## **Form 5500-SF**

Department of the Treasury Internal Revenue Service

Department of Labor 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	t Identification Information						
For calenda	ar plan year 2018 or f	fiscal plan year beginning 01/01/2	2019	and ending 0	8/08/2019			
A This ret	urn/report is for:	X 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	rt				
		an amended return/report	a short plan year ret	urn/report (less than 12 m	ionths)			
C Check b	oox if filing under:	X Form 5558	automatic extension	า	DFVC progra	am		
		special extension (enter descr	ription)					
Part II	Basic Plan Info	ormation—enter all requested inf	formation					
1a Name	of plan NA, INC. 401(K) PLA	N			1b Three-dig plan num (PN) ▶			
					1c Effective			
2a Plan s	ponsor's name (empl	oyer, if for a single-employer plan)			<b>2b</b> Employer	r Identification Number		
	,	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	,	structions)	(EIN)	91-0911912		
LA MEXICAN	•	oo, oodiniy, and Zii or loreign pool	ar oode (ir roreign, see in	on donorio;	<b>2c</b> Sponsor's telephone number 206-763-1488			
					2d Business	code (see instructions)		
10020 14TH SEATTLE, W	AVENUE SW /A 98146				311800			
, ··								
3a Plan a	dministrator's name a	and address 🛛 Same as Plan Spor	nsor.		<b>3b</b> Administr	rator's EIN		
					<b>3c</b> Administr	rator's telephone number		
						·		
4 If the r	name and/or EIN of th	ne plan sponsor or the plan name ha	as changed since the las	t return/report filed for	<b>4b</b> EIN			
this pl	an, enter the plan spo	onsor's name, EIN, the plan name a			Ad Du			
a Spons C Plan N	or's name lame				4d PN			
<b>5a</b> Total r	number of participants	s at the beginning of the plan year			. 5a	25		
		s at the end of the plan year			. 5b	0		
		account balances as of the end of			5c	0		
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	0		
		articipants at the end of the plan year			5d(2)	0		
		o terminated employment during the			5e	0		
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	ed unless reasonable ca				
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, an oplete.						
SIGN		d/valid electronic signature.	09/30/2019	WILLIAM D FRY				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as p	lan administrator		
SIGN	Filed with authorized	d/valid electronic signature.	09/30/2019	SANDRA BLOXHAM				
HERE	Signature of empl	Signature of employer/plan sponsor  Date  Enter name of individual signing as employer or pla						

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a Total plan assets	
the you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-\$F and must instead use Form 5500.  c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined  . (See instructions.)  d of Year  0 0 Total
Part III   Financial Information   Financial Information	d of Year  0 0 Total
Part III Financial Information 7 Plan Assets and Liabilities	d of Year  0 0 0 Total
7 Plan Assets and Liabilities (a) Beginning of Year (b) En a Total plan assets	0 0 0 <b>Total</b>
7 Plan Assets and Liabilities (a) Beginning of Year (b) En a Total plan assets	0 0 0 <b>Total</b>
a Total plan assets	0 0 0 <b>Total</b>
b Total plan liabilities	O
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) a Contributions received or receivable from: (1) Employers 8a(1) 0 (2) Participants 9a(1), 8a(2), 8a(3) 0 (3) Others (including rollovers) 8a(3) 0 (5) Other income (loss) 8b 73178 (6) Other income (loss) 8b 73178 (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 8c 8d 1126740 (7) Evertain deemed and/or corrective distributions (see instructions) 8c 1229 (8) Other expenses 9a(1) Evertain deemed and/or corrective distributions (see instructions) 9a 8c 9a(1) For expenses 9a(1) Evertain deemed and/or corrective distributions (see instructions) 9a 9a(1) For expenses 9a(1) Evertain Bertain B	Total
a Contributions received or receivable from: (1) Employers	
(1) Employers	73178
(2) Participants	73178
(3) Others (including rollovers)	73178
b Other income (loss)	73178
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	73178
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	10110
to provide benefits)	
f Administrative service providers (salaries, fees, commissions)	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
i Net income (loss) (subtract line 8h from line 8c)	
j Transfers to (from) the plan (see instructions)	1136698
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 in 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the ins  Part V Compliance Questions  10 During the plan year: Yes No  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	-1063520
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the in 2E 2F 2G 2J 2K 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the ins  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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
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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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
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)	
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Amount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
C Was the plan covered by a fidelity bond?	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
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.)	275
f Has the plan failed to provide any benefit when due under the plan?	
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 2520.101-3.)	0
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	0

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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)		SB	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		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?		X 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		X Yes 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)		<b>13c(3)</b> 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

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I Anni	ual Report	Identification Information			00/00/20	11.0			
Part I Anni	vear 2018 or fis	scal plan year beginning	111/11/2013	and ending	08/08/20				
		X a single-employer plan	a multiple-employed	er plan (not multiemployer g employer information in	r) (Filers checking this accordance with the fo	orm instructions.)			
A This return/repo	ort is for:	a one-participant plan	a foreign plan						
B This return/repo	ort is	the first return/report	X the final return/rep						
		an amended return/report	a short plan year	return/report (less than 12	2 months)				
C Check box if fil	ling under:	X Form 5558	automatic extens	ion	DFVC program				
		special extension (enter desc							
Part II Bas	ic Plan Info	ormation—enter all requested in	nformation		1b Three-digit				
1a Name of plan					plan number	001			
La Mexicana	a, Inc. 4	01(k) Plan			(PN)				
		,			1c Effective dat 01/01/1	999			
2a Plan sponsor	's name (empl	oyer, if for a single-employer plan)	O Pov)		2b Employer Ide (EIN)91-0	entification Number 911912			
Mailing addre	ess (include roo state or provin	om, apt., suite no. and street, or P ce, country, and ZIP or foreign po	stal code (if foreign, se	e instructions)	2c. Sponsor's te	elephone number			
La Mexican	a, Inc.					(206) 763-1488  2d Business code (see instructions)			
	3	e ta		*					
10020 14th	Avenue 3	ow.		WA 98146	311800	311800			
Seattle		and address $\overline{\mathbb{X}}$ Same as Plan Sp	oneor		3b Administrate	3b Administrator's EIN			
				black return/report filed fo	r 4b EIN				
4 If the name this plan, er a Sponsor's n	nter the plan sp name	the plan sponsor or the plan name ponsor's name, EIN, the plan nam	e and the plan number	from the last return/repor	4d PN				
					5a	25			
5a Total numb	er of participar	nts at the beginning of the plan year	ar			0			
<b>b</b> Total numb	per of participar	nts at the end of the plan year	of the plan year (only	defined contribution plans	5c	0			
tota t	hic itam)					0			
d(1) Total nu	mber of active	participants at the beginning of th	e plan year		- 1/0	0			
<ul> <li>Number of</li> </ul>	f participants v	participants at the end of the plan	the plan year with acc	lued belieffe that have	Se	·			
than 100%	% vested	ate or incomplete filing of this re	turn/report will be as	sessed unless reasonat	ole cause is establish	ea. applicable, a Schedule			
Under penalties	s of perjury and MB complete	d other penalties set forth in the ind d and signed by an enrolled actua	structions, I declare that ry, as well as the electi	onic version of this return	/report, and to the bes	of my knowledge and			
belief, it is true,	correct, and c	omplete.	930	19 WILLIA	u D. FRY				
SIGN L	MMA	an administrator	Date		individual signing as pl	an administrator			
SI	gnature of pla	an administrator		19 Sandra					
SIGN	ark	Blondan	Date	Enter name of	individual signing as e	mployer or plan sponsor			

Date

_				
۲	а	а	е	4

6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (	See instructions.)	ountan		Δ.		X Yes	No 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	ina conditio	[15.]					X Yes	No
	If you areward "No" to either line 6a or line 6b, the plan cannot	ot use Forn	n 5500-SF and must if	isteau	user	Ullil 33		☐ Not deter	mined
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section	on 402	1)?	∐ '	es 🗌 No	. (See instruc	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pre	emium filing for this plan	year_				. (000	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of	Year			(b) End	of Year	0
	Total plan assets	7a	1,0	63,52	20				0
a	Total plan liabilities	7b			0				0
	Net plan assets (subtract line 7b from line 7a)	7c	1,0	63,52	20				0
С	Income, Expenses, and Transfers for this Plan Year	the state of the s	(a) Amount				(b) -	Total	- A
8	Contributions received or receivable from:								
а	(1) Employers	8a(1)			0		a din e y		
	(2) Participants	8a(2)			0				1000
	(3) Others (including rollovers)	8a(3)		TO 1	0				
_	Other income (loss)	8b		73,1	/8		A. San		22 170
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			2.0			Transfer and the same	73,178
d	Benefits paid (including direct rollovers and insurance premiums	8d	1,1	26,7	40			7 - 1 (2+3) · 1	
_	to provide benefits)	8e		1,2	29		A MINNER	- A	11. mg 12.
e	Certain deemed and/or corrective distributions (see instructions)	8f		8,7	29				Art.
f	Administrative service providers (salaries, fees, commissions)								4 (1) (3)
g		8g	Company of the first of the second of the se	1 14	35.			1,13	36,698
_ h	Total expenses (add lines 8d, 8e, 8f, and 8g)		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1000				-1,0	63,520
ıi	Net income (loss) (subtract line 8h from line 8c)	. 8i	and the same of Association and the same	to and a shall	0	Y 28 1	To the same	tale the said	4
j	Transfers to (from) the plan (see instructions)	· 8j			0				
P	art IV Plan Characteristics		t f Wastist of Dio	n Char	actoris	tic Cod	les in the in	structions:	
98	2 p 2 p 2 c 2 T 2 K 2 T 3 D								
-	If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Plan	Chara	cterist	ic Code	es in the ins	tructions:	
P	art V Compliance Questions								
-						[			
10	During the plan year:				Yes	No		Amount	
10	a Was there a failure to transmit to the plan any participant contrib	Voluntary r	iducially Correction	10a	Yes	No X			
	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	st? (Do not	include transactions		Yes				
	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)      Were there any nonexempt transactions with any party-in-interereported on line 10a.)	st? (Do not	include transactions	10b	Yes	Х			
	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)      Were there any nonexempt transactions with any party-in-interereported on line 10a.)  C Was the plan covered by a fidelity bond?	st? (Do not	include transactions		Yes	X X			
	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)      Were there any nonexempt transactions with any party-in-interer reported on line 10a.)  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	st? (Do not	include transactions	10b	Yes	х			
	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)      Were there any nonexempt transactions with any party-in-interer reported on line 10a.)  C Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	st? (Do not 's fidelity bo other person	include transactions  ond, that was caused  ons by an insurance f the benefits under	10b 10c 10d	Yes	X X X			275
	<ul> <li>Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)</li> <li>Were there any nonexempt transactions with any party-in-interereported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the participant.</li> </ul>	st? (Do not 's fidelity bo other person	include transactions ond, that was caused ons by an insurance f the benefits under	10b 10c 10d 10e 10f	X	X X			275
	<ul> <li>Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)</li> <li>Were there any nonexempt transactions with any party-in-interer reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount.</li> </ul>	st? (Do not 's fidelity bo other person ome or all o	include transactions  ond, that was caused  ons by an insurance of the benefits under  -end.)	10b 10c 10d		X X X			275
	<ul> <li>Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)</li> <li>Were there any nonexempt transactions with any party-in-interereported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the participant.</li> </ul>	st? (Do not 's fidelity bo other person ome or all o olan?  t as of year	include transactions ond, that was caused ons by an insurance of the benefits under  end.) ructions and 29 CFR	10b 10c 10d 10e 10f	X	X X X			275

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Part V	Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum fur	***************************************				Yes	X No
11a 12	Enter the unpaid minimum required contributions for Is this a defined contribution plan subject to the min ERISA?	r all years from Schedule SB (Form 55) nimum funding requirements of section	500) line 40 n 412 of the Code or se	11a   ection 302 of		Yes	
	If a waiver of the minimum funding standard for a proceeding the waiver	rior year is being amortized in this plar		, and enter th Day	ne date of th	ne letter ru Year	ling
If y	ou completed line 12a, complete lines 3, 9, and	10 of Schedule MB (Form 5500), and	2 Skip to line 10.	12b			
	Enter the minimum required contribution for this plar			12c			
C.F	Enter the amount contributed by the employer to the	plan for this plan year		120			
d	Subtract the amount in line 12c from the amount in	line 12b. Enter the result (enter a min	us sign to the left of a	12d	Yes	No 🗆	N/A
e	Will the minimum funding amount reported on line	12d be met by the funding deadline?			100		
Part \	/II Plan Terminations and Transfers	of Assets			X Yes	□ No	
13a	Has a resolution to terminate the plan been adopted in	any plan year?	······································		A 163		(
	If "Ves " enter the amount of any plan assets that r	everted to the employer this year		13a			
b	Were all the plan assets distributed to participants	or beneficiaries, transferred to anothe	r plan, or brought unde	er the	X	Yes	No
С	If, during this plan year, any assets or liabilities we which assets or liabilities were transferred. (See in	re transferred from this plan to anothe	er plan(s), identity the p	3c(2) EIN(s)		13c(3) F	PN(s)
1	3c(1) Name of plan(s):			JU(2) LIN(3)			
			i i		V		