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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 09/30/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit KITSAP LUMBER AND HARDWARE, INC. PROFIT SHARING PLAN plan number (PN) ▶ 001 Effective date of plan 09/01/1982 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number KITSAP LUMBER AND HARDWARE, INC. (EIN) 91-1067611 Sponsor's telephone number 360-479-4414 450 NATIONAL AVE. S. BREMERTON, WA 98312 Business code (see instructions) 444130 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 91-1067611 KITSAP LUMBER AND HARDWARE, INC 450 NATIONAL AVE. S **BREMERTON. WA 98312 3c** Administrator's telephone number 360-479-4414 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 10 **b** Total number of participants at the end of the plan year..... 5b 9 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 8 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 9 d(2) Total number of active participants at the end of the plan year..... 5d(2) 9 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.							
SIGN	Filed with authorized/valid electronic signature.	12/23/2015	LAUREN FUNKE					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	Enter name of individual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)				

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the con	an indepen and conditi	ident qualified public accounta	int (IQ	PA)		X Yes No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	rogram (see ERISA section 40	21)?		Yes	No Not determined
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
<u>a</u>	Total plan assets	7a	25464				2682125
<u>b</u>	Total plan liabilities	7b		519			0
	Net plan assets (subtract line 7b from line 7a)	7c	25459	966			2682125
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	1361	159			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					136159
	Benefits paid (including direct rollovers and insurance premiums			0			
	o provide benefits)	8d		0			
	Certain deemed and/or corrective distributions (see instructions)	8e		0			
	Administrative service providers (salaries, fees, commissions)	8f		0			
	Other expenses	8g		0			0
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i					136159
	Net income (loss) (subtract line 8h from line 8c)						100100
Par		8j					
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature code	es from the List of Plan Chara	cterist	tic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian)	ciary Corr	ection Program)	10a		Χ	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		300000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X	
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 exceptions to providing the notice applied under 29 CFR 2520.10	ne required	I notice or one of the	10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr					11a	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13	3.		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		t under the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify	the plan(s) to		
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefil 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

2014

This Form is Open to Public Inspection

Part I Annu	al Report Identific	ation Information			*					
	ear 2014 or fiscal plan ye		10/01/2014	and ending	09/30)/2015				
A This return/repo	A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan									
	H	•	a foreign plan							
B This return/repor		t return/report	the final return/report							
an amended return/report a short plan year return/report (less than 12 months)										
C Check box if filing			automatic extension		DFV	C program				
	[_] special	extension (enter descri	ption)							
Part II Basi	Plan Information-	enter all requested info	ormation							
1a Name of plan Kitsap Lumbe	er and Hardware	, Inc. Profit	Sharing Plan		1b Three-d plan nu (PN)	mber 001				
					1c Effective	e date of plan _/1982				
	name and address; inclu ER AND HARDWARE		er (employer, if for a single-e	mployer plan)	(EIN) 9	er Identification Number 1-1067611				
450 NATIONA	AVE. S					r's telephone number				
150 17111101111						:79-4414 s code (see instructions)				
BREMERTON	WA	98312			44413					
3a Plan administra	itor's name and address	Same as Plan Spons	or.		3b Adminis					
KITSAP LUMB	ER AND HARDWARE	, INC.			91-1067611 3c Administrator's telephone number					
450 NATIONA	L AVE. S.					79-4414				
BREMERTON	WA	98312								
	d/or EIN of the plan spon d the plan number from t		the last return/report filed for	this plan, enter the	4b EIN					
a Sponsor's nam		tie last return/report.			4c PN					
5a Total number	of participants at the begi	nning of the plan year		.,,	5a	10				
b Total number	of participants at the end	of the plan year			5b	9				
· ·			the plan year (defined benef		5c	8				
d(1) Total numb	er of active participants a	t the beginning of the pl	an year	<u> </u>	5d(1)	9				
d(2) Total numb	er of active participants a	t the end of the plan yea	ar		5d(2)	9				
	f (K) 50	. ,	olan year with accrued benef		5e	0				
Caution: A penalt	y for the late or incomp	lete filing of this return	n/report will be assessed u	ınless reasonable cai	use is establi:	shed.				
Under penalties of SB or Schedule MI belief, it is true, con	completed and signed b	es set forth in the instruction an enrolled actuary, a	ctions, I declare that I have eas well as the electronic vers	examined this return/re ion of this return/repor	port, including t, and to the b	, if applicable, a Schedule est of my knowledge and				
SIGN L	Laure Inles	-		Lauren Funke						
HERE Signa	ture of plan administra	tor	Date 12/21/15	Enter name of individ	dual signing as	plan administrator				
SIGN										
HERE	ture of employer/plan s	ponsor	Date	Enter name of individ	dual signing as	employer or plan sponsor				
			nclude room or suite number			elephone number (optional)				
5-										

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Form	EEOO	CE	201	A

 6a Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann c If the plan is a defined benefit plan, is it covered under the PBGC in 	an independe and conditions ot use Form	nt qualified public accountars.)	t (IQF use I	PA) Form	5500.		X Yes N X Yes N
Part III Financial Information	edianos prog	rain (000 Eritor) booton ros	,.	[_]],,,	101 401011111104
7 Plan Assets and Liabilities		(a) Paginning of Year	_	T		(b) End of	Vone
a Total plan assets	7a	(a) Beginning of Year	648	5		(b) End of	268212
b Total plan liabilities	7a 7b	201	51	-			20021
C Net plan assets (subtract line 7b from line 7a)	7c	254	596	+			268212
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b) To	V 114
a Contributions received or receivable from:		(a) / illiount				(2) 10	
(1) Employers	8a(1)			0			
(2) Participants	8a(2)			0			
(3) Others (including rollovers)	8a(3)			0			
b Other income (loss)	8b	13	615	9			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1361
d Benefits paid (including direct rollovers and insurance premiums	0.4			٥			
to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e			0			
				0			
Administrative service providers (salaries, fees, commissions)	8f			0			
g Other expenses	8g			+			
h Total expenses (add lines 8d, 8e, 8f, and 8g)				+			1361
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i <u> </u>			1			1301
Part IV Plan Characteristics	8j						
Part V Compliance Questions							
10 During the plan year:				Yes	No		Amount
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	utions within t	he time period described in tion Program)	10a		х		
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not inc	lude transactions reported	10b		х		
C Was the plan covered by a fidelity bond?			10c	Х			3000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		
e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or al instructions.)	l of the benefi	ts under the plan? (See	10e		х		
f Has the plan failed to provide any benefit when due under the pla			10f		х		
g Did the plan have any participant loans? (If "Yes," enter amount			10g		х		
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 exceptions to providing the notice applied under 29 CFR 2520.10	the required r	notice or one of the	10i				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)							Yes
1a Enter the unpaid minimum required contribution for current year	from Schedul	e SB (Form 5500) line 39			11a		
12 Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	e or se	ection	302 of E	RISA?	Yes X
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a lf a waiver of the minimum funding standard for a prior year is be			ctions	and	enter the	a date of th	a letter ruling

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If you completed line 12a, complete lines 3, 9, and 10 of	Schedule MB (Form 5500), and skip to line 1	3.			
b Enter the minimum required contribution for this plan year			12b		
	for this was year		12c		
C Enter the amount contributed by the employer to the plan Subtract the amount in line 12c from the amount in line 1 negative amount)	2b. Enter the result (enter a minus sign to the le	ft of a	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 A	ssets				
13a Has a resolution to terminate the plan been adopted in any pl	an year?		Ye	s X No	
If "Yes," enter the amount of any plan assets that reverte	d to the employer this year		13a		
b Were all the plan assets distributed to participants or ben of the PBGC?					Yes X No
C If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction)		the plan(s)	to		
13c(1) Name of plan(s):		1	3c(2) EIN	(s)	13c(3) PN(s)
Part VIII Trust Information (optional) 14a Name of trust			14b Tru	ist's EIN	