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 calend	lar plan year 2018 or fi	scal plan year beginning 01/01/20	018	and ending 1:	2/31/2018					
A This re	turn/report is for:	a single-employer plan	lan							
		a one-participant plan	a foreign plan							
D This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program					
D 4 11	l	special extension (enter descri								
Part II		ermation—enter all requested info	ormation		1 41					
1a Name	•				1b Three-digit					
STONE LUN	MBER 401(K) PLAN				plan number (PN) ▶	001				
					1c Effective date of	l .				
						1/1997				
Mailin	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O			2b Employer Identification Number (EIN) 82-0168560					
STONES, IN		e, country, and ZIP or foreign posta	al code (If foreign, see instr	uctions)	2c Sponsor's telep					
					2d Business code (see instructions)					
412 2ND ST					444130					
P.O. BOX 71 NAMPA, ID 83653										
3a Plan a	administrator's name a	nd address X Same as Plan Spon	sor		3b Administrator's	FIN				
Ju Flair a		dadices A came as rian open	301.		7 tarrimotrator 5					
					3c Administrator's	telephone number				
		e plan sponsor or the plan name ha			4b EIN					
	sor's name	inson's name, Em, the plan name at	nd the plan number nom t	ie iast retum/report.	4d PN					
C Plan N										
5a Total	number of participants	at the beginning of the plan year			. 5a	21				
		at the end of the plan year			. 5b	21				
		account balances as of the end of t		•	5c	18				
d(1) Total number of active participants at the beginning of the plan year			5d(1)	18						
d(2) Total number of active participants 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			5e	0						
		or incomplete filing of this return			use is established.					
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a								
SIGN		/valid electronic signature.	09/04/2019 MONTE SCHLERF							
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan ad	ministrator				
SIGN		/valid electronic signature.	09/04/2019	MONTE SCHLERF						

Date

HERE

Enter 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.)							☐ No ☐ No	
	If you answered "No" to either line 6a or line 6b, the plan cann								
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 N	lo Not deterr	mined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instruct	ions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year	,		(b) E	nd of Year	
a	Total plan assets	7a	` '	73711				911591	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	8	73711				911591	
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(1	b) Total	
	Contributions received or receivable from:		(4) 1 2210 221					.,	
	(1) Employers	8a(1)		40128					
	(2) Participants	8a(2)		82753					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		42131					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						80750	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		41645					
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
f	Administrative service providers (salaries, fees, commissions)	rvice providers (salaries, fees, commissions) 8f 0							
g	Other expenses	8g 1225							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						42870	
ī	Net income (loss) (subtract line 8h from line 8c)	8i						37880	
j	Transfers to (from) the plan (see instructions)	8i							
Pai	rt IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic C	odes in the	instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ir	structions:	
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 Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			100000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's 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		Х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g				10g	X			3036	1
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 se ERISA?		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 enter the date of the letter ruling granting the waiver Day 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?		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	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)	

Form 5500-SF

Department of the Treasury Internel Revenue Service

Oepartment 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

2018

This Form is Open to Public inspection

		ldentification Information			40 /04 /004	
Ford	calendar plan year 2018 or fi	scal plan year beginning	01/01/2018	and ending	12/31/201	
A 1	This return/report is for:	x a single-employer plan	a multiple-employer plan a list of participating em	n (not multiemployer) ployer information in	(Filers checking the accordance with the	is box must attach e form instructions.)
		a one-participant plan	a foreign plan			
В	This return/report is:	the first retum/report	the final return/report			
		an amended return/report	a short plan year return	report (less than 12 i	months)	
C	Check box if filing under:	x Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter desc	eription)		<u> </u>	
Pa	rt II Basic Plan Inf	ormation enter all requested	Information			
	Name of plan				1b Three-digit	
	Stone Lumber 401 (k	:) Plan			(PN) ▶	001
					1c Effective da	
2a	Mailing Address (include ro	loyer, if for a single-employer plan) oom, apt., suite no, and street, or P	.O. Box)	-dl-mo)		dentification Number -0168560
		nce, country, and ZIP or foreign po	stal code (ir foreign, see instru	ctions)	2c Sponsor's	telephone number
	Stones, Inc.				(208) 4	
					2d Business of 444130	ode (see instructions)
	412 2nd St. South P.O. Box 71				444130	
	US Nampa ID B3653					
3a	Plan administrator's name	and address X Same as Plan S	ponsor		3b Administra	tor's EIN
						Sect.
					3c Administra	tor's telephone number
4	If the name and/or EIN of this plan, enter the plan so	the plan sponsor or the plan name tonsor's name, EIN, the plan name	has changed since the last re and the plan number from the	turn/report filed for last return/report.	4b EIN	
а	Sponsor's name				4d PN	
C						
	Total number of participan	ts at the beginning of the plan year	020200000000000000000000000000000000000		. 5a	21
b	Total number of participan	ts at the end of the plan year	2804040404040404040440440440440404040404	***********************	. 5b	21
С	Number of participants with	h account balances as of the end o	of the plan year (only defined o	contribution plans	5c	18
d(articipants at the beginning of the p			. 5d(1)	18
0.00		articipants at the end of the plan ye			E4/3)	19
е	Number of participants whiless than 100% vested	o terminated employment during th	e plan year with accrued ben	efits that were	. 5e	0
_				unione maganahia /	ausa is astahiisha	nd .
Ur SE	der penalties of periury and	te or incomplete filing of this retu other penalties set forth in the inst it find signed/by an enrolled actuary on blete.	ructions. I declare that I have	examined this return.	report, Including, if	applicable, a Schedule
11 A. A.			19/4/2019	Monte Schlerf	40000	
50.00	IERE Signature of plan a	Iministrator	Date, /	Enter name of individ	lual signing as plan	administrator
	ign //	-41011	0/1//0 -/0	Monte Schlerf		
4 0	ERE Signature of employ	yer/pian sponsor	Date //	Enter name of individ	ual signing as emp	loyer or plan sponsor

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62	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)					X Yes No	
	Are you claiming a waiver of the annual examination and report of an independent qualified public accounter 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)					******		XYes No	
	if you answered "No" to either line 6a or line 6b, the plan canno	t use Fon	m 5500-SF and must inst	ead L	ISE T	orm s	300.	□No □ Not determined	
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA se								
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pr	emium filing for this year	i.s.				(See instructions.)	
Ps	ert III Financial Information			3.200				28	
7	Plan Assets and Liabilities		(a) Beginning of	Year				(b) End of Year	
а	Total plan assets	7a	87	3,71	.1			911,591	
b	Total plan liabilities	7b				<u>L</u>			
С	Net plan assets (subtract line 7b from line 7a)	7c	87	3,71	1			911,591	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	20.0				(b) Total	
а	Contributions received or receivable from:	0-/4)	4	0,12	8	14.1			
-	(1) Employers	8a(1)		2,75		64			
	(2) Participants	8a(2) 8a(3)							
h	(3) Others (including rollovers)	8b	142	,13					
b	Other income (loss)	8c	E. PERMINDER DESCRIPTION		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	Tracil Ship.		80,750	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	00		260)	- 76		T. 1.		
u	to provide benefits)	8d_	4	1,6	15	la l		1 19 1 1	
е	Certain deemed and/or corrective distributions (see instructions)	8e					-		
f	Administrative service providers (salaries, fees, commissions)	8f	(a)	. 0					
g	Other expenses	8g		1,225					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	1		7. 	9	42,870			
i	Net income (loss) (subtract line 8h from line 8c)			4				37,880	
ī	Transfers to (from) the plan (see instructions)	. 8j				1.			
P	art IV P)an Characteristics							WWW 87	
	If the plan provides pension benefits, enter the applicable pension for	eature cod	les from the List of Plan C	harac	teristi	c Cod	es in th	ne instructions:	
	2E 2F 2G 2J 2K 3D	.70			500				
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Ch	aracte	eristic	Code	s in the	instructions:	
P	art V Compliance Questions						77150		
10	During the plan year:				Yes	No	N/A	Amount	
_	Was there a failure to transmit to the plan any participant contribu	itions with	in the time period				1		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vi	oluntary Fi	ductary Correction					8	
_	Program)	***************************************	***************************************	10a		X	160 A		
I	Were there any nonexempt transactions with any party-in-interest			10b		x			
-	reported on line 10a.)		***************************************	10c	х			1,000,000	
	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's		nd that was caused	.00	- 1	-			
	by fraud or dishonesty?		*************	10d		х			
•	 Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son 	her persor ne or all of	ns by an insurance the benefits under						
	the plan? (See instructions.)		***************************************	10e		X			
	f Has the plan failed to provide any benefit when due under the plan?			10f	-	Х			
	g Did the plan have any participant loans? (If "Yes," enter amount a			10g	х		2	30,361	
9	h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		х	- 1		
	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i			44		
	exceptions to providing the notice applied under 25 OFF 2520. To			1 -			11.5		

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Form	5500-SF	201	8

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Page	3	-	ı

Par	VI Pension Funding Compliance	0(4)(4					
11	Is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and complete S (Form 5500 and line 11a below)	chedule	SB	☐ Ye	s X	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 sectERISA?	tion 302	of	☐ Ye	s 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 enter the date of the granting the waiver						ng	
<u>If y</u>	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		****		3.2.5	
c	Enter the amount contributed by the employer to the plan for the plan year	12c		5.7.			
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				Yes No N/A			
Part	VII Plan Terminations and Transfers of Assets	4,000					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X N	0		
	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 the control of the PBGC?			es 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.)	s) to					
13	c(1) Name of pian(s): 13c(2) E	N(s)	····	13c(3)	PN(s)		