Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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	Annual Report	Identification Information				
For calend	ar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018	
A This ref	turn/report is for:	X a single-employer plan		olan (not multiemployer) (mployer information in ac	_	
5 ·		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	am
	·	special extension (enter descr	• ,			
Part II	Basic Plan Info	ormation—enter all requested inf	formation			
1a Name NORTHWES	•	AZZO CO. 401(K) SAVINGS PLAN			1b Three-dig plan numl (PN) ▶	
					1c Effective	date of plan 07/01/1994
		oyer, if for a single-employer plan)				Identification Number
		m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		tructions)	(EIN)	91-0552845
•	ST MARBLE & TERRA		ar code (ii foreign, see ins	inductions)		s telephone number 25-644-1666
					2d Business	code (see instructions)
15303 SMO	KEY POINT BLVD					238900
MARYSVILL	E, WA 98271					230300
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
					7 tarrimotit	ator o telephone namber
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN	
	or's name	Tisor s hame, Env, the plan hame a	and the plan number from	the last return/report.	4d PN	
C Plan N						
_		at the beginning of the plan year			5a	9
		s at the end of the plan year			5b	9
		account balances as of the end of		-	5c	9
d(1) Tot	al number of active pa	articipants at the beginning of the plant	an year		5d(1)	9
		articipants at the end of the plan yea			5d(2)	9
		terminated employment during the			5e	
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable cau	use is establish	ed.
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.				
SIGN	Filed with authorized	I/valid electronic signature.	09/03/2019	MARLA D CLOUGH		
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pl	an administrator
SIGN	Filed with authorized	I/valid electronic signature.	09/03/2019	MARLA D CLOUGH		
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as er	nployer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		,				
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No Not determined
Pai	rt III Financial Information				ī		
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year
a	Total plan assets	7a	167	74821			1598543
<u>b</u>	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c	167	74821			1598543
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		7383			
	(2) Participants	8a(2)	4	29530			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-11	13191			
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-76278
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					
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					-76278
	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a 	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K	feature co	des from the List of Pla	an Chai	racteris	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acterist	ic Cod	les in the instructions:
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.)	t? (Do not	include transactions	10b		X	
c	Was the plan covered by a fidelity bond?			10c	X		200000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X	20000
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 person ne or all of	s by an insurance the benefits under	10e	X		8471
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X		4397
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)			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 or section 302 of ERISA?						
	(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 instructi granting the waiver		l 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 of negative amount)	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 ur 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 the which assets or liabilities were transferred. (See instructions.)	e plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

mployee Benefits Security Administration
Pension Benefit Guaranty Corporation

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).

Short Form Annual Return/Report of Small Employee Benefit Plan

► 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

	art I Annual Repor	rt Identification Informatio	on			
Foi	calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/20	18
Α	This return/report is for:	x a single-employer plan	a list of participatin	r plan (not multiemploye g employer information i	r) (Filers checking to accordance with	this box must attach the form instructions.)
В	This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/repo			
		an amended return/report	a short plan year re	turn/report (less than 12	months)	
С	Check box if filing under:	x Form 5558 special extension (enter des	automatic extensio	n	DFVC	orogram
P	art II Basic Plan Inf	formation enter all requeste	• •			
	Name of plan	Official an requeste	d information		1h =	
		& Terrazzo Co. 401(k) S	avings Plan		1b Three-diging plan numb (PN) ▶	
20	Di.				1c Effective of 07/01/1	
Za	Mailing Address (include ro	oloyer, if for a single-employer plan oom, apt., suite no. and street, or F nce, country, and ZIP or foreign po	O Box)	nstructions)		Identification Number -0552845
	Northwest Marble & Terrazzo Co.					telephone number 44-1666
	15303 Smokey Point	: Blvd			2d Business (238900	code (see instructions)
_	US Marysville WA 98271					
3a	Plan administrator's name	and address 🗓 Same as Plan S	ponsor		3b Administra	tor's EIN
					3c Administra	tor's telephone number
4	If the name and/or EIN of the this plan, enter the plan spo	he plan sponsor or the plan name lonsor's name, EIN, the plan name	has changed since the las and the plan number from	t return/report filed for	4b EIN	
	Sponsor's name Plan Name				4d PN	
5a	Total number of participants	s at the beginning of the plan year			F-	_
b	Total number of participants	s at the end of the plan year		***************************************	5a 5b	9
С	Number of participants with	account balances as of the end o	f the plan year (only define	d contribution plans	5c	9
d(articipants at the beginning of the p	I -		5d(1)	9
d(2) Total number of active pa	rticipants at the end of the plan ye	ar		5d(2)	9
е	Number of participants who	terminated employment during the	e plan year with accrued b	enefits that were	5e	
Ca	ution: A penalty for the late	e or incomplete filing of this retu	rn/report will be assesse	ed unless reasonable c	ause is establishe	d.
Und SB	der penalties of perjury and o	other penalties set forth in the instr and signed by an enrolled actuary.	uctions. I declare that I ha	ve examined this return/	report including if	applicable a Schodulo
SI	GN Malat	Clough	9/3/19	Mich D.	Cloush	
	RE Signature of plan adn	ministrator	Date	Enter name of individu	ial signing as plan a	administrator
SI	GN Mayle e	1) Clough	9/3/19	Marla D.	Yough	expense and something the party of
HE	RE Signature of employe	r/plan sponsor	Date	Enter name of individu	al signing as emplo	oyer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (Se	ee instructions.)					X Yes No
	Are you claiming a waiver of the annual examination and report of a	n independe	nt qualified public acc	ounta	nt (IQ	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 condition: at use Form	5.) 5500-SE and must in		·······	г.		XYes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance prod	ram (see EDISA soci	tion 40	1 use	Form	5500.	□Na □Natata
	If "Yes" is checked, enter the My PAA confirmation number from the							No
Pa	art III Financial Information							(occ instructions.)
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar	T	(h) End of Year
а	Total plan assets	7a	1000	574,8	200		(b	
b	Total plan liabilities	7b		,,,,,	121			1,598,543
С	Net plan assets (subtract line 7b from line 7a)	7c	1.6	574,8	221			1,598,543
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour		121			(b) Total
а	Contributions received or receivable from:		(-)					Europe De la Contraction de la
_	(1) Employers	8a(1)		7,3	883	2114		A STATE OF THE PARTY IN
	(2) Participants	8a(2)		29,5	30	100		
L	(3) Others (including rollovers)	8a(3)					A THE	THE REAL PROPERTY.
	Other income (loss)	8b	(11	3,19	1)			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						(76,278)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f						
	Other expenses	8g						
4.1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			100		PERSONAL PROPERTY.	47/4
_	Net income (loss) (subtract line 8h from line 8c)	8i						(E.C. 0E0)
162	Transfers to (from) the plan (see instructions)		AND RESIDENCE					(76,278)
	rt IV Plan Characteristics	8j					-	THE RESERVE TO THE PERSON NAMED IN
	If the plan provides pension benefits, enter the applicable pension fe	oturo godoo	from the Lint of Diag.	26				
	3D 2E 2F 2G 2J 2K	ature codes	from the List of Plan (Jnara	cterist	ic Coa	les in the ir	istructions:
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes fr	om the List of Plan Cl	haract	eristic	Code	s in the ins	structions:
Pa	rt V Compliance Questions							
0	During the plan year:				Vac	No	AIZA	
а	Was there a failure to transmit to the plan any participant contributi	ions within th	e time period		Yes	NO	N/A	Amount
_	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol							
	Program)	-	•	10a		x		
b	Were there any nonexempt transactions with any party-in-interest?	(Do not incl	ude transactions	100				
	reported on line 10a.)			10b		х		
С	Was the plan covered by a fidelity bond?			10c	х			200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?			10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of the	benefits under	10e	х			8,471
f	Has the plan failed to provide any benefit when due under the plan		The state of the s	10f	Pensy	x		-, -, -,
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	x		2151	4,397
-	If this is an individual account plan, was there a blackout period? (\$	See instruction	ons and 29 CFR	9				4,391
h	2520.101-3.)			10h		X	SANS DE LA CONTRACTOR D	

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Par	t VI	Pension Funding Compliance				
11	Is this a	defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 500 and line 11a below)	Schedul	e SB	☐ Yes 🗓	No
11a	Enter th	e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sections," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	tion 302	of	☐ Yes 🗓	No
	If a wai	ver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, the waiver		er the date	of the letter ruling Year	ng
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter th	e minimum required contribution for this plan year	12b			
С	Enter th	e amount contributed by the employer to the plan for the plan year	12c			
d	Subtrac	t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 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 re	solution to terminate the plan been adopted in any plan year?	[X Yes	□ No	
		enter the amount of any plan assets that reverted to the employer this year	13a		N/A	
b	Were al	the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	ne		res X No	
С	If, during which a	this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan seets or liabilities were transferred. (See instructions.)	(s) to	-		
13		ne of plan(s): 13c(2) E	IN(s)		13c(3) PN(s)	
ŧ						