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**

| A This return/report is for: a single-employer plan a multiple-employer plan foot multiemployer) (Filers checking this box must attach a list of participant plan and return/report and single-employer plan and return/report and anomaly attach a list of participant plan a foreign plan an emmended return/report a short plan year return/report as short plan year return/report as short plan year return/report a short plan year return/report best than 12 months | Part I An | nual Report Id | dentification information | 1 | | | | | | | | |
|--|--|----------------------|---------------------------------------|-------------------------|-------------------------|-------------------------|--|-------------------|-------------------|--|--|--|
| A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C C Check box if filing under: Form \$558 automatic extension DFVC program | For calendar pla | n year 2018 or fisc | al plan year beginning 01/01/2 | 2018 | | and ending 12 | 2/31/2 | 2018 | | | | |
| B This return/report is | A This return/re | port is for: | A d single completed plan | | | | | - | | | | |
| me tins return/report me tins return/report me tins return/report (less than 12 months) | | | a one-participant plan | | | , | | | , | | | |
| C Check box if filing under: | B This return/re | oort is | the first return/report | the final return/report | | | | | | | | |
| Special extension (enter description) Special extension (enter description) | | | an amended return/report | a s | hort plan year return | /report (less than 12 m | onths | 3) | | | | |
| Part II Basic Plan Information—enter all requested information 1a Name of plan STERLING GROUP 401(K) PLAN 1c Effective date of plan STERLING GROUP 401(K) PLAN 1c Effective date of plan C (PN) | C Check box if | filing under: | Form 5558 | au | tomatic extension | DFVC program | | | | | | |
| Target Name of plan STERLING GROUP 401(K) PLAN 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) THE STERLING GROUP, INC. 25 Sent STREET EAST TACOMA, WA 98445 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 253-337-3177 2d Business code (see instructions) 238900 3c Administrator's telephone number 253-337-3177 2d Business code (see instructions) 238900 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. 4 Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year C Plan Name 5b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 6d(1) Total number of active participants at the beginning of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with complete filling of this return/report, including, if applicable, a Schedule Number of cative participants at the end of the plan year C Number of participants with complete filling of | | | special extension (enter description) | ription) | | | | | | | | |
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| Plan number (PN) | 1a Name of pla | n | | | | | 1b | Three-digit | | | | |
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| SIGN HERE Filed with authorized/valid electronic signature. 10/15/2019 STEVE W HARTMAN Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE | SB or Schedule | MB completed and | l signed by an enrolled actuary, a | | | | | | | | | |
| Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE | | | | | | | AN | | | | | |
| HERE | HERE Sig | nature of plan adr | ministrator | | Date | Enter name of individ | ual si | gning as plan adr | ministrator | | | |
| HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | | | | | | | | | | | | |
| | HERE Sig | nature of employe | er/plan sponsor | | Date | Enter name of individ | dividual signing as employer or plan sponsor | | | | | |

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| | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | | | | | | X Yes No | | | |
|--|--|------------|---------------------------|---------------|---------|---------|------------------|--------------------------------------|--|--|
| c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ | | | | | | | | Not determined . (See instructions.) | | |
| Pa | rt III Financial Information | 1 | | | | | | | | |
| _7_ | Plan Assets and Liabilities | | (a) Beginning (| | | | (b) End | of Year | | |
| <u>a</u> | Total plan assets | 7a | (| 94761 | | | 5200 | | | |
| | Total plan liabilities | 7b | | | 29 | | | 30 | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | | 94732 | | | | 51978 | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | (a) Amount (b | | | (b) ⁷ | Total | | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | | | | | | | |
| - | (2) Participants | 8a(2) | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | |
| b | Other income (loss) | 8b | | -2761 | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | -2761 | | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | | ; | 39773 | | | | | | |
| е | e Certain deemed and/or corrective distributions (see instructions) | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 220 | | | | | | |
| g | g Other expenses | | | | | | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 39993 | | |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | -42754 | | |
| <u>j</u> | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Pai | t IV Plan Characteristics | | | | | | | | | |
| 9a | 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2E 2F 2G 2J 2K 2T | | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Plan | n Chara | acteris | tic Cod | les in the instr | uctions: | | |
| Par | t V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | | |
| 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) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | | | 10a 10b | | X | | | | |
| c | C Was the plan covered by a fidelity bond? | | | 10c | Х | | | 15000 | | |
| d | 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 | | 10000 | | |
| 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 | | | 279 | | |
| 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 | 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 con (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 ERISA? | e or section | n 302 of | | . 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 instru granting the waiver. | | d 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 negative amount) | of 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 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 which assets or liabilities were transferred. (See instructions.) | the plan(s) | to | | | |
| 1 | 3c(1) Name of plan(s): | 13c(2) | EIN(s) | | 13c(3) | PN(s) |
| | | | | | | |