## 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

2017

This Form is Open to Public Inspection

Part I   Annual Report Identification Information								
For calenda	ar plan year 2017 or fi	scal plan year beginning 01/01/2	2018	and ending 10	0/17/2018			
A This ret	turn/report is for:	x a single-employer plan		olan (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/report					
		an amended return/report	X a short plan year retu	urn/report (less than 12 m	onths)			
C Check box if filing under:    Form 5558								
	T	special extension (enter descri	• •					
Part II	Basic Plan Info	ormation—enter all requested in	formation		T	•		
1a Name STARLINE V	•	K) PROFIT SHARING PLAN			<b>1b</b> Three-digingler plan number (PN) ▶			
					1c Effective date of plan 01/01/2001			
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	). Box)		2b Employer I	Identification Number 98-0160531		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  STARLINE WINDOWS, INC.					2c Sponsor's	telephone number		
						code (see instructions)		
1465 SLATER ROAD					238900			
FERNDALE, WA 98248								
0		🖂			21			
<b>3a</b> Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		<b>3b</b> Administra	tor's EIN		
					<b>3c</b> Administra	tor's telephone number		
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			<b>4b</b> EIN			
<b>a</b> Spons	or's name				4d PN			
C Plan N	lame							
<b>5a</b> Total r	number of participants	s at the beginning of the plan year			5a	2		
		s at the end of the plan year			5b	0		
<b>C</b> Numb	er of participants with	account balances as of the end of	the plan year (only define	ed contribution plans	5c	0		
complete this item)  d(1) Total number of active participants at the beginning of the plan year					5d(1)	2		
		articipants at the end of the plan yea			5d(2)	0		
than	100% vested	terminated employment during the			5e	0		
		or incomplete filing of this return						
SB or Sche		ther penalties set forth in the instructed and signed by an enrolled actuary, a plete.						
SIGN	Filed with authorized	I/valid electronic signature.	12/11/2018	RENATO MARTINI				
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pla	ın administrator		
SIGN	Filed with authorized	l/valid electronic signature.	12/11/2018	RENATO MARTINI				
HERE	ual signing as em	signing as employer or plan sponsor						

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_	Were all of the plan's assets during the plan year invested in eligible. 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	an indeper and condit	ndent qualified public a	ccount	ant (IC	(PA)		
	If you answered "No" to either line 6a or line 6b, the plan cannot 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	surance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined . (See instructions.)
Pa	rt III Financial Information		r					
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) En	d of Year
a	Total plan assets	7a	2	23999				0
<u>b</u>	Total plan liabilities	7b						0
C	Net plan assets (subtract line 7b from line 7a)	7c	2	23999				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total
a	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		3119				
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3119
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	25678				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		1440				
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						27118
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-23999
<u>j</u>	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 2J 2K 2T 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	n Chara	acteris	tic Code	es in the inst	tructions:
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 contributed 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.)	? (Do not	include transactions	10b		X		
С				10c		Х		
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?							
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.)	e or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		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 '	/I Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule S	B 	Yes	No X
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 ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 of	f 	Yes	x No
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.			of the letter ru Year	uling
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 \	/II 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			C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			X Yes I	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to			
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> P	N(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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information				
For calendar plan year 2017 or fiscal plan year beginning	01/01/2018	and ending	10/17/2	018
A This return/report is for:	a multiple-employer a list of participating	plan (not multiemployer) employer information in	(Filers checking	this box must attach
B This return/report is:  a one-participant plan the first return/report an amended return/report	a foreign plan  the final return/repor  a short plan year retu	t urn/report (less than 12 r	nonths)	
C Check box if filing under: Form 5558 special extension (enter description)	automatic extension		DFVC	program
Part II Basic Plan Information enter all requested	information			
1a Name of plan STARLINE WINDOWS, INC. 401(K) PROFIT SHAR			1b Three-diplan num (PN) ► 1c Effective	nber 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.C City or town, state or province, country, and ZIP or foreign posts	). Box) al code (if foreign, see ins	ructions)	1	/2001 or Identification Number 98-0160531
STARLINE WINDOWS, INC.	2c Sponsor's telephone number (425) 806-8565			
1465 SLATER ROAD	2d Business 238900	s code (see instructions)		
US FERNDALE WA 98248				
3a Plan administrator's name and address X Same as Plan Spo	3b Administrator's EIN			
			3c Administr	rator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name hat this plan, enter the plan sponsor's name, EIN, the plan name an	s changed since the last rend the plan number from the	eturn/report filed for le last return/report.	4b EIN	
a Sponsor's name c Plan Name			4d PN	
5a Total number of participants at the beginning of the plan year .			5a	2
b Total number of participants at the end of the plan year			5b	0
Number of participants with account balances as of the end of the complete this item)	ne plan year (only defined	contribution plans	5c	0
d(1) Total number of active participants at the beginning of the plan			5d(1)	2
d(2) Total number of active participants at the end of the plan year	***************************************	***************************************	5d(2)	0
e Number of participants who terminated employment during the pless than 100% vested	plan year with accrued ber	nefits that were	5e	0
Caution: A penalty for the late or incomplete filing of this return	report will be assessed	unless reasonable cau	use is establishe	ed.
Under penalties of perjury and other penalties set forth in the instruc SB or Schedule MB completed and signed by an enrolled actuary, a belief, it is true, correct, and complete.	tions, I declare that I have	examined this return/rei	port, including, if	applicable a Schedule
SIGN TO CO	Dec 11, 2018	Run Me	artini	
HERE Signature of plan administrator	Date	Enter name of individua	ıl signing as plan	administrator
SIGN Tas and	Dec 11, 2018	Carrier II	natin;	
HERE Signature of employer/plan sponsor	Date	Enter name of individua	Il signing as emp	loyer or plan sponsor

-									
	Were all of the plan's assets during the plan year invested in eligible						************	X Yes \( \sum_{\text{N}}	٧o
b	Are you claiming a waiver of the annual examination and report of a	n independe	ent qualified public acc	ounta	nt (IQI	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot	na conaitior	IS.)	-4				X Yes \( \textstyle \textst	10
С	If 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	DDOO	gram (see ERISA secil	011 40	21)?	*****	· Yes	☐ No ☐ Not determ	
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC prer	nium fifing for this year	_				(See instructions	3.)
P	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar	T	(	b) End of Year	
a	Total plan assets	7a		23,	999		•	0	
b	Total plan liabilities	7b						0	_
C	Net plan assets (subtract line 7b from line 7a)	7c		23,	999			0	_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) Total	
а	Contributions received or receivable from: (1) Employers	0=(4)						TO BUSINESS OF THE	35 -
_	(2) Participants	8a(1)			0				278
_	(3) Others (including rollovers)	8a(2)			0	1000			
b	Other income (loss)	8a(3) 8b		2 -	<u> </u>				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		3,1	119	1000	DIK ED		
d	Benefits paid (including direct rollovers and insurance premiums	OC	CANAL WINDS		353	1000	Carlo and and	3,119	
	to provide benefits)	8d		25,6	578	100			
е	Certain deemed and/or corrective distributions (see instructions)	8e				II	No.		8
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		1,4	140				
g	Other expenses	8g				1333	Latin Ha	Value California	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	是新华国家公会	40	3			27,118	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						(23,999)	
	Transfers to (from) the plan (see instructions)	8j				100			
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fea	ture codes	from the List of Plan C	harac	teristic	Code	es in the ir	nstructions:	_
	2E 2F 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes fr	om the List of Plan Ch	aracte	ristic (	Codes	in the inc	tructions:	_
						oouç	o in the ma	ductions.	
Pa	rt V Compliance Questions								_
10	During the plan year:				Yes	No	N/A	Amount	_
а	Was there a failure to transmit to the plan any participant contribution	ns within th	e time period			140		Amount	_
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volu	intary Fiduc	iary Correction						
	Program)	***************************************		10a		x			
b	The division and inches the first designation of the party-in-line less in	(Do not incl	ude transactions						_
c	reported on line 10a.)	**************	*******************************	10b		Х			_
d	Was the plan covered by a fidelity bond?			10c		X	MIT EL		
<u>.</u>	Did the plan have a loss, whether or not reimbursed by the plan's fic by fraud or dishonesty?	ielity bond,	that was caused	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other			100		-			
	carrier, insurance service, or other organization that provides some	or all of the	henefits under				1001		
	the plan? (See instructions.)	*************	***************************************	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?	************	*******************	10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.	***********************	10g		x			_
h	If this is an individual account plan, was there a blackout period? (Se	e instructio	ns and 29 CFR					Para Laboratoria	180
	2520.101-3.)	**************	*********************	10h		x			
i	If 10h was answered "Yes," check the box if you either provided the	required no	tice or one of the				TE S SE		
_	exceptions to providing the notice applied under 29 CFR 2520.101-3	*************		10i					17

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Par	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schi (Form 5500 and line 11a below)	edule 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 section ERISA?	n 302 of	Yes X	] No			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	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	e date of the letter rulin Year	ng			
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?	□ Y	es No 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?	х	Yes No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		C			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X Yes No				
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to					
13	c(1) Name of plan(s): 13c(2) EIN	l(s)	13c(3) PN(s	)			