-	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Employe	e	OMB Nos. 1210-0110 1210-0089		
D	Pepartment of Labor	This form is required to be file Income Security Act of 1974	(ERISA), and sections 60	057(b) and 6058(a) of the Interr	nal	2018 his Form is Open to		
	Benefits Security Administration Benefit Guaranty Corporation	—	Revenue Code (the Cod	,		Public Inspection		
Part I		Identification Information	accordance with the ins	tructions to the Form 5500-S	F.			
		scal plan year beginning 01/01/2	018	and ending 12/31/2	2018			
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) (Filers mployer information in accorda				
	urn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/report	rn/report (less than 12 months)			
C Check	box if filing under:	Form 5558	automatic extension		, FVC progra	m		
		special extension (enter descr			1 0			
Part II	Basic Plan Info	prmation—enter all requested inf	,					
1a Name				1b	Three-digi	t		
	TAINED GLASS, INC.	. 401 (K) PLAN			plan numb (PN) ▶			
				1c	Effective d	ate of plan 01/01/2007		
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C). Box)	2b	Employer I	dentification Number 91-1686477		
	r town, state or provinc TAINED GLASS, INC.	ce, country, and ZIP or foreign post	al code (if foreign, see ins	structions) 2c	Sponsor's	telephone number 6-633-2040		
				2d		code (see instructions)		
2510 N 45TH SEATTLE, V						327210		
3a Plan a	administrator's name a	nd address 🛛 Same as Plan Spor	nsor.	3b	Administra	tor's EIN		
				3c	Administra	tor's telephone number		
4 If the	name and/or FIN of the	e plan sponsor or the plan name ha	as changed since the last	return/report filed for 4b	FIN			
this p	lan, enter the plan spo			the last return/report.				
•								
5a Total	number of participants	at the beginning of the plan year				14		
					b	16		
					ic	7		
d(1) Tot	tal number of active pa	articipants at the beginning of the pla	an year			2		
d(2) Tot	tal number of active pa	articipants at the end of the plan yea	ar	5d	(2)	2		
than	100% vested		• •			0		
SB or Sch	edule MB completed a	nd signed by an enrolled actuary, a						
SIGN	Filed with authorized	/valid electronic signature.	10/07/2019	JAMES NELSON				
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name and address Same as Plan Sponsor. 3c Administrator's EIN 3c Administrator's telephone number 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4 JP N 4d PN 5a Total number of participants at the beginning of the plan year 5a 14 c Number of participants at the end of the plan year 5b 16 c Number of participants at the end of the plan year 5d(1) 2 d(2) Total number of active participants at the end of the plan year 5d(2) 2 d(2) Total number of active participants at the end of the plan year 5d(2) 2 e Number of participants who terminated employment during the plan year with accrued benefits that were less to an 100% vested 5e 0 caution: A penalities of perfury and other penalities set of this return/report will be assessed unless reasonable cause is established. Under penalities of perfury and other penalities set of this net instructions, I declare that have examined this return/report, including, if applicable, a Schedule BS or Schedule MS completed ad signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule MS completed								
	L							
	Signature of emplo	oyer/plan sponsor		Enter name of individual si	gning as em			
For Paperw	vork Reduction Act Notic	ce, see the Instructions for Form 5500	-SF.			Form 5500-SF (2018) v.171027		

			. ¤9° _						
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)					X Yes	No
	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	account	ant (IC	(PA			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		,					X Yes	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								
	If "Yes" is checked, enter the My PAA confirmation number from th	ie PBGC p	premium filing for this p	lan yea	r			(See instruction	าร.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
а	Total plan assets	7a		35129				222994	
b	Total plan liabilities	7b							
с	Net plan assets (subtract line 7b from line 7a)	7c	2	35129				222994	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)		4725	_				
	(2) Participants	8a(2)		24543					
	(3) Others (including rollovers)	8a(3)			_				
b	Other income (loss)	8b	-	13959	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						15309	
d		64		27269					
	to provide benefits)	8d		21203	-				
	Certain deemed and/or corrective distributions (see instructions)	8e		475	-				
	Administrative service providers (salaries, fees, commissions)	8f		175	-				
	Other expenses	8g						07444	
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						27444	
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-12135	
	Transfers to (from) the plan (see instructions)	8j							
	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of PI	an Cha	racteri	stic Co	des in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cor	tes from the List of Pla	n Chara	octorist	ic Cod	es in the inst	tructions:	
N									
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	itions with	in the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	-	-			~			
k	Program)			10a		X			
Ľ.	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 			10b		x			
c				10c	Х			22299	
Ċ						V			
	by fraud or dishonesty?			10d		Х			
e	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.).....

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i

2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the

exceptions to providing the notice applied under 29 CFR 2520.101-3

Х

Х

Х

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1321

10e

10f

10g

10h

10i

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	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 a minus sign to the ative amount)		12d				
e	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 X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	X N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	:(3) PN	۱(s)

	Form 5500-SF	Short Forr	m Annual	Return/Repo Benefit Plai	ort of Small Emp	loyee	OMB Nos. 1210-0 1210-0
	Department of the Treasury Internal Revenue Service	This form is requir-	ed to be filed u		nd 4065 of the Employee	Retirement	2018
Emp	Department of Labor loyee Benefits Security Administrati	Income Security .	Act of 1974 (E	RISA), and sections evenue Code (the Co	6057(b) and 6058(a) of th	e Internal	This Form is Open to
Pen	ision Benefit Guaranty Corporatio	Complete all		,	structions to the Form	5500 CF	Public Inspection
Par	t Annual Repo	rt Identification Info	ormation	ordance with the m	istructions to the Porm	000-SF.	
Force	alendar plan year 2018 o	r fiscal µlan year beginning	g 0 <u>1/01/2</u> 018	······································	and ending 12	/31/2018	
A Th	is return/report is for:	X a single-employer	plan [a multiple-employer list of participating	r plan (not multiemployer) employer information in a	I (Filers checki accordance wi	ng this box must attach a the form instructions.)
_		🔲 a one-participant p	ilan [a foreign plan	· •		· · · · ·
B This	s return/report is	the first return/repo	ort [the final return/repo	rf		
		an amended return			turn/report (less than 12 r	months)	
C Ch	eck box if filing under:	 X Form 5558		automatic extension		_	
		special extension (enter decorioti	,	n	DFVC pr	ogram
Part	II Basic Plan Int	formation-enter all re					
4	ame of plan	ennarion-enter all /e	Aneared WIOLU	เลแอก		1b Three	diali
	E STAINED GLASS, IN	C. 401 (K) PLAN				1	umber
						(PN)	> 001
						1c Effect 01/01	ve date of plan
2a Pla	an sponsor's name (emp	loyer, if for a single-emplo)yer plan)		*****	·····	yer Identification Number
Ma Cit	Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				obuotional		91-1686477
SEATTL	E STAINED GLASS, INC	2.	neign postar ct	de (ii ioreiĝn, see in	structions)	2c Spons	or's telephone number
						0.1	(206) 633-2040
2510 N 4	STH ST					20 Busine 32721	ess code (see instruction
							•
	E, WA 98103			······································	· · · · · · · · · · · · · · · · · · ·		
Ja ria	n auministrator s name a	ind address 🛛 Same as	Plan Sponsor			3b Admin	istrator's EIN
						3c Admin	istrator's telephone nun
4 If th this	e name and/or EIN of th	e plan sponsor or the plar insor's name, EIN, the pla	n name has ch	anged since the last	return/report filed for	4b EIN	
a Spo	insor's name	noor o namoj end, dio pio	ar nume and t	e plan number nom	the last return report.	4d PN	
C Plan	n Name						
Ja 1018	al number of participants	at the beginning of the pl	lan year			5a	•
b Tota	a number of participants	at the end of the plan yea	ar	·····		5b	•
com	plete this item)	account balances as of th	ie end of the p	an year (only define	a contribution plans	5c	
d(1) To	otal number of active par	rlicipants at the beginning	of the plan ve	ar		5d(1)	
	otal number of active par	rlicipants at the end of the	e plan year			Same and the last	······································
d(2) Te	nber of participants who	terminated employment of	during the plan	year with accrued b	enefits that were less	50	
e Nun			nis return/ren-	ort will be assessed	l unless reasonable ca	1 1	ished
 Ound that 	n 100% vested A penalty for the late of	or incomplete filing of th		I declare that I have	e examined this returning	nort including	t if applicable a School
e Nun thar Caution: Under pe SB or Sct	A penalty for the late of nalties of perjury and oil nedule MB completed an	her penalties set forth in the nd signed by an eprolled a	he instructions	as the electronic ve	ersion of this return/repor	t, and to the b	lest of my knotkledge at
e Nun thar Caution: Under pe SB or Sct belief, it is	A penalty for the late of nalties of perjury and other	her penalties set forth in the nd signed by an eprolled a	he instructions	as the electronic ve		t, and to the b	
e Nun thar Caution: Under pe SB or Sct belief, it is SIGN	A penalty for the late of nalties of perjury and out hedule MB completed ar s true correct, and completed	her penalties set forth in the signed by an enrolled a lete.	he instructions	l as the electronic ve	James Nelson		
e Nun thar Caution: Under pe SB or Sct belief, it is SIGN HERE	A penalty for the late of nalties of perjury and oil nedule MB completed an	her penalties set forth in the signed by an enrolled a lete.	he instructions	as the electronic ve			
e Nun thar Caution: Under pe SB or Sct belief, it is SIGN	A penalty for the late of nalties of perjury and out hedule MB completed ar s true correct, and completed	er penalties set forth in the signed by an enrolled a elete.	he instructions	l as the electronic ve	James Nelson Enter name of individ	ual signing as	

	(4010)
٧.	171027

Form 5500-SF (2018)

Page	2
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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
D	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-8F and must instead use Form 5500.	6J LJ
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)
Pai	rt III Financial Information	

P	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beglinning	ofYea	r		(b) End of Year
a	Total plan assets	7a	· · · · · · · · · · · · · · · · · · ·	2351			222994
b	Total plan liabilities	7b				••••••••	
c	Net plan assets (subtract line 7b from line 7a)	7c		2351	29		222994
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt	ļ		(b) Total
a							······································
	(1) Employers	8a(1)		47			
	(2) Participants	8a(2)		245	43		
	(3) Others (including rollovers).	8a(3)	war war filten and blanch date of a special way first an antibase date balance by the sec				
	Other income (loss)	d8	·	-139	59		
d d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>	***				15309
u	Benefits pald (including direct rollovers and insurance premiums to provide benefits)	8d		272	69		
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	······	1	75		
g	Other expenses	89				·······	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		· ····			27444
ĺ	Net income (loss) (subtract line 8h from line 8c)	81	·				-12135
j	Transfers to (from) the plan (see instructions)	8j	·····				
Pa	t IV Plan Characteristics				l.		
9a	If the plan provides pension benefits, enter the applicable pension t 2A 2E 2F 2G 2J 2K 2T 3D	eature coo	les from the List of P	lan Cha	racteri	stic Ci	odes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Pla	n Char	acleris	tic Co	des in the instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Pie	duciary Correction	10a		х	
d	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not in	clude transactions	10b		Х	
с	Was the plan covered by a fidelity bond?			10c	X		22299
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	idelity bon	d that was caused	10d		х	
G	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.).	er persons	by an insurance	10e	x		. 1321
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	
	Did the plan have any participant loans? (If "Yes," enter amount as			10g		X	e namen an an anna an anna an an anna an anna an Anna a
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See instruc	tions and 29 CFR	10h		Х	
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required i	notice or one of the	10i			

Form 5500-SF (2018)

Page	3-	(<u>1</u>)	
1 490	×	<u>.</u>	

	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci Form 5500) and line 11a below)	nedule S	8	🗍 Yes 🛛
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		
12 E	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section RISA?	in 302 o	ſ	🗍 Yes 🕅
a II	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an ranting the waiver	d enter i Day		he letter ruling Year
if yo	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b Er	iter the minimum required contribution for this plan year	12b		
	ter the amount contributed by the employer to the plan for this plan year	12c		
αs	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a egative amount)	12d		v
e W	(ill the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N//
Part VI				·····
13а н	as a resolution to terminate the plan been adopted in any plan year?		Yes	No No
	"Yes," enter the amount of any plan assets that reverted to the employer this year	13a	<u> </u>	<u></u>
b W	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the introl of the PBGC?			Yes X No
C If,	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s nich assets or liabilities were transferred. (See instructions.)) lo	.	
13c	1) Name of plan(s): 13c(2)	EIN(s)]	13c(3) PN(s