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							
For calenda	ar plan year 2018 or fi	scal plan year beginning 01/01/2	2018	and ending 1:	2/31/2018				
A This ret	urn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac	-				
		a one-participant plan	a foreign plan						
B This retu	urn/report is	X the first return/report	the final return/repo	rt					
		an amended return/report	a short plan year re	turn/report (less than 12 m	ionths)				
C Check b	oox if filing under:	X Form 5558	automatic extensio	n	DFVC progr	am			
		special extension (enter descr	ription)		· —				
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name THE BAOBA	of plan B FOODS 401(K) PLA	AN			1b Three-dig plan num (PN) ▶				
					1c Effective				
		oyer, if for a single-employer plan)			2b Employer	Identification Number			
	,	m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post	,	nstructions)	(EIN)	81-2859093			
BAOBAB FO	ODS, LLC					s telephone number 25-864-5114			
					2d Business	code (see instructions)			
SEATTLE, W	VENUE W STE 315 /A 98119					424400			
					01				
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Administr	rator's EIN			
					3c Administr	rator's telephone number			
		e plan sponsor or the plan name ha			4b EIN				
	an, enter the plan spo or's name	nsor's name, EIN, the plan name a	and the plan number from	n the last return/report.	4d PN				
C Plan N	lame								
5a Total r	number of participants	at the beginning of the plan year			5a	5			
		at the end of the plan year			5b	5			
C Numb	er of participants with	account balances as of the end of	the plan year (only defin	ed contribution plans	5c	5			
	,	rticipants at the beginning of the pl			5d(1)	5			
		articipants at the end of the plan year	-		5d(2)	3			
		terminated employment during the			5e	2			
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	ed unless reasonable ca	luse is establish	ned.			
Under pena SB or Sche	alties of perjury and ot	her penalties set forth in the instructed nd signed by an enrolled actuary, a	ctions, I declare that I ha	ve examined this return/re	port, including, i	f applicable, a Schedule			
SIGN		/valid electronic signature.	08/20/2019	DAVID A. BRUCK					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as p	lan administrator			
SIGN	Filed with authorized	/valid electronic signature.	08/20/2019	DAVID A. BRUCK					
HERE	Signature of employer/plan sponsor Date Enter name of individu					dual signing as employer or plan sponsor			

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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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 									
С	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	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No Not determined		
Pa	rt III Financial Information	•							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year		
<u>a</u>	Total plan assets	7a					871763		
b	Total plan liabilities	7b							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c					871763		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total		
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		1178					
	(2) Participants	8a(2)		48752					
	(3) Others (including rollovers)	8a(3)	8	94602					
b	Other income (loss)	8b	ے	72769					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					871763		
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							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					871763		
	Transfers to (from) the plan (see instructions)	8j							
Pa	t IV Plan Characteristics								
9a 	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des 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	Fiduciary Correction	10a	X		23914		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X	20014		
С	Was the plan covered by a fidelity bond?			10c	X		15000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
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.)	ne or all of	the benefits under	10e	Х		248		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ			
g				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	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 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2018

This Form is Open to Public Inspection

► Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach A This return/report is for: a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program C Check box if filing under: automatic extension special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number The Baobab Foods 401(k) Plan 001 (PN) ▶ 1c Effective date of plan 01/01/2018 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street, or P.O. Box) (EIN) 81-2859093 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Baobab Foods, LLC (425) 864-5114 2d Business code (see instructions) 1631 15th Avenue W Ste 315 424400 US Seattle WA 98119 Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN Sponsor's name Plan Name 5a Total number of participants at the beginning of the plan year 5a 5 Total number of participants at the end of the plan year 5b 5 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 5 complete this item) **d(1)** Total number of active participants at the beginning of the plan year 5d(1)5 d(2) Total number of active participants at the end of the plan year 5d(2)3 Number of participants who terminated employment during the plan year with accrued benefits that were 5e less than 100% vested 2 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and bellef, it is true, correct, and complete. SIGN

Date

Signature of plan administrator

Signature of employer/plan sponsor

HERE

SIGN

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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М	а	a	е	_

Form 5500-SF 2018

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)		•••••				X Yes No
	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
	If you answered "No" to either line 6a or line 6b, the plan cannot								
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pr	ogram (see ERISA section	4021)? .		Yes	No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year _					(S	see instructions.)
-	(III Fire relative marking								
	rt III Financial Information		(a) Beginning of	Year		T		(b) End o	f Year
	Plan Assets and Liabilities	7a	(a) Beginning of	Tour	-			(2) 2	871,763
-	Total plan assets								071,703
	Total plan liabilities	7b				+			871,763
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount			+		(b) To	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(6) 10	nai
	(1) Employers	8a(1)		1,17	78				
	(2) Participants	8a(2)	4	8,75	52				Spanistration
	(3) Others (including rollovers)	8a(3)	89	4,60)2	1 417			
-	Other income (loss)	8b	(72	,769	9)				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							871,763
	Benefits paid (including direct rollovers and insurance premiums							Listait n	
	to provide benefits)	8d				1 19	1441		
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g					1000		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)	8i							871,763
j	Transfers to (from) the plan (see instructions)	8j					1.000		
Pa	art IV Plan Characteristics							A. Marie de Constitution de la C	
	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Ch	aract	eristic	Code	s in the	instructio	ns:
	2A 2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Cha	racte	ristic (Codes	in the	instruction	is:
	If the plan provides wellare benefits, effect the applicable wellare los	itaro oodo	o nom the Elector Flam one						
D	art V Compliance Questions								
10	During the plan year:				Yes	No	N/A		Amount
a		tions withi	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo						b		
	Program)			10a	X				23,914
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions						
	reported on line 10a.)			10b		Х			
C				10c	X		176		15,000
C				40.1		x	5-4-5		
-	by fraud or dishonesty?			10d		^			
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	er person	the benefits under						
	the plan? (See instructions.)			10e	X				248
f				10f		х			
				10g		x			
				109		A			
r	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		x			
i									
1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
-									

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	2010	= 2	CE	0	550	orm	

Pari	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)		Yes X No						
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a								
12	n 302 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, and granting the waiver	d enter the date	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 the 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						
Par	Part VII Plan Terminations and Transfers of Assets								
13a Has a resolution to terminate the plan been adopted in any plan year?									
	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						
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	3c(1) Name of plan(s): 13c(2) EIN	N(s)	13c(3) PN(s)						