## 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 fis	scal plan year beginning 01/01/2	2018	and ending 1	2/31/2018					
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) employer information in a						
		a one-participant plan	a foreign plan							
<b>b</b> This ret	urn/report is	the first return/report	the final return/repor							
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)					
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progra	ım				
		special extension (enter desc	<u>'                                    </u>							
Part II	Basic Plan Info	rmation—enter all requested in	formation							
1a Name THE FASTE	of plan ENERDS RETIREMEN	T PLAN			1b Three-dig plan numl (PN) ▶					
					1c Effective	date of plan 01/01/2010				
		yer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number				
	`	m, apt., suite no. and street, or P.C	,	structions)	(EIN)	91-1369111				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  STONEWAY HARDWARE, INC.				<b>2c</b> Sponsor's telephone number 206-545-6910						
				2d Business	code (see instructions)					
4318 STONE WAY N. SEATTLE, WA 98103			444130							
02/11/22, 1										
3a Plan a	administrator's name ar	nd address X Same as Plan Spo	nsor.		<b>3b</b> Administra	ator's EIN				
					3c Administra	ator's telephone number				
					7 Administra	ator 3 telephone number				
		e plan sponsor or the plan name h nsor's name, EIN, the plan name a			4b EIN					
	sor's name	······································			4d PN					
C Plan N	Name									
<b>5a</b> Total	number of participants	at the beginning of the plan year.			. 5a	14				
		at the end of the plan year			. 5b	14				
<b>C</b> Numb	per of participants with	account balances as of the end of	the plan year (only define	ed contribution plans	5c	8				
<b>d(1)</b> Tot	tal number of active pa	rticipants at the beginning of the p	an year		5d(1) 1					
d(2) Total number of active participants at the end of the plan year			. 5d(2) 13							
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	0						
Caution: /	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca						
SB or Sch		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.								
SIGN		/valid electronic signature.	10/09/2019	KENNETH A. BARTL	ETT					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual signing as pla	an administrator				
SIGN										
HERE	Signature of employer/plan sponsor Date Enter name of individua					vidual signing as employer or plan sponsor				

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						× Yes	No	
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (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		•					<u> </u>	□
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	ermined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this pl	lan yea	r		· <u>-</u>	(See instru	ıctions.)
Pa	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	d of Year	
a	Total plan assets	7a	` , , ,	11919			(5) 2110	635912	
b	Total plan liabilities	7b		1617				1478	
С	Net plan assets (subtract line 7b from line 7a)	7c	6	10302				634434	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from:		` '						
	(1) Employers	8a(1)		14812					
	(2) Participants	8a(2)		42944					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	Ť.	33624					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						24132	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						24132	
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	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	tions withi	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			40-		X			
b	Program)  Were there any nonexempt transactions with any party-in-interest			10a		^			
	reported on line 10a.)	`		10b		X			
				10c	X			750	000
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 oth carrier, insurance service, or other organization that provides som								
	the plan? (See instructions.)			10e	X			-	756
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ			
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
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	ne require	d notice or one of the	10i					
	CACCEPTIONS to providing the notice applied under 23 Of R 2020.10	ı ·J		101	<u> </u>	<u> </u>			

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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)		В	Y	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?		:	Y	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	d enter t Day		of the lette Year _	r 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	× 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?			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(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)

## 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.

1210-0089

2018

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I Annual Report Identification Information							
For calendar plan year 2018 or fiscal plan y	ear beginning 01/01/2018		and ending 12/3	31/2018			
A This return/report is for:	ile-employer plan	a multiple-employer p	lan (not multiemployer) nployer information in a	(Filers checking th	is box must attach a		
B This return/report is	-participant plan	a foreign plan	in the second se	ootiumiou wiii isi	Tom mandononsy		
the first	proces	the final return/report					
A 41	an amended return/report a short plan year return/report (less than 12 months)						
C Check box if filing under:		automatic extension		DFVC program	n		
	al extension (enter description	•					
Part II Basic Plan Information  1a Name of plan	-enter all requested informa	ation		·			
THE FASTENERDS RETIREMENT PLAN				1b Three-digit plan numb (PN) ▶			
					ate of plan D		
2a Plan sponsor's name (employer, if for a single-employer plan) 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)					dentification Number 369111		
STONEWAY HARDWARE, INC.	and ZiP or foreign postal cod	de (it foreign, see inst	ructions)		telephone number 206) 545-6910		
					ode (see instructions)		
4318 STONE WAY N.			444130				
SEATTLE, WA 98103							
3a Plan administrator's name and address 🗵 Same as Plan Sponsor.				3b Administrator's EIN			
				3c Administrat	or's telephone number		
4 If the name and/or EIN of the plan spons this plan, enter the plan sponsor's name	sor or the plan name has cha	anged since the last re	eturn/report filed for	4b EIN			
a Sponsor's name c Plan Name				4d PN			
• Tan rome							
5a Total number of participants at the begin				5a	14		
<ul> <li>b Total number of participants at the end of</li> <li>c Number of participants with account ball</li> </ul>	of the plan year			5b	14		
complete this item)	***************************************			5c	8		
d(1) Total number of active participants at				5d(1)	13		
d(2) Total number of active participants at the end of the plan year  Number of participants who terminated employment during the plan year with accrued benefits that were less				5d(2)	13		
than 100% vested				5e	0		
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							
belief, it is true, correct, and complete.	/ an enrolled actuary, as well	as the electronic ver	sion of this return/report	t, and to the best	of my knowledge and		
SIGN AM MIT TO		10-9-19	Kenneth Bartlett				
Signature of plan administrato	AT	Date	Enter name of individu	ual signing as plar	n administrator		
LEDE	0000						
Signature of employer/plan sponsor  Date  Enter name of individual signing as employer or plan sponsor  Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.							

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First First   Schecked, enter the My PAA confirmation number from the PBGC premium filing for this plan paser (See Instruct   Part III	6a b	Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	f an indepe	endent qualified public itions.)	accoun	tant (I	QPA)	∑ Yes ☐ I	No No
7 Plan Assets and Liabilities 7 Plan Assets 8 Plan Assets (aubtract line 7b Irom line 7a) 7 Plan 1617 1617 1617 1617 1617 1617 1617 161	C	If the plan is a defined benefit plan, is it covered under the PBGC	insurance	program (see ERISA s	ection 4	4021)7	] ا	Yes No Not determine	
a Total plan assets	Pa	irt III Financial Information	******						
a Total plan assets	7	Plan Assets and Liabilities	100	(a) Beginning	of Yea	r		(b) End of Year	
b Total plan liabilities C Net plan assets (aubtract line 75 from line 7a)	а	Total plan assets	. 7a						
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b								
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	C	Net plan assets (subtract line 7b from line 7a)	. 7c		6103	02	***************************************	634434	
a Contributions received or receivable from: (1) Employers (2) Participants 3a(2) 42944  (3) Others (including rollovers) 8a(3)  b Other income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 3-3624  24132  d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 6 Provide benefits) 8d 6 Certain deemed and/or corrective distributions (see instructions) 8d 6 Certain deemed and/or corrective distributions (see instructions) 8d 7 Administrative service providers (salaries, fees, commissions) 8d	8			(a) Amou	af				
(3) Other income (loss)	a	Contributions received or receivable from:	. 8a(1)			12			, r.
b Other income (loss)		(2) Participants	. 8a(2)		429	44			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	. 8a(3)						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  8 Certain deemed and/or corrective distributions (see instructions)	<u>b</u>	Other income (loss)	. 8b		-336	24			100
to provide benefits)  6 Certain deemed and/or corrective distributions (see instructions) 8e  7 Administrative service providers (salaries, fees, commissions) 8f  8 Other expenses	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				24132		
g Other expenses		to provide benefits)	. 8d						
h Total expenses (add lines 8d, 8e, 8f, and 8g)									
in Net income (loss) (subtract line 8h from line 8c)	<u>f</u>								
Net income (loss) (subtract line 8h from line 8c)	***************************************								
Transfers to (from) the plan (see instructions)	<u>n</u>								
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 2G 2J 2K 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)  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?  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.)  10b X  g Did the plan have any participant loans? (if "Yes," enter amount as of year-end.)  10c X  10d X  10d X  10d X  10d X								24132	
Part V   Compliance Questions	j	25W470W23W2	8j				10.00		
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:  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)									-
Part V Compliance Questions  10 During the plan year:  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)	уa	2E 2G 2J 2K 21 3D							
During the plan year:  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	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Char	acteris	tic Co	des in the instructions:	
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)	1000010001								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flduciary Correction Program) 10a						Yes	No	Amount	
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.)  The 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.)  The Has is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	a	described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary F	Iduciary Correction	10a		x		
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			x		nama
d 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.)	C	Was the plan covered by a fidelity bond?	*********	******	100	Х	1	750	100
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 bo	nd that was caused			X		
f Has the plan failed to provide any benefit when due under the plan?	е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	ner person	s by an insurance	10e	х		7	'56
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f	Has the plan failed to provide any benefit when due under the plan	n?	6 }}ah2q5yFh+418epqqeyqqqqqqq			X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)			<del> </del>		
	h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	(See instru	ictions and 29 CFR	10h		<del>                                     </del>		
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	i	If 10h was answered "Yes," check the box if you either provided the	se require/	I notice or one of the			<u> </u>		60 M

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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 complet (Form 5500) and line 11a below)	s Sch	edule S	В		Yes 🗍	Νo
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		112				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or ERISA?	ectio	n 302 o	f		Yes 🛛	No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	s, and	d enter Da		of the lett Year		p
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						Manage
	Enter the minimum required contribution for this plan year		12b				
	C Enter the amount contributed by the employer to the plan for this plan year						***************************************
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).							
Will the minimum funding amount reported on line 12d be met by the funding deadline?					No	N/A	~~~~~
Part	Plan Terminations and Transfers of Assets						*******
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s 🛛	Nο	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b							
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	an(s	) to				************
1	20(1) Name of Name).	3c(2)	EIN(s)		13c(	3) PN(s)	····
		<u>, , , , , , , , , , , , , , , , , , , </u>					•

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