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**

For celedar plan year 2018 or fiscal plan year tegrinning 0.011/2018 an aniende plan year zolf so from the plan year plan an untiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a non-participant plan a toreign plan year return/report (less than 12 months)	Part I		Identification Information								
A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C Check box if filling under: Form \$558 automatic extension DFVC program DFVC program	For calenda	ar plan year 2018 or fi	scal plan year beginning 01/01/2	2018		and ending 12	2/31/2	018			
B This return/report is	A This ret	urn/report is for:	X a single-employer plan								
The tinst return/report in the return/report in a namended return/report in a namended return/report in a namended return/report in a short plan year return/report (less than 12 months) C Check box if filing under: Form 5568 under the plan year in the tinst return/report (less than 12 months) Part II Basic Plan Information—enter all requested information 1a Name of plan STEELE ELECTRIC INC 401(K) PLAN 1b Three-digit plan number (PN) by 001 1c Effective date of plan 01,017,018 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) 2c Employer Identification Number (EIN) 47-4320391 2d Business code (see instructions) 2d Business code (see instructions) 2a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number (this plan, enter the plan sponsor's name, EIN, 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 in the last			a one-participant plan			, ,,			,		
C Check box if filing under:	B This retu	urn/report is	X the first return/report	the	final return/report						
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26 Sponsor's telephone number 888-404-2882 2d Business code (see instructions) 238210					(if foreign, see instru	uctions)					
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HERE	HERE	Signature of plan a	administrator		Date	Enter name of individ	name of individual signing as plan administrat				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor											
	HERE	Signature of emplo	oyer/plan sponsor		Date	Enter name of individ	dividual signing as employer or plan sponsor				

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b	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 of the you answered "No" to either line 6a or line 6b, the plan cannot lift the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit not use Fo nsurance p	ndent qualified public a tions.) orm 5500-SF and mus orogram (see ERISA se	account t instea ection 4	ant (IC ad use 021)?	PA) Form	n 5500.] Yes	X Yes Not determine		
_	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this p	ian yea	r		·	(See instructions	j.)	
	rt III Financial Information									
7_	Plan Assets and Liabilities	_	(a) Beginning	of Year			(b) End			
a_	Total plan assets	7a						72209		
-	Total plan liabilities	7b						72209		
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	7c	(-) A							
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			(b) Total				
	(1) Employers	8a(1)	29505							
	(2) Participants	8a(2)		46886						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		-2350						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					74041			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1617						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		215						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1832			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					72209			
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2F$ $2G$ $2J$ $3D$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the instr	uctions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the instru	ctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Δ.	mount		
а	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					X				
b	Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X				
	· ·			10b 10c	X			E0000		
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				^	X		50000		
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.)					X				
f	f Has the plan failed to provide any benefit when due under the plan?					X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X				
i	i 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									

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Part	VI Pension Funding Compliance						
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)						
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	Yes X N	Ю		
	(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 granting the waiver							
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?		Yes	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 the control 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) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s): 13c(2)				EIN(s) 13c(3) PN(s)			