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**

For calcular plan year 2019 or fiscal plan year beginning 0101/2018 A This return/report is for: a la single-employer plan in multiple-employer plan (not multisemployer) Filers checking this box must attach a list of participating employer plan (not multisemployer) Filers checking this box must attach a list of participating employer plan (not multisemployer) Filers checking this box must attach a list of participating employer plan (not multisemployer) Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) B This return/report is the filers return/report in a member of participating the plan posses in the filers return/report in the filers return/r	Part I A	nnual Report Id	dentification information	1										
A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C Check box if filling under: Form \$558 automatic extension DFVC program DFVC program	For calendar pla	an year 2018 or fisc	al plan year beginning 01/01/2	2018		and ending 12	2/31/2	2018						
B This return/report is	A This return/r	eport is for:	a single-employer plan											
me tins return/report me tins return/report me tins return/report (less than 12 months)			a one-participant plan						,					
C Check box if filing under:	B This return/re	his return/report is the first return/report the final return/report												
Special extension (enter description)			an amended return/report	as	short plan year return	/report (less than 12 m	onths	5)						
Part II Basic Plan Information—enter all requested information 1a Name of plan AGRIMAX, LLC EMPLOYEES' 401(K) PLAN 1c Effective date of plan 1c Effective date off	C Check box i	f filing under:	X Form 5558	au	utomatic extension	n DFVC program								
18 Name of plan AGRIMAX, LLC EMPLOYEES 401(K) PLAN 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) AGRIMAX, LLC 2b Employer Identification Number (EIN) 911896651 2c Sponsor's telephone number 425-456-3670 2d Business code (see instructions) 22t22 112TH AVE NE SUITE C BELLEVUE, WA 98004 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4245-456-3670 2d Business code (see instructions) 4 24500 3c Administrator's telephone number in the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 D EIN 5a Total number of participants at the beginning of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number of active participants at the beginning of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total			special extension (enter desc	ription)										
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	HERE	gnature of employe	er/plan sponsor		Date	Enter name of individ	ter name of individual 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.)						X Yes No X Yes No			
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF 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)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								Not determined . (See instructions.)		
Pa	rt III Financial Information		T							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	l of Year		
<u>a</u>	a Total plan assets							367817		
<u>b</u>	b Total plan liabilities									
	Net plan assets (subtract line 7b from line 7a)	7c	37	373064				367817		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount			(b)	(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		5263						
-	(2) Participants	8a(2)		620						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-9250						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-3367			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1880						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1880		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-5247		
	Transfers to (from) the plan (see instructions)	8j								
Pai	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: 2E 2J 2K 2F 2G 3D 2A									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	n Chara	acteris	tic Cod	es in the inst	ructions:		
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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10a 10b		X				
С	C Was the plan covered by a fidelity bond?			10c		Χ				
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X				
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.)					X				
f	f Has the plan failed to provide any benefit when due under the plan?					X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Χ				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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 con (Form 5500) and line 11a below)			В		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 ERISA?	e or section	n 302 of		. 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 instru granting the waiver.		d enter t Day		of the letter Year	ruling
lf :	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 negative amount)	of a	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 Yes	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 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 which assets or liabilities were transferred. (See instructions.)	the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)