## 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 fis	scal plan year beginning 12/01/2	2018		and ending 11	1/30/2	2019							
A This ret	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.)													
		a one-participant plan	af	foreign plan										
<b>B</b> This retu	urn/report is	the first return/report	the	e final return/report										
		an amended return/report	as	short plan year return	/report (less than 12 m	onths	s)							
C Check I	box if filing under:	Form 5558	au	itomatic extension		D	FVC program							
		special extension (enter descr	ription)											
Part II Basic Plan Information—enter all requested information														
1a Name of plan SUNFRESH FOODS INC 401K PLAN							Three-digit plan number (PN)	001						
						1c Effective date of plan								
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)			2b		ntification Number						
City or SUNFRESH		e, country, and ZIP or foreign posta	tal code	(if foreign, see instr	uctions)	2c	Sponsor's tele	ephone number 64-0940						
125 S KENYON ST SEATTLE, WA 98108						2d Business code (see instructions) 311400								
3a Plan administrator's name and address X Same as Plan Sponsor.					<b>3b</b> Administrator's EIN									
4								s telephone number						
this pl	an, enter the plan spor	e plan sponsor or the plan name hansor's name, EIN, the plan name a				4b EIN								
a Spons C Plan N	or's name lame					40	PN							
<b>5a</b> Total r	number of participants	at the beginning of the plan year					ia	6						
		at the end of the plan year				5	ib	7						
	· · ·	account balances as of the end of	•		-		ic	6						
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the plant	lan year	r										
` '	·	rticipants at the end of the plan year				5d(2)								
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						<b>5e</b> 0								
		or incomplete filing of this return												
SB or Sche	alties of perjury and othedule MB completed and true, correct, and comp	ner penalties set forth in the instructed signed by an enrolled actuary, a plete.	ctions, I as well a	declare that I have as the electronic vers	examined this return/re sion of this return/report	port, i t, and	including, if app I to the best of i	licable, a Schedule my knowledge and						
SIGN														
HERE	Signature of plan a	dministrator		Date	Enter name of individ	dual signing as plan administrator								
SIGN														
HERE Signature of employer/plan sponsor Date Enter name of indiv					ividual signing as employer or plan sponsor									

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Ye								
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountan							X Yes ∏ No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from th						. —	(See instructions.)	
Pa	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year	
а	Total plan assets	7a		77793				340805	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7с	2	77793				340805	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total	
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		10959					
	(2) Participants	8a(2)	1	25490					
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b	:	26603					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						63052	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	/							
g	Other expenses								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							40	
i_	Net income (loss) (subtract line 8h from line 8c)	8i						63012	
j	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 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des 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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-		<b>×</b>			
h	Program)			10a		X			
	reported on line 10a.)			10b		X			
c	Was the plan covered by a fidelity bond?			10c		X			
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		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.)			10e	X			272	
f	Has the plan failed to provide any benefit when due under the plan?					Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					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 (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 section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
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	<b>3c(1)</b> 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 filled 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 1210-0069

2018

This Form is Open to Public Inspection

<u></u>	t identification information	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
For calendar plan year 2018 or	fiscal plan year beginning	· · · · · · · · · · · · · · · · · · ·	and ending	11/30/					
A This return/report is for:	🗓 a single-employer plan	i a multiple-employer plan (not list of participating employer							
B This return/report is	a one-participant plan	a foreign plan							
D This reconstreport is	the first return/report	the final return/report							
	an amended return/report	t (less than 12 m	onths)						
C Check box if filing under:		DFVC program	m						
	special extension (enter desc	ription)		_					
Part II Basic Plan Inf	ormation—enter all requested in	formation							
1a Name of plan	-			1b Three-digit	t				
SUNFRESH FOODS INC	401K PLAN			plan numb	ľ				
				(PN) ▶	001				
				1c Effective d 12/01/					
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	D. Box)			dentification Number 1431398				
City or town, state or provin SUNFRESH FOODS INC	ce, country, and ZIP or foreign pos	tal code (if foreign, see instructions	3)	2c Sponsor's	telephone number 64-0940				
			}		ode (see Instructions)				
125 S KENYON ST				TO DUBINGSS C	ood (see meaucions)				
SEATTLE		WA 981	08	311400					
3a Plan administrator's name and address 🛛 Same as Plan Sponsor.					3b Administrator's EIN				
				3c Administra	tor's telephone number				
4 If the name and/or EIN of the	ne plan sponsor or the plan name h	as changed since the last return/re	port filed for	4b EIN					
	onsor's name, EIN, the plan name :	and the plan number from the last I	return/report.	4 1	IIT -==+(**)				
a Sponsor's name C Plan Name				4d PN					
V Figit Name			•						
5a Total number of participants	s at the beginning of the plan year.			5a					
	s at the end of the plan year			5b	,				
<ul> <li>C Number of participants with</li> </ul>	account balances as of the end of	the plan year (only defined contrib	ution plans	5c					
	articipants at the beginning of the pi			5d(1)					
				5d(2)	<u></u>				
d(2) Total number of active participants at the end of the plan year  B. Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested									
<u> caudon: A penalty for the late</u>	or incomplete filing of this return	Vreport will be assessed unless	reasonable com	se is establishe	d				
- Under penalties of penury and of	ther penalties set forth in the instruc- ind signed by an enrolled actuary, a	tions I declara that I have everyle	ad this catura/ran	والمراكب المراكب					
Ander	HOOMER	4/27/20	Jugy to	toaden					
Sunatur Stand	rdinininatiae	Date: Enter	nama of Individu	<del></del>	Administrator				
SIGN				er was nut Ricoshidi	Careful traff (\$15)				
Signature of emplo	yer/plan sponsor	Date Enter	name of individu	al signing as emo	ployer or plan sponsor				
For Paperwork Reduction Act Notice	e, see the Instructions for Form 5500	-8F.			Form 5500-SF (2018)				

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þ	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 62 or line 6b, the plan cannot fit 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	f an indepe and cond not use Fe insurance	andent qualified public Hitions.)orm 5500-SF and mus program (see ERISA s	accour et Inste	tent (f ad us 4021)?	QPA) e Forn	 n 5500.	No	Yes No Yes No t determined	
D-			promiser time j	Jian ya				(zaba)	isoucions.)	
<u>ra</u> 7	rt III Financial Information	1.2.3.3	· · · · · · · · · · · · · · · · · · ·		1					
<u>'</u> _a	Plan Assets and Liabilities Total plan resets		(a) Beginning				(b) End	of Yea		
	Total plan assets	. 7a		277,	793				340,805	
	Net plan assets (subtract line 7b from line 7a)	. 7b . 7c	<u> </u>	277,	703					
8	Income, Expenses, and Transfers for this Plan Year	1 10	(0) # =		, , , ,		0.5	<del>-</del>	340,805	
a	Contributions received or receivable from:		(a) Amous	-	٥٠٥	٠	(D)	Total		
	(1) Employers	1			959					
	(2) Participants	82(2)		25,	490	<u> </u>				
	(3) Others (including rollovers)	. 8a(3)						<u> </u>		
	Other income (loss)	8b		<u> </u>	603	<u>, - '' - </u>	1,11	•. •		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							63,052	
	Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions)	. 8e								
<u> </u>	Administrative service providers (salaries, fees, commissions)	<b>8</b> f			40	7		1	**	
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							40	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81					3		63,012	
ĵ	Transfers to (from) the plan (see instructions)	plan (see instructions)			ľ			100		
Par	rt IV Plan Characteristics						1		<del></del>	
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ins	tructions	:	
b	If the plan provides welfare benefits, enter the applicable welfare for									
Par	V Compliance Questions									
10	During the plan year:				Yes	No	I	4 .		
	Was there a failure to transmit to the plan any participant contribu-	tions withi	a the time period		res	No		Amount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X.				
b		? (Do not	include transactions	10b		х			VIII.	
C	Was the plan covered by a fidelity bond?			10c	"	Х			-101	
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	,			
9	Were any fees or commissions paid to eny 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				272	
f	Has the plan failed to provide any benefit when due under the plan			10f		Х		<u></u>		
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х				
h	2520.101-3.)	********		10h		Х		,		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the	10i						
			<u></u>						,	

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Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements (Form 5500) and line 11a below)	? (If "Yes," see instructi	ions an	d complete S	chedule :	SB	$\prod$	_ Y	es X	No
11a	Enter the unpeld minimum required contributions for all years from Sch				11a					
12	Is this a defined contribution plan subject to the minimum funding requ ERISA?(If "Yes," complete line 12s or tines 12b, 12c, 12d, and 12e below, as a	frements of section 412	2 of the	Code or sect		of		Y	es X	No
a	If a waiver of the minimum funding standard for a prior year is being an granting the waiver.	ortized in this plan yea	er, see i	instructions, a . Month	ınd enter Da			letter ear	ruting	)
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and ski	p to lin	e 13.						
b	Enter the minimum required contribution for this plan year	**************************************			12b					
C	Enter the amount contributed by the employer to the plan for this plan ye	9ar			12c					
· d	Subtract the amount in line 12c from the amount in line 12b. Enter the respective amount)				12d					
е	Will the minimum funding amount reported on line 12d be met by the fu					Yes	N	0 [	N/A	A.
Part,	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?					Yes	3 5	No		
	If "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year		***************************************	13a	Ï		<del></del>		
Ь	Were all the plan assets distributed to participants or beneficiaries, tran- control of the PBGC?		n, or bro	ught under th	16		Ye	s 🛚	No	
C	If, during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	his plan to another plan	r(s), ide	ntify the plan	(s) to					

13c(1) Name of plan(s):

13c(2) EIN(s)

13c(3) PN(s)