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	1							
For calend	dar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018		and ending 12	2/31/2	.018			
A This return/report is for: 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	a foreign plan							
B This ret	turn/report is	the first return/report	the final return/report							
	an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	Form 5558	aut	tomatic extension		DF	VC program			
		special extension (enter desc	cription)							
Part II	Basic Plan Info	ormation—enter all requested in	nformatio	n						
1a Name		·				1b	Three-digit			
	ION SPECIALTIES LT	D 401K PLAN					plan number (PN)	001		
						1c	Effective date of			
								1/2011		
		oyer, if for a single-employer plan)	O Povl			2b	Employer Identi			
		m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign posi		(if foreign, see instru	uctions)	_	(/	396557		
-	ON SPECIALTIES LTD				,	2C	Sponsor's telep			
						2d	Business code (see instructions)		
527 SOUTH SEATTLE, V	I PORTLAND STREET	-					3323	800		
OL/(ITLL, V	777 30 100									
3a Plan administrator's name and address						3b Administrator's EIN				
						3c Administrator's telephone number				
		e plan sponsor or the plan name h				4b EIN				
	blan, enter the plan spo sor's name	onsor's name, EIN, the plan name a	and the p	plan number from th	e last return/report.	4d PN				
C Plan I										
5a Total	number of participants	s at the beginning of the plan year.				5		14		
		at the end of the plan year				5	b	14		
		account balances as of the end of				5	С	11		
d(1) To	tal number of active pa	articipants at the beginning of the p	olan year			5d	(1)	12		
		articipants at the end of the plan ye				. 5d(2)				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5	е	0			
Caution:	A penalty for the late	or incomplete filing of this retur	rn/report	will be assessed u	unless reasonable cau	use 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 belief, it is true, correct, and complete.										
SIGN		l/valid electronic signature.		04/15/2019	LISA REEVES					
HERE	Signature of plan a	administrator		Date	Enter name of individ	vidual signing as plan administrator				
SIGN						,	-			
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor						

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C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								No No	
7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?	[Yes No			
a Total plan assets	Pai	rt III Financial Information									
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year		
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a	3	19062				321647		
8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 0 (2) Participants 8a(2) 7647 (3) Others (including rollovers). 8a(3) 0 (b) Other income (loss). 8a(3) 0 (c) Dither income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8b 38811 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 38836 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 0 (e) Certain deemed and/or corrective distributions (see instructions). 8c 961 f Administrative service providers (salaries, fees, commissions). 8f 290 g Other expenses. 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g). 8h 1251 i Net income (loss) (subtract line 8h from line 8c). 8i 25865 j Transfers to (from) the plan (see instructions). 8j 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable verifare feature codes from the List of Plan Characteristic Codes in the instructions: 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 CF2 203 -21 27 30 -30 -30 (See instructions) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10b X C Was the plan never a loss, whether or not relimbursed by the plan's fidelity bond, that was caused by Yard or dishonesty; or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan 7 (See instructions). 10b X g Did the plan have a loss, whether or not relimbursed by the plan's fidelity bond, that was caused by Yard or dishonesty; or other persons by an insurance carrier, or other perso	b	Total plan liabilities	7b		0			0			
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Expenses (including rollovers) (5) Other income (loss) (6) Other income (loss) (7) Expenses (7) Expenses (8) Expenses (8) Expenses (8) Expenses (8) Expenses (9) Expenses (9) Expenses (9) Expenses (9) Expenses (9) Expenses (9) Expenses (1) Expenses (2) Expenses (3) Other expenses (4) Expenses (5) Expenses (1) Expenses (1) Expenses (1) Expenses (2) Expenses (3) Other expenses (4) Expenses (5) Expenses (6) Expenses (7) Expenses (8) Other expenses (9) Other expenses (1)	С	Net plan assets (subtract line 7b from line 7a)	7c	3	19062				321647		
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) T	(b) Total		
(3) Others (including rollovers)	а		8a(1)		0						
b Other income (loss)		(2) Participants	8a(2)		7647	_					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0	_					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		-3811						
to provide benefits)			8c						3836		
f Administrative service providers (salaries, fees, commissions)	d		8d		0	_					
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	e distributions (see instructions) 8e 96								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	ninistrative service providers (salaries, fees, commissions) 8f								
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0						
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	al expenses (add lines 8d, 8e, 8f, and 8g)						1251		
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 instructions: 2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X C Was the plan covered by a fidelity bond? 10c X 50000 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 50000 d 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) 10c X 259 f Has the plan failed to provide any benefit when due under the plan? 10f X 27695 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	<u> i </u>		income (loss) (subtract line 8h from line 8c)						2585		
Second Part V Compliance Questions	J	Transfers to (from) the plan (see instructions)	ansfers to (from) the plan (see instructions)								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10											
Part V Compliance Questions 10 During the plan year: Yes No Amount 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 c Was the plan covered by a fidelity bond? 10c X 50000 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 e 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 259 f Has the plan failed to provide any benefit when due under the plan? 10f X 259 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	9a 										
During the plan year: Amount 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.) C Was the plan covered by a fidelity bond? 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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) In this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the instru	uctions:		
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)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		0 1 7				Yes	No	,	Amount		
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		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?	b		•		10b		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?	С	Was the plan covered by a fidelity bond?			10c	X			500	000	
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.)	d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 27695 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	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				Х			:	259	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	f Has the plan failed to provide any benefit when due under the plan?					X				
2520.101-3.)	<u> </u>		-	·	10g	X			270	695	
· · · · · · · · · · · · · · · · · · ·	h	2520.101-3.)	· ·····		10h		Χ				
	i	· · · · · · · · · · · · · · · · · · ·	•		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.)									
а	a 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	you 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 plant 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 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		t Identification Information									
For calend	ar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/2	018					
A This re	turn/report is for:	a single-employer plan	list of participating em	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)							
D Tu		a one-participant plan	a foreign plan								
B This reti	urn/report is	the first return/report	the final return/report								
_		an amended return/report	amended return/report a short plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension		DFVC program						
		special extension (enter desc	cription)								
Part II	Basic Plan Inf	ormation—enter all requested in	nformation								
1a Name					1b Three-digit						
FABRIC.	ATION SPECIAL	LTIES LTD 401K PLAN			plan number	001					
					1c Effective dat 07/01/2	e of plan					
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer Identification Number (EIN)91-1396557						
FABRIC.	town, state or provin	ice, country, and ZIP or foreign pos	stal code (if foreign, see instr	ructions)	2c Sponsor's telephone number (206) 763-8292						
527 50	UTH PORTLAND	CMDEEM			A STATE OF THE REAL PROPERTY AND ADDRESS OF THE	de (see instructions)					
		SIREEI									
SEATTL				98108	332300						
3a Plan administrator's name and address Same as Plan Sponsor.					3b Administrator's EIN						
	3c Administrator's telephone number										
4 If the r	name and/or EIN of the	he plan sponsor or the plan name h onsor's name, EIN, the plan name	has changed since the last re and the plan number from the	eturn/report filed for	4b EIN						
	or's name	shoot o hamo, and plan hamo	and the plan number from t	ic last return report.	4d PN						
C Plan N	lame										
5a Total	number of participant	s at the beginning of the plan year			5a	14					
		s at the end of the plan year			. 5b	14					
		account balances as of the end of			5c	11					
d(1) Tota	al number of active p	articipants at the beginning of the p	olan year		5d(1)	12					
d(2) Tot	al number of active p	articipants at the end of the plan ye	ear		5d(2)	12					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e 0						
Under pena	alties of perjury and o	other penalties set forth in the instru	uctions, I declare that I have	examined this return/re	port, including, if an	plicable, a Schedule					
SB or Sche	edule MB completed a true, correct, and con	and signed botan enrolled actuary.	as well as the electronic ven	sion of this return/repor	rt, and to the best of	my knowledge and					
SIGN	W	VI	4.15.19	USA	PEEVES						
HERE	Signature of plan	administrator	Date	Enter name of individ	tual signing as plan	administrator					
SIGN HERE											
		oyer/plan sponsor	Date	Enter name of individ	lual signing as empl	oyer or plan sponsor					

6a b	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 runder 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either line for or line for the plan asset.	an indepen	dent qualified public	accoun	tant (I	QPA)		⊠ Yes ☐ No
С	If you answered "No" to either line 6a or line 6b, the plan cann of the plan is a defined benefit plan, is it covered under the PBGC in our "Yes" is checked, enter the My PAA confirmation number from the	nsurance pr	ogram (see ERISA s	ection 4	1021)?		Yes No	Not determined . (See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea			(b) End	of Year
a	Total plan assets	7a		319,	062			321,647
b	Total plan liabilities	7b			0			(
c	Net plan assets (subtract line 7b from line 7a)	7c		319,	062			321,647
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Γotal
a	Contributions received or receivable from: (1) Employers	8a(1)			0			
	(2) Participants	8a(2)		7,	647			
	(3) Others (including rollovers)	8a(3)			0			
b	Other income (loss)	8b		-3,	811			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3,836
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			
	Certain deemed and/or corrective distributions (see instructions)	8e			961			
f	Administrative service providers (salaries, fees, commissions)	8f			290			
g	Other expenses	8g	. 0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,251	
i_	Net income (loss) (subtract line 8h from line 8c)	8i						2,585
j	Transfers to (from) the plan (see instructions)	8j	0					
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare f							
10								
a	During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	duciary Correction	10a	Yes	No X		Amount
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		Х		
C				10c	X	-		50,000
d		fidelity bond	d, that was caused	10d		х		30,000
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.)	ner persons ne or all of th	by an insurance ne benefits under	10e	Х			259
f	Has the plan failed to provide any benefit when due under the pla			10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х			27,695
h 	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X		
İ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required 1-3	notice or one of the	10i				

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Part	VI Pension Funding Compliance								-
11	Is this a defined benefit plan subject to minimum fundir (Form 5500) and line 11a below)	g requirements? (If "Yes," s	see instructions	and complete Sch	edule S	В		Yes	X No
11a	Enter the unpaid minimum required contributions for al								
12	Is this a defined contribution plan subject to the minimi ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and	um funding requirements of	section 412 of t					Yes	X No
а	If a waiver of the minimum funding standard for a prior granting the waiver.	year is being amortized in the	nis plan year, se	ee instructions, and	enter t		the lett	er rulir	ng
If	you completed line 12a, complete lines 3, 9, and 10 c	f Schedule MB (Form 550	0), and skip to	line 13.			rou		
	Enter the minimum required contribution for this plan year				12b				
	Enter the amount contributed by the employer to the pla				12c				
d	Subtract the amount in line 12c from the amount in line negative amount)	12b. Enter the result (enter	a minus sign to	the left of a	12d				
<u>e</u>	Will the minimum funding amount reported on line 12d	be met by the funding dead	line?			Yes	No	N	/A
Part	200.00 KM					_			
13a	Has a resolution to terminate the plan been adopted in any	plan year?				Yes	X N	No	
	If "Yes," enter the amount of any plan assets that rever				13a				
b	Were all the plan assets distributed to participants or be control of the PBGC?	eneficiaries, transferred to a	nother plan, or l	brought under the		П	Yes	X No	

13c(2) EIN(s)

13c(3) PN(s)

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.)

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