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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection**

Pai			dentification Information	l					
For c	alendar plan ye	ar 2017 or fisc	al plan year beginning 01/01/2	2017		and ending 1	2/31/20)17	
A TI	his return/report	is for:	x a single-employer plan	lis	t of participating em	n (not multiemployer) ployer information in a	,	-	
B Th	is return/report	is [a one-participant plan		oreign plan				
		<u> </u>	the first return/report an amended return/report	H	final return/report hort plan year return	/report (less than 12 n	nonths)		
C C	heck box if filing	under:	Form 5558	□ □ au	tomatic extension		☐ DF	VC program	
			special extension (enter descr	ription)					
Par	t II Basic	Plan Infori	mation—enter all requested inf	formatio	n				
	Name of plan	. 401(K) RETII	REMENT SAVINGS PLAN					Three-digit plan number (PN)	001
							1c	Effective date of 01/01	f plan 1/2009
N	Mailing address	(include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.O					Employer Identif (EIN) 61-11	ication Number
	ILLWORK, INC.		country, and ZIP or foreign posta	ai code	(ir foreign, see instru	uctions)	2c	Sponsor's telepl 502-587	
4815 A	LLMOND AVEN	IUE					2d		see instructions)
LOUIS	VILLE, KY 4021	4						3370	00
3a F	Plan administrat	or's name and	l address X Same as Plan Spor	nsor.			3b /	Administrator's E	ΞIN
							3c /	Administrator's t	elephone number
	this plan, enter	the plan spons	plan sponsor or the plan name ha sor's name, EIN, the plan name a				4b		
	Sponsor's name Plan Name						4d	PN	
			t the beginning of the plan year				. 5a		21
			t the end of the plan year ecount balances as of the end of				. 5b		18
	complete this ite	em)		······			50		17
•	•		cipants at the beginning of the pla cipants at the end of the plan yea	-			5d(5d(15 14
•	Number of part	cipants who te	erminated employment during the	e plan ye	ear with accrued ber	nefits that were less	5e		0
Caut			incomplete filing of this return				-		
Unde SB or	r penalties of pe	erjury and othe completed and	er penalties set forth in the instruct I signed by an enrolled actuary, a	ctions, I	declare that I have	examined this return/re	port, in	cluding, if applic	
SIGN	Filed with		alid electronic signature.		07/24/2018	RICHARD C. SELVA	GE		
HERI	Signatu	re of plan adı	ministrator		Date	Enter name of individ	dual sig	ning as plan adn	ninistrator
SIGN	l								

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligib							X Yes	No	
b	b 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.)								No	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not dete	rmined	
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this p	lan yea	r			(See instru	ctions.)	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	l of Year		
а	Total plan assets	. 7a	` '	11817			X-7	509906		
	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	. 7c	5	11817				509906		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total		
а	Contributions received or receivable from:	0=(4)		16202						
	(1) Employers	8a(1)		16392 25905						
	(2) Participants	8a(2)	4	25905						
	(3) Others (including rollovers)	. 8a(3)		84429						
	Other income (loss)	. 8b		04429				126726		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						120720		
	to provide benefits)	. 8d	12	27677						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f		960						
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						128637		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						-1911		
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 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	des in the insti	uctions:		
Par	t V Compliance Questions						1			
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V									
	Program)	-	•	10a	X			115	14	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			3500	00	
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 somether plans? (See instructions.)	ne or all of	the benefits under	10e		X				
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla					X	 			
g				10f	V	^				
	If this is an individual account plan, was there a blackout period?	-	•	10g	X			318	28	
	2520.101-3.)	······		10h		X				
	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 complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X 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?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	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?		Ye	s X 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	3c(1) 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. OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

For caledar plan year 2017 or fiscal plan year beginning 01/01/2017 A This return/report is for: a single-employer plan	Part I		t Identification Information						
A This return/report is for: a one-participating employer information in accordance with the form instructions.) a foreign plan a forei	For calenda	ır plan year 2017 or t	fiscal plan year beginning 01/01/201	17		and ending 12/31	1/2017		
B This return/report is	A This retu	urn/report is for:	X a single-employer plan	list of particip	ating emp			_	
Interinreport Interinrepor	P This retu	en/sonart in	a one-participant plan	a foreign plar					
C Check box if filing under:	D mis retu	mineport is	H .	H	•				
Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Name of plan 1b Shillwork, Inc. 401(k) Retirement Savings Plan 1c Effective date of plan number (PR) 1c Effective date of plan number (So2) 887-9450 2d Plan sponsor's name (employer, if for a single-employer plan) 1c Effective date of plan number (So2) 887-9450 2d Business code (see instructions) 2d Employer Identification Number (EIN) 61-1198913 2c Sponsor's telephone number (So2) 887-9450 2d Business code (see instructions) 337000 2d Business code (see instructions) 337000 2d Business code (see instructions) 337000	_		an amended return/report	a short plan y	ear return	report (less than 12 mo	onths)		
Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (PN) 1c Effective date of plan 01/01/2009 2a Plan sponsor's name (employer, if for a single-employer plan) 1c Effective date of plan 01/01/2009 2b Employer Identification Number (EIN) 61-11/9931 2c Sponsor's telephone number (S02) 587-8450 2d Business code (see instructions) 2.5. Millwork, Inc. 2d Business code (see instructions) 337000 2d Business code (see instructions) 337000 2d Business code (see instructions) 337000	C Check b	oox if filing under:	H	lam.i	ension		DFV	C program	
12. Name of plan U.S. Millwork, Inc. 401(k) Retirement Savings Plan 13. Millwork, Inc. 401(k) Retirement Savings Plan 14. Effective date of plan offort/2009 25. 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 2IP or foreign postal code (if foreign, see instructions) U.S. Millwork, Inc. 26. Sponsor's telephone number (602) 587-9450 27. Business code (see instructions) 337000 28. Plan administrator's name and address Same as Plan Sponsor. 38. Administrator's EIN 39. Administrator's telephone number of participants at 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 filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from 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. 46. PN 47. PN 48. PN 49. PN 40. PN 40. PN 41. Total number of participants at the beginning of the plan year. 50. 17. Complete this ferm). 40. Other of participants with account balances as of the end of the plan year. 50. 20. 11. 15. 20. 20. 14. 15. 20. 20. 14. 15. 20. 20. 14. 15. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20			<u> </u>						
U.S. Millwork, Inc. 401(k) Retirement Savings Plan Plan number (PN) 1	Part II	Basic Plan Info	ormation—enter all requested inf	formation					
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) U.S. Millwork, Inc. 2b Employer identification Number (BIN) 61-1198913 CC Sponsor's telephone number (S02) 587-9450 2d Business code (see instructions) 337000 2d Business code (see instructions) 337000 3a 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. a Sponsor's name c Plan Name 4d PN 5a Total number of participants at the beginning 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). 4(1) Total number of active participants at the beginning of the plan year. 6(2) 17 5d(1) 15 5d(2) 14 5e 0 Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incompletes.		•	nent Savings Plan				pi	an number	001
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 Sponsor's telephone number (502) 587-9450 2d Business code (see instructions) 337000 3b Administrator's name and address Same as Plan Sponsor. 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. A Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year. 5b 18 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. 6d(2) Total number of active participants at the beginning of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of participants with account balances as of the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of participants with account balances as of the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the									f plan
Sponsor's telephone number (502) 587-9450 2d Business code (see instructions) 337000 33	Mailing	address (include roo	om, apt., suite no. and street, or P.O						
All fithe 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. A Sponsor's name C Plan Name A D Total number of participants at the beginning of the plan year. C Number of participants with account balances as of the end of the plan year. d(1) Total number of active participants at the beginning of the plan year. d(2) Total number of active participants at the end of the plan year. E Number of participants with account balances as of the end of the plan year. d(2) Total number of active participants at the end of the plan year. E Number of participants with account balances as of the end of the plan year. d(3) Total number of active participants at the end of the plan year. d(4) Total number of active participants at the end of the plan year. d(5) Total number of active participants at the end of the plan year. d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested und. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	•	•	ce, country, and ZIP or foreign post	al code (if foreign,	see instru	ictions)	2c S		
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. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year. 5b Total number of participants at the end of the plan year. 5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). d(1) Total number of active participants at the end of the plan year. 5c 17 d(2) Total number of active participants at the end of the plan year. 5c 17 d(2) Total number of participants with account balances as of the end of the plan year with accrued benefits that were less than 100% vested d. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.						-			(see instructions)
3a Plan administrator's name and address Same as Plan Sponsor. 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. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	4815 Allmon	d Avenue					J.	37000	
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. a Sponsor's name C Plan Name 5a 21 b Total number of participants at the beginning of the plan year					···				
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. 3 Sponsor's name C Plan Name 5a 21 b Total number of participants at the beginning of the plan year	3a Plan ac	dministrator's name a	and address X Same as Plan Spor	nsor.			3b A	dministrator's	EIN
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. 3 Sponsor's name C Plan Name 5a 21 b Total number of participants at the beginning of the plan year						•	3 C A	dministrator's	telephone number
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year									·
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year									
5a Total number of participants at the beginning of the plan year							4b E	IN	
5a Total number of participants at the beginning of the plan year	•						4d F	N	
b 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). 5c 17 d(1) Total number of active participants at the beginning of the plan year. 5d(1) 15 d(2) Total number of active participants at the end of the plan year. 6unumber of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 5d(2) 14 E 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 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 true, correct, and complete.	C Plan N	ame							
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5a Total r	number of participant	s at the beginning of the plan year				5a		21
complete this item)		•				, , , , , , , , , , , , , , , , , , ,	5b		18
d(2) Total number of active participants at the end of the plan year		•				contribution plans	5c		17
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	d(1) Tota	al number of active p	articipants at the beginning of the pl	lan year					15
than 100% vested		•	• •			ì	5d(2	2)	14
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 true, correct, and complete.	than 1	100% vested		•••••••			L		0
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 true, correct, and complete.									icable a Schodule
1 // // // // // // // // // // // // //	SB or Sche	dule MB completed	and signed by an enrolled actuary, a						
		Kol hota	WARRE	1/20	<i>E/18</i>	Richard C. Selvage			
Signature of plan administrator Date Enter name of individual signing as plan administrator		Signature of blan	administrator //	D'ate	/	Enter name of individ	ual sign	ing as plan ad	Iministrator
HERE		Signature of emp	loyer/plan sponsor	Date		Enter name of individ	ual sign	ing as employ	er or plan sponsor
I NICHTURE OF OMNIOVOFINISH ENCHEOF I 1950 I Later name of individual circums on complete and a second complet	L	Signature of emp	ioyenpian aponaur	Ingre		Litter hande of individ	uai Siyi	mg as employ	er or high shousof

2018-07-11114-01/42 578-05-00

Form	551	nn	CE.	20.	17

Page 2

	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 plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's asset as a plant of the plan's asset as a plant of the pl	an indepe and condi	ndent qualified public a	account	ant (IC)PA)	X Yes \[\] No
	If you answered "No" to either line 6a or line 6b, the plan cann 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 the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No Not determined
Pai	t III Financial Information	<u> </u>	T		— Т		
	Plan Assets and Liabilities		(a) Beginning				(b) End of Year
a	Total plan assets	7a		51181	17		509906
<u>b</u>	Total plan liabilities	7b					
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1	51181	17		509906
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total
а	Contributions received or receivable from:			1639	,,		
	(1) Employers	8a(1)			\rightarrow		
	(2) Participants	8a(2)		2590)5		
	(3) Others (including rollovers)	8a(3)					
<u>b</u>	Other income (loss)	8b		8442	29		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			9.0		126726
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		12767	7		and the second s
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				10751000	
f_	Administrative service providers (salaries, fees, commissions)	8f		96	30	Service Service	
g	Other expenses	8g				1355	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		A 2114	Service Control		128637
i_	Net income (loss) (subtract line 8h from line 8c)	8i		(A) Ajalija			-1911
j	Transfers to (from) the plan (see instructions)	8i			1		
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of PI	an Cha	racter	istic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	es in the instructions:
Par	t V Compliance Questions		·				
10	During the plan year:				Yes	No	Amount
а		oluntary F	iduciary Correction	10a	X		11514
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		х	
С	Was the plan covered by a fidelity bond?			10c	Х		350000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х	
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.)	ner persor	ns by an insurance f the benefits under	10e		х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х		31828
h 	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	er en er er en en er
i 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			and the state of t

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Part	VI	Pension Funding Compliance				
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	edule S	6B	Yes X No	 5
11 <u>a</u>	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio SA?		f	Yes X No	D
	(lf '	'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а 		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and this plan year, see instructions, and the waiver	d enter Da		of the letter ruling Year	
<u> </u>	ou 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 left of a ative amount)	12d			
<u>e</u>	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	X No	
	If "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 brought under the trol of the PBGC?			Yes X No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2	EIN(s)		13c(3) PN(s)	

Attachment to Form 5500 2017, Part V, Line 10a – Schedule of Delinquent Participant Contributions

Plan Name: <u>U.S. Millwork, Inc. 401(k) Retirement Savings Plan</u> EIN: <u>61-1198913</u> PN: <u>001</u>

	Total that Constitu	bited Transactions		
Participant			Contributions	Total Fully
Contributions		Contributions	Pending	Corrected Under
Transferred Late	Contributions	Corrected	Correction in	VFCP and PTE
to Plan	Not Corrected	Outside of VFCP	VFCP	2002-51
\$11,514		11,514		