Item flowere draw 2017 The form is required to be filed under sections 104 and 4065 of the Employee Retirement Revenue Code (the Code). This Form is Sognator Revenue Code (the Code). Part I I Innual Report Identification Information Complete and the private sections to the Form 5508-SF. Complete and the private section Information Complete and the private section information Complete and the private section Information Complete and the private section information Complete and the private section Information Complete and the private section information in accordance with the form instructions.) Complete and the private section information B This returning ont is a one-participant plan in the first eturning ont is a numerical returning ont is a section information Intersection information instructions.) Part II Basic Plan Information—once and the plan returning ont is a section information in accordance with the form instructions.) Intersection information is a section information 18 Answer of participant parts Part II Basic Plan Information—once and the plan returning ont is a section information in accordance with the issue accordance with the	-	Tm 5500-SF	oyee	OMB Nos. 1210-0110 1210-0089					
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Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor For Preserverk Badyation Act Nation as the last variance for Form 5500 SE Form 5500 SE Form 5500 SE	HERE			Date	Enter name of individu	ual signing			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

6a b							
С	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						
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)						
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
a	Total plan assets	7a	1291323	1603769			
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	1291323	1603769			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	16503				
	(2) Participants	8a(2)	71875				

(3) Others (including rollovers)	8a(3)					
b Other income (loss)	8b	227040				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					315418	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		0				
e Certain deemed and/or corrective distributions (see instructions)) 8e					
f Administrative service providers (salaries, fees, commissions)	8f	2972				
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				2972	
i Net income (loss) (subtract line 8h from line 8c)	8i				312446	
j Transfers to (from) the plan (see instructions)	····· 8j	8j				
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pens 2E 2F 2G 2J 2K 3D	on feature c	odes from the List of Plan Char	racteri	stic Codes i	n the instructions:	
b If the plan provides welfare benefits, enter the applicable welfar	e feature co	des from the List of Plan Chara	acteris	tic Codes in	the instructions:	
Part V Compliance Questions						
10 During the plan year:			Yes	No	Amount	
a Was there a failure to transmit to the plan any participant contr described in 29 CFR 2510.3-102? (See instructions and DOL Program)	's Voluntary I	Fiduciary Correction		x		

	Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
C	Was the plan covered by a fidelity bond?	10c	Х		160377
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	
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.).	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	Х		
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	10i	х		

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Page 3- 1

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)	nedule	SB		Yes	s 🗙 No		
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a						
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
a	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 the letter ruling granting the waiver								
lf y	you d	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						
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	es X	No			
	lf "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	×I	No		
С		luring 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	5)	130	: (3) F	'N(s)		

Form 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Employee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		d under sections 104 and	4065 of the Employee Retirement	2017					
Department of Labor Employee Benefits Security Administration	n	(ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the Internal e).	This Form is Open to Public Inspection					
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the inst	tructions to the Form 5500-SF.						
	t Identification Information								
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017		31/2017					
A This return/report is for:	a single-employer plan	list of participating en	olan (not multiemployer) (Filers check mployer information in accordance w	•					
	a one-participant plan	a foreign plan							
B This return/report is	the first return/report	the final return/report							
	an amended return/report	a short plan year retu	rn/report (less than 12 months)						
C Check box if filing under:	☐ Form 5558	automatic extension		rogram					
	special extension (enter descr			logram					
Part II Basic Plan Inf	formation—enter all requested inf								
1a Name of plan	ormation—enter all requested inf	ormation	1b Three	o digit					
	. 401(k) Profit Sharin	ng Plan		number					
		.9	(PN)	• 001					
				tive date of plan					
0				01/1976					
	loyer, if for a single-employer plan) orm, apt., suite no. and street, or P.C). Box)	COLUMN AND A DESCRIPTION	oyer Identification Number 91-0696468					
City or town, state or provin	nce, country, and ZIP or foreign post		tructions)	sor's telephone number					
Lumber Market, Inc				5)251-8010					
			2d Busin	ness code (see instructions)					
PO Box 327									
		1.17	00055	100					
Renton	and address M Come as Diss Com			190 nistrator's EIN					
3d Plan administrator's name	and address 🛛 Same as Plan Spor	ISOF.	SD Adm	histrator s Ein					
			3c Admi	nistrator's telephone number					
A If the name and/or EIN of t	he plan sponsor or the plan name ha	as changed since the last	return/report filed for 4b EIN						
	onsor's name, EIN, the plan name a								
a Sponsor's name			4d PN						
C Plan Name									
-	9 27 Day 6 VE W Laborar Par		5.						
	ts at the beginning of the plan year			1					
	ts at the end of the plan year			1					
	h account balances as of the end of			1					
	participants at the beginning of the pl			1					
	participants at the end of the plan year	•	= 1(0)	1					
	terminated employment during the		and fits the structure land						
than 100% vested			••						
	e or incomplete filing of this return								
	other penalties set forth in the instruct and signed by an enrolled actuary, a molete.								
SIGN X VILLU	Don te	11918	Patrick Bates						
HERE Signature of plan	administrator	Date	Enter name of individual signing	as plan administrator					
SIGN SIGN	aaninistiator	Date	Enter name of individual signifig	ao pian aanimiotrator					
2012									
HERE	loyer/plan sponsor	Date	Enter name of individual signing						

'ac	

	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 (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	🗙 Yes 🗌 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 insurance program (see ERISA section 4021)? Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)
Pa	rt III Financial Information	

7	Plan Assets and Liabilities	sets and Liabilities (a) Beginning							
а	Total plan assets	7a	1,	,291,323				1,	603,769
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	291,	323		1,0		603,769
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		16,	5,503				
	(2) Participants	8a(2)		71,	875				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		227,	27,040				
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							315,418
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0		1.4	196.5	
e	Certain deemed and/or corrective distributions (see instructions)	8e				10. A.		- In Sunder	
f	Administrative service providers (salaries, fees, commissions)	8f		2,	972				
g	Other expenses	8g				1100			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2,972
i	Net income (loss) (subtract line 8h from line 8c)	8i							312,446
j	Transfers to (from) the plan (see instructions)	8j				1.32			
Pa	rt IV Plan Characteristics								
b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions								
10	During the plan year:				Yes	No			
	Was there a failure to transmit to the plan any participant contribu	tions within	the time period		res	No		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary Fi	duciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х			
C	Was the plan covered by a fidelity bond?			10c	х				160,377
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
e	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 persons	by an insurance	10e		x			
f		n?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g		х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instrue	ctions and 29 CFR	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	he required	notice or one of the	10i	x				

Form 5500-SF 2017

Page **3-**

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)	edule SI	В	Yes	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?			Yes	No 🛛
a	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.	l enter t Day	he date	of the letter rul Year	ing
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			
	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			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes		N/A
Part					
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 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 🛛 N	0
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	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN	l(s)