79	1)							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						(3,7	91)			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0							
е	Certain deemed and/or corrective distributions (see instructions)	8e			0							
f	Administrative service providers (salaries, fees, commissions)	8f		1,9	-							
				1/2	0							
<u>g</u>	Other expenses	8g						1,928				
<u>h</u> :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						(5,7				
+	Net income (loss) (subtract line 8h from line 8c)	8i			0	-		(5,7	19)			
	Transfers to (from) the plan (see instructions)	8j			0							
	art IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan C	harac	teristi	ic Cod	les in th	e instructions:				
	2E 2F 2G 2J 2K 2R 3D											
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Cha	aracte	eristic	Code	s in the	instructions:				
Pa	art V Compliance Questions											
10	During the plan year:				Yes	No	N/A	Amount				
а	1 ,1 1		-									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fie	duciary Correction									
	Program)			10a		x						
b	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	•		10b		x						
C	· · · · · · · · · · · · · · · · · · ·			10b	x			1 0	00,000			
				100	л			1,0				
U	by fraud or dishonesty?			10d		x						
e	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance									
	carrier, insurance service, or other organization that provides som											
	the plan? (See instructions.)	••••••		10e		x						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х						
<u>g</u>	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					x						
h												
	2520.101-3.)			10h		x						
i	If 10h was answered "Yes," check the box if you either provided th			4.0								
	exceptions to providing the notice applied under 29 CFR 2520.107	1-3		10i								

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

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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) Yes x No								
_11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a								
12	ERISA?								
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see ins g the waiver		nd ente Da		of the letter i _ Year	uling		
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.						
b	Enter th	ne minimum required contribution for this plan year.	•••••	12b					
С	Enter th	ne amount contributed by the employer to the plan for the plan year	•••••	12c					
d	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)								
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	•••••		Yes 🗌	No 🗌 1	N/A		
Part	: VII	Plan Terminations and Transfers of Assets							
13a	Has a r	esolution 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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Control of the PBGC?								
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
1:	13c(1) Name of plan(s): 13c(2) El					13c(3) PN	l(s)		