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

Part I	Annual Report	Identification Information							
For calend	dar plan year 2018 or fis	scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018				
A This re	eturn/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)						
D =: :	. ,	a one-participant plan	a foreign plan						
B This ref	turn/report is	the first 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 under:	Form 5558	automatic extension	[DFVC progra	ım			
		special extension (enter descr	ription)						
Part II	Basic Plan Info	rmation—enter all requested in	formation						
1a Name BUFFELEN	•	MPANY 401(K) SALARY SAVING	S PLAN		1b Three-dig plan numl (PN) ▶				
					1c Effective	date of plan 01/01/1987			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C) Povi			Identification Number			
		e, country, and ZIP or foreign post		structions)	(EIN)	91-0639098			
BUFFELEN	WOODWORKING CO	MPANY	· · ·	·		s telephone number 53-627-1191			
					2d Business	code (see instructions)			
1901 TAYLOTACOMA, V	TAYLOR WAY				321210				
17.001111, 1	77.00.121								
3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN					
				-	20. A durain interest of a tall on board or a manufacture.				
					3c Administrator's telephone number				
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN				
	sor's name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4d PN				
C Plan I	Name								
5a Total	number of participants	at the beginning of the plan year			5a	85			
_		at the end of the plan year			5b	77			
C Numl	ber of participants with a	account balances as of the end of	the plan year (only define	d contribution plans	5c	41			
	,	rticipants at the beginning of the pl		•	5d(1)	73			
		rticipants at the end of the plan year			5d(2) 65				
e Number of participants who terminated employment during the plan year with accrued benefits that were less			penefits that were less	5e	0				
Caution	100% vested	or incomplete filing of this return	n/renort will be assesse	d unless reasonable cau					
Under per SB or Sch	nalties of perjury and oth	her penalties set forth in the instructed actuary, a	ctions, I declare that I hav	e examined this return/rep	oort, including, if	applicable, a Schedule			
SIGN		/valid electronic signature.	05/03/2019	MARYLENE PLACE					
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as pla	an administrator			
SIGN									
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individu	ual signing as er	nployer or plan sponsor			

Form 5500-SF (2018) Page **2**

	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)						X Yes No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes No		
С	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not de If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Year	,		(b) End	of Year		
а	Total plan assets	7a	467	19585		4059195				
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	461	19585				4059195		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) To	otal		
a	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)	-	77533						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	-27	76395						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-198862		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	35	59337	_					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		1520						
f_	Administrative service providers (salaries, fees, commissions) 8f									
g	Other expenses									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						361528		
_	Net income (loss) (subtract line 8h from line 8c)	8i						-560390		
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the instr	uctions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acterist	ic Cod	les in the instru	ctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Δ	mount		
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
c	· · · · · · · · · · · · · · · · · · ·			10c	Х			500000		
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?			10d		Χ		00000		
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			22414		
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.)			10g		X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		Χ				
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						

Form 5500-SF (2018)	Page 3 - 1
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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 (Form 5500) and line 11a below)			Yes 🛚 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 302 of ERISA?						
	(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 instructions, granting the waiver	and enter Da		e of the letter ruling Year		
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?		Ye	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 control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to				
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Part I | Annual Report Identification Information

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 calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/2	018			
A This return/report is for: X a single-employer plan								
D This art artists in								
B This return/report is	the first 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 under:	Form 5558	automatic extension	[DFVC program				
	special extension (enter des	• /						
	formation—enter all requested i	nformation		dt	1			
1a Name of plan Buffelen Woodworki	ng Company 401(k) Sal	ary		1b Three-digit plan number	1			
Savings Plan			<u> </u>	(PN) 1C Effective date	002			
				01/01/1				
Mailing address (include ro	oloyer, if for a single-employer plan) nom, apt., suite no. and street, or P.	.O. Box)		2b Employer Id (EIN)91-0	entification Number 639098			
Buffelen Woodworki	nce, country, and ZIP or foreign pooning Company	stal code (if foreign, see inst	ructions)	2c Sponsor's to (253) 62				
			ŀ		de (see instructions)			
1901 Taylor Way								
Tacoma WA 98421			98421	321210				
3a Plan administrator's name and address ☒ Same as Plan Sponsor.				3b Administrator's EIN				
					3c Administrator's telephone number			

4 If the name and/or EIN of	the plan sponsor or the plan name	has changed since the last r	eturn/report filed for	4b EIN				
this plan, enter the plan sp a Sponsor's name	oonsor's name, EIN, the plan name	and the plan number from t	he last return/report.	4d PN				
C Plan Name				TO FIN				
En Tables de Carlo				5a	85			
	ts at the beginning of the plan year		Γ	5a 5b	77			
C Number of participants wit	ts at the end of the plan year h account balances as of the end o	of the plan year (only defined	I contribution plans	contribution plans 5c				
	participants at the beginning of the			5d(1)	73			
	participants at the end of the plan y	· · ·	Ī	5d(2)	65			
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 lat	e or incomplete filing of this retu	rn/report will be assessed	unless reasonable cau		•			
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	other penalties set forth in the instruence and signed by an enrolled actuary, malete.	uctions, I declare that I have , as well as the electronic ve	examined this return/report rsion of this return/report	oort, including, if a , and to the best o	oplicable, a Schedule f my knowledge and			
SIGN Maugle	7.7	5-3-19	Marylene Place					
HERE Signature of plan	administrator	Date	Enter name of individu	ndividual signing as plan administrator				
SIGN HERE								
Signature of emp	loyer/plan sponsor tice, see the Instructions for Form 55	Date	Enter name of individu	ual signing as emp	oyer or plan sponsor Form 5500-SE (2018)			

Page 2	

b Total plan liabilities	6a Were all of the plan's assets during the plan year invested in e	eligible assets?	(See instructions.)					X Yes No	
If you answered "No" to either line 6 aor line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								X Yes ∏ No	
c If the plan is a admined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									
Part III Financial Information (a) Beginning of Year (b) End of Year a Total plan assets and Liabilities 7a 4,619,583 4,059,191 4,619,583 4,059,191 5 76 76 4,619,583 4,059,191 76 76 76 4,619,583 4,059,191 77 76 4,619,583 4,059,191 77 76 4,619,583 4,059,191 77 77 78 78 78 78 78 7								Not determined	
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a 1 rola plan assets 4, 619, 585 4, 059, 191 b Total plan liabilities 7b Total plan assets (subtract line 7b from line 7a) 7c 4, 619, 585 4, 059, 191 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contribitions received or receivable from: (1) Employers 8a(1) Employers 8a(1) Employers 8a(1) Employers 8a(2) 77, 533 (3) Others (including rollovers) 8a(3)	If "Yes" is checked, enter the My PAA confirmation number fro	m the PBGC p	remium filing for this pl	an yea	r			(See instructions.)	
a Total plan assets	Part III Financial Information								
b Total plan liabilities	7 Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	of Year	
C Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a	4,	619,	585			4,059,195	
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Participants. (5) Other income (loss). (6) Other income (loss). (7) Otal income (add lines 3a(1), 8a(2), 8a(3), and 8b). (7) Otal income (add lines 3a(1), 8a(2), 8a(3), and 8b). (8) Other income (loss). (8) Other structure of the expenses of th	b Total plan liabilities	7b							
a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Other income (loss). (5) Other income (loss). (6) Other income (loss). (7) Employers (8) Sa(3) Others (including rollovers). (6) Other income (loss). (7) Employers (8) Sa(2) (1) Sa(2), 8a(3), and 8b). (8) Employers (8) Employers (8) Sa(3) Others (including rollovers). (8) Bb	C Net plan assets (subtract line 7b from line 7a)	7с	4,	619,	585			4,059,195	
(2) Participants	8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	otal	
(2) Participants		95/4)							
(3) Other including rollovers)				77.	533				
b Other income (loss)				···········			A 1 a	,	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86			-	276,	395				
d Benefits paid (including direct rollowers and insurance premiums to provide benefits)				•				-198,862	
e Certain deemed and/or corrective distributions (see instructions)	d Benefits paid (including direct rollovers and insurance premiun	ns							
f Administrative service providers (salaries, fees, commissions)	to provide benefits)	8d						***************************************	
g Other expenses									
h Total expenses (add lines 8d, 8e, 8f, and 8g)					6/1				
i Net income (loss) (subtract line 8h from line 8c)								261 520	
Transfers to (from) the plan (see instructions)									
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: 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 Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? 10c X 500,00 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 e 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 22, 41 f Has the plan failed to provide any benefit when due under the plan? 9 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10d X 11d X 12d X 12								-300,390	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D									
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: 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 Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). C Was the plan covered by a fidelity bond?		oion foaturo oc	ados from the List of DI	on Cho	rantari	stic Co	doe in the inet	ruotione:	
Part V Compliance Questions 10 During the plan year: Yes No Amount 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 Program)	2E 2F 2G 2J 2K 2T 3D	ision leature co	des irom the List of Fr	an Ona	iacien	SIIC CO	ides in the hist	ractions.	
10 During the plan year: 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 Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond?	b If the plan provides welfare benefits, enter the applicable welf	are feature coo	les from the List of Pla	n Char	acteris	tic Cod	les in the instr	uctions:	
10 During the plan year: 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 Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond?	Part V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Yes	No		Amount	
Program)	a Was there a failure to transmit to the plan any participant cor								
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	·	-	•	100		x			
reported on line 10a.) C Was the plan covered by a fidelity bond?				iva		<u> </u>			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 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 required notice or one of the				10b		Х	***************************************		
by fraud or dishonesty?	C Was the plan covered by a fidelity bond?			10c	Х			500,000	
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	by fraud or dishonesty?			10d		Х		***	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	carrier, insurance service, or other organization that provides	s some or all of	the benefits under	10e	Х			22,414	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)						Х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		Х			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	·	•				Х			
	i If 10h was answered "Yes," check the box if you either provide	ded the require	d notice or one of the	10i					

	Form 5500-SF (2018) Page 3 -							
Part \	/I Pension Funding Compliance				***************************************			
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 GERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Code or section	1 302 o	f 	_	es 🛚 No		
а	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. Month Day Year							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
bı	Enter the minimum required contribution for this plan year		12b					
c	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 negative amount)	left of a	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [N/A		
Part \	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	N 🛚 i	0		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					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.)								
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)		