### 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	ar plan year 2018 or fi	scal plan year beginning 01/01/2	018	and ending 12	2/31/2018				
A This ret	turn/report is for:	a single-employer plan		lan (not multiemployer) ( mployer information in ac					
		a one-participant plan	a foreign plan						
<b>B</b> This reti	urn/report is	the first return/report	x the final return/report						
_		an amended return/report	a short plan year return/report (less than 12 months)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progr	am			
		special extension (enter descr	. ,						
Part II	Basic Plan Info	ormation—enter all requested inf	ormation		T				
1a Name ACME 401(P	of plan  C) PROFIT SHARING	PLAN			1b Three-dig plan num (PN) ▶	·			
					1c Effective	date of plan 04/01/1986			
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O	, Box)			r Identification Number			
City or	town, state or provinc	ce, country, and ZIP or foreign posta	,	tructions)	(EIN)  2c Sponsor	94-2264775 's telephone number			
AA/ACME LO	OCKSMITHS, INC.				2	206-245-1452			
600 OAKESI	DALE AVENUE SW S	TF 100			20 Business	code (see instructions)			
RENTON, W	/A 98057					238900			
3a Plan a	idministrator's name a	nd address X Same as Plan Spor	neor		<b>3b</b> Administr	 rator's FIN			
<b>Ou</b> Thair a		nd address M came as I lan oper	1301.		CD / tallilliot	ator 5 Env			
					<b>3c</b> Administr	rator's telephone number			
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN				
	or's name	, p			4d PN				
C Plan N	lame								
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a	113			
_		at the end of the plan year			5b	0			
		account balances as of the end of		•	5c	0			
<b>d(1)</b> Tot	al number of active pa	urticipants at the beginning of the plant	an year		5d(1)	88			
d(2) Total number of active participants at the end of the plan year						0			
• Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0			
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	l unless reasonable ca					
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.							
SIGN	Filed with authorized	l/valid electronic signature.	09/13/2019	MARGARET SOULAR	RIE				
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as p	lan administrator			
SIGN	Filed with authorized	/valid electronic signature.	09/17/2019	BRIAN P. CASEY					
HERE	Signature of emplo	over/plan sponsor	lan sponsor Date Enter name of individual signal						

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes	No
b	<b>b</b> 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.)							X Yes	П 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	rogram (see ERISA se	ection 4	021)?		Yes No	Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r		<u> </u>	. (See instru	ctions.)
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year	
a	Total plan assets	7a		17146			(2) =	0	
b	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	87	17146				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	otal	
а	Contributions received or receivable from:	0-(4)		05770					
	(1) Employers	8a(1)		35778 09033					
-	(2) Participants	8a(2) 8a(3)	20	00000					
	Other income (loss)	8b	-1:	55870					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						88941	
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d	33	28398					
	Certain deemed and/or corrective distributions (see instructions)	8e			-				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		3176					
	Other expenses	8g						331574	
_ <u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i					-242633		
÷	Net income (loss) (subtract line 8h from line 8c)		0.41	74540		242000			
Par	t IV Plan Characteristics	8j	-04	74513					
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the inst	ructions:	
	2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in the instru	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	1	Amount	
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period				<i>'</i>	Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-	X			0.4	••
b	Program)			10a	^			81	92
	reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?	10c		X			6000	00	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
—е	Were any fees or commissions paid to any brokers, agents, or oth			100					
	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under		Х				
	the plan? (See instructions.)			10e	^			183	/1
	Has the plan failed to provide any benefit when due under the pla			10f		X			
<u>g</u>				10g	X				0
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	X				

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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 Sch (Form 5500) and line 11a below)	edule S	В	Ye	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 ERISA?		f 	Ye	es X No
	(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 instructions, and granting the waiver			the letter Year	ruling 
lf :	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?		× 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 under the control of the PBGC?		X	Yes	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)		13c(3)	PN(s)
ADT SI	ECURITY CORPORATION RETIREMENT SAVINGS AND INVESTMENT PLAN  45-4343781			002	

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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 Sche (Form 5500) and line 11a below)	dule SI	3		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?	302 of			Yes 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 let	
If	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?		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 under the control of the PBGC?			Yes	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) I	EIN(s)		13c	( <b>3)</b> PN(s)
ACCES	SS HARDWARE SUPPLY, INC. 401(K) PROFIT SHARING PLAN  94-3247757			001	

### 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	Annual Repo	rt Identification Information				
For caler	ndar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/3	31/2018
A This	return/report is for:	X a single-employer plan	a multiple-employer list of participating e	plan (not multiemployer) employer information in	(Filers checkir	ng this box must attach a
D This		a one-participant plan	a foreign plan			are form mod dottoris.)
D Inis re	eturn/report is	the first return/report	X the final return/report	t		
2		an amended return/report	a short plan year retu	urn/report (less than 12 i	months)	
C Check	k box if filing under:	X Form 5558	automatic extension		DFVC pro	gram
- · · ·	T = 1 = 1	special extension (enter descrip				
Part II	Basic Plan Inf	ormation—enter all requested info	mation			
1a Nam	1.5				1b Three-	digit
ACME 4	401(K) PROFIT	SHARING PLAN			plan nu	CONT. C.
					(PN)	
2- 5						ve date of plan 1/1986
Mailir	ng address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. I	Зох)			rer Identification Number 4-2264775
AA/ACN	or town, state or proving ME LOCKSMITHS,	ce, country, and ZIP or foreign postal INC.	code (if foreign, see ins	tructions)	2c Sponso	or's telephone number
						) 245-1452 s code (see instructions)
600 Oa	akesdale Avenu	e SW Ste 100				s code (see instructions)
Renton				98057	23890	00
3a Plan a	administrator's name a	ind address 🛛 Same as Plan Sponso	or.		3b Adminis	trator's EIN
4 100					3c Adminis	trator's telephone number
4 If the this p	name and/or EIN of th plan, enter the plan spo	e plan sponsor or the plan name has onsor's name, EIN, the plan name and	changed since the last re the plan number from t	eturn/report filed for he last return/report	4b EIN	
a Spons	sor's name	CONTRACTOR SOCIETY MUNICIPAL SACROPHICAL SOCIETY		in in including the second	4d PN	
C Plan N	Name					
5a Total	number of participants	at the beginning of the plan year			5a	113
<b>b</b> Total	number of participants	at the end of the plan year			5b	0
C Numb	er of participants with	account balances as of the end of the	plan year (only defined	contribution plans	5c	0
		rticipants at the beginning of the plan			5d(1)	88
d(2) Tot	al number of active pa	rticipants at the end of the plan year			5d(2)	0
than	100% vested	terminated employment during the pla			5e	0
Caution: A	penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable car	ise is establis	hed.
SB or Sche	aities of perjury and of	ner penalties set forth in the instruction nd signed by an enrolled actuary, as w	is I declare that I have	evamined this return/rea	nort including	if applicable a Cabadula
SIGN HERE	Margant	Kularev	9-13-19	Margaret S	joularie	/
HERE	Signature of plan a	dministrator	Date	Enter name of individu		
SIGN HERE	711		9-17-2019	BEIAN	1	sey
	Signature of emplo	yer/plan sponsor	Date	· · · · · · · · · · · · · · · · · · ·	ual signing as e	employer or plan sponsor

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	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		,					X Yes   No
c	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 in					_		Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the						. —	. (See instructions.)
<b>D</b> -								
Pal	rt III Financial Information				I			
	Plan Assets and Liabilities	_	(a) Beginning	of Year			(b) En	d of Year 0
_	Total plan assets	7a	0,	/ _ / ,	0			0
	Total plan liabilities	7b	Ω	717,				0
	Net plan assets (subtract line 7b from line 7a)	7c			140			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	<u>it</u>			(b)	Total
a	Contributions received or receivable from:  (1) Employers	8a(1)		35,	_			
	(2) Participants	8a(2)		209,	033			
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b	-	155,	870			
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						88,941
d	Benefits paid (including direct rollovers and insurance premiums	0.4		328,	398			
	to provide benefits)	8d		320,	370			
	Certain deemed and/or corrective distributions (see instructions)	8e		3	176			
	Administrative service providers (salaries, fees, commissions)	8f		٦,	170			
<u>9</u>	Other expenses (Addition 2dd 2gd 2gd 2gd 2gd 2gd 2gd 2gd 2gd 2gd	8g						331,574
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						-242,633
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)	8i	0					242,033
	Transfers to (from) the plan (see instructions)	8j	-8,	474,	513			
	t IV Plan Characteristics			- 01		0		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	ides 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 for	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	-	-	10a	Х			8,192
	Program)			IVa	21			0,102
	reported on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			600,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth	her person	s by an insurance					
	carrier, insurance service, or other organization that provides some			40-	Х			18,371
	the plan? (See instructions.)			10e	Λ			10,371
f				10f		Х		
<u>g</u>		-	•	10g	Х			0
h _	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h	Х			
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the	40.	37			
	exceptions to providing the notice applied under 29 CFR 2520.10	ローン		10i	Х			

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," se rm 5500) and line 11a below)		d complete Sch	edule S	В	Yes	No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Fe	orm 5500) line 40		11a			
12	ERI	his a defined contribution plan subject to the minimum funding requirements of s SA?		Code or section	n 302 of	f	Yes	X No
		'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
<u>а</u>		waiver of the minimum funding standard for a prior year is being amortized in th nting the waiver.			d enter t Day		letter rul ear	ling 
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	), and skip to lir	ne 13.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter ative amount)	-		12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadli	ne?			Yes N	lo	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 "Y	es," enter the amount of any plan assets that reverted to the employer this year	r		13a			(
b		re all the plan assets distributed to participants or beneficiaries, transferred to an trol of the PBGC?	nother plan, or br	ought under the		X Y	es 🗌 N	lo
С		uring this plan year, any assets or liabilities were transferred from this plan to an ch assets or liabilities were transferred. (See instructions.)	nother plan(s), ide	entify the plan(s)	to			

**13c(2)** EIN(s)

45-4343781

**13c(3)** PN(s)

002

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

ADT Security Corporation Retirement Savings and Investment Plan

## Continuation of 2018 Form 5500 Form 5500-SF, line 13c - Additional Plans

Plan Name ACME 401(K) PROFIT SHARING PLAN	<b>EIN:</b> 94-2264775			
Plan Sponsor's Name AA/ACME LOCKSMITHS, INC.		PN: 002		
13c(1) Name of plan(s)	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)		
Access Hardware Supply, Inc. 401(k) Profit	Sharing Dlan	130(3) F14(5)		
Access nardware suppry, inc. 401(k) Profit	94-3247757	001		
	1 22 32 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			