Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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	1					
For calend	lar plan year 2018 or f	iscal plan year beginning 01/01/2	2018		and ending 12	2/31/20	18	
A This re	turn/report is for:	X a single-employer plan			n (not multiemployer) (_	
		a one-participant plan	a fo	oreign plan	•			,
B This reti	urn/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	C Check box if filling under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program							
		special extension (enter desc	cription)					
Part II	Basic Plan Info	ormation—enter all requested in	nformatio	n				
1a Name		· ·				1b ⁻	Three-digit	
	ELES HARDWOOD, L	LC 401(K) PLAN				F	olan number	001
						1c	Effective date o	f plan 1/1999
		oyer, if for a single-employer plan)				2 b E	Employer Identi	fication Number
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		(if foreign, see instr	uctions)		,	454072
-	ELES HARDWOOD, L		ital code	(ii lorcign, acc instit	actions)	2c S	Sponsor's telep	
						2d E		(see instructions)
	E INDUSTRIAL PARK ELES, WA 98363	(WAY					3211	110
1 01(1 711(0)	1220, WY 00000							
3a Plan a	idministrator's name a	nd address X Same as Plan Spo	onsor.			3b /	Administrator's	EIN
_				3c Administrator's telephone number				
						3C /	Administrators	telephone number
		e plan sponsor or the plan name honsor's name, EIN, the plan name a				4b 1	ΞIN	
	sor's name	,,,			- · · · · · · · · · · · · · · · · · · ·	4d	PN	
C Plan N	Name							
5a Total	number of participants	s at the beginning of the plan year.				5a		85
b Total	number of participants	s at the end of the plan year				5b		72
		account balances as of the end of	•		•	5c	:	57
d(1) Tot	al number of active pa	articipants at the beginning of the p	olan year			5d(1	1)	81
d(2) Tot	tal number of active pa	articipants at the end of the plan ye	ear			5d(2	2)	69
		o terminated employment during the				5e		0
Caution: /	A penalty for the late	or incomplete filing of this retur	rn/report	will be assessed	unless reasonable cau	use is e	established.	
SB or Sche	alties of perjury and of edule MB completed a true, correct, and com	ther penalties set forth in the instru and signed by an enrolled actuary, a polete.	as well a	declare that I have on the electronic vers	examined this return/re sion of this return/repor	port, ind t, and to	cluding, if applic the best of my	cable, a Schedule y knowledge and
SIGN		d/valid electronic signature.		06/20/2019	MICHELE PETTIT			
HERE	Signature of plan a	administrator		Date	Enter name of individ	ual sigr	ning as plan adr	ministrator
SIGN							-	
HERE	Signature of emplo	oyer/plan sponsor		Date	Enter name of individ	ual sigr	ning as employe	er or plan sponsor
	eignature er empi	e year plant e penieer						

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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.) 							No 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 in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes N	Not determine	ed
	If "Yes" is checked, enter the My PAA confirmation number from th					-		—	3.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Year	
a	Total plan assets	7a	21:	53919			` '	2400019	
b	Total plan liabilities	7b						3773	
	Net plan assets (subtract line 7b from line 7a)	7c	21:	53919				2396246	
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt .			-	b) Total	
	Contributions received or receivable from:		(a) Amoun					b) Total	
	(1) Employers	8a(1)	1-	42582					
	(2) Participants	8a(2)	2	79632					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-1:	36238					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						285976	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		13863					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		29786					
g	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						43649	_
ī	Net income (loss) (subtract line 8h from line 8c)							242327	
÷	Transfers to (from) the plan (see instructions)				_			2 12021	
Do		8j							
	t IV Plan Characteristics	footuro oc	ados from the List of DI	on Cho	rootori	otio C	adaa in tha	instructions:	
Эа	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 2S	leature cc	des nom the List of Fr	an Cha	iacien	SIIC C	oues in the	mstructions.	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ir	nstructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period		103	140		Amount	
	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.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			2000000	
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 som the plan? (See instructions.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g				10g		Χ			
h	If this is an individual account plan, was there a blackout period? 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 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 se ERISA?		of	Yes 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 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

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.

2018

OMB Nos 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Part I Annual Repo	rt Identification Information	ordance with the in	structions to the Form	5500-SF.	
For calendar plan year 2018 o		01/01/2018	and ending	127	31/2018
A This return/report is for:	X a single-employer plan	a multiple-employer list of participating	plan (not multiemployer) (Filers checking	ng this box must attach a h the form instructions.)
D This	a one-participant plan	a foreign plan			and form matructions.)
B This return/report is	the first return/report	the final return/repor	t		
	an amended return/report	20	urn/report (less than 12	months)	
C Check box if filing under:	Form 5558	automatic extension		Π pp/o	
	special extension (enter description		17,25	☐ DFVC pro	gram
Part II Basic Plan In	formation—enter all requested inform	nation			
1a Name of plan				1b Three-	digit
PORT ANGELES HARDW	OOD, LLC 401(K) PLAN			plan nu	
				(PN) 1	
2a Plan enoneor's name (ome	Name of Co.				/e date of plan 1/1999
ivialling address (include re	oloyer, if for a single-employer plan) nom, apt, suite no. and street, or P.O. Bo	ox)		2b Employ	ver Identification Number
PORT ANGELES HARDW	nce, country, and ZIP or foreign postal co	ode (if foreign, see ins	structions)		0-1454072 or's telephone number
				(360)565-8269
333 ECLIPSE INDUST	RIAL PARKWAY			2d Busines	ss code (see instructions)
PORT ANGELES		W	A 98363	3211	10
3a Plan administrator's name	and address 🛚 Same as Plan Sponsor.			3b Adminis	
				3c Adminis	strator's telephone number
4 If the name and/or EIN of the this plan, enter the plan so	he plan sponsor or the plan name has ch onsor's name, EIN, the plan name and th	nanged since the last	return/report filed for	4b EIN	
- Sportoor o Harric	ones o name, Env, the plan hame and the	ne plan number from	the last return/report.	4d PN	
C Plan Name				4u PN	
5a Total number of participant	s at the beginning of the plan year			5a	
u i otal number of participant	s at the end of the plan year			5b	85
Transci di participarita wili	account balances as of the end of the p	L		5c	72
u(1) Total number of active pa	articipants at the beginning of the plan ve	ear		5d(1)	57
u(2) Total number of active p	articipants at the end of the plan year			5d(1)	81
than 100% vested	b terminated employment during the plan	ryear with accrued be	enefits that were less	E.	69
Caution: A penalty for the late	or incomplete filing of this t			5e	0
Under penalties of perjury and o SB or Schedule MB completed a belief, it is true, correct, and com	and signed by an enrolled actuary on the	I declare that I have	examined this return/reportsion of this return/reportsion	use is establis port, including, t, and to the be	if applicable, a Schedule st of my knowledge and
SIGN Milele	- Pettet	6-20-2019	Michele Pettit		
Signature of plan a	administrator	Date	Enter name of individe		alan administrator
SIGN MICHAEL B	Kelt the state of	6-20-2019	michele Pa	ethit	-co. Garminati atti
For Paperwork Reduction Act Notice	over/plan sponsor ce, see the Instructions for Form 5500-SF.	Date	Enter name of individu	ual signing as e	employer or plan sponsor

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Dort	W Pennien Funding Com II			10 PM 10
Part	- Training 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)	edule S	SB [Yes X N
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	T T	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 o	of \Box	Yes 🛛 N
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.	d enter		
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		yreal	
	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		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	П	Yes No	□ N/A
Part \	/II Plan Terminations and Transfers of Assets			Ч
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X	No 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	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	
1:	3c(1) Name of plan(s): 13c(2)	EIN(c)	120/	2\ DN/-\
	135(2)	EII4(5)	130(3) PN(s)

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LOIIII	5500-SF	(2010)

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b	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 your answered "No" to either line 6a or line 6b, the plan cann of 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	an indeper and condit ot use Fo isurance p	ndent qualified public a ions.) rm 5500-SF and mus rogram (see ERISA se	accoun it inste	tant (I0 ad use 1021)?	QPA) 5	5500. Yes	
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End	d of Year
a	Total plan assets	7a	2,	153,	919			2,400,01
b	Total plan liabilities	7b					W	3,773
С	Net plan assets (subtract line 7b from line 7a)	7c	2,	153,	919			2,396,24
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total
а	Contributions received or receivable from:	0=(4)		142,	582			
	(1) Employers	8a(1)	- Antonio - Anto	279,				
	(2) Participants	8a(2)		219,	032			
	(3) Others (including rollovers)	8a(3)		136,	220			
	Other income (loss)	8b		130,	230			005.05
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d		13,	863			285,97
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		29,	786			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						43,649
	Net income (loss) (subtract line 8h from line 8c)	8i						242,32
j	Transfers to (from) the plan (see instructions)	8i						
Par	t IV Plan Characteristics	٠, ١						· ·
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 2S If the plan provides welfare benefits, enter the applicable welfare fellows The plan provides welfare benefits, enter the applicable welfare fellows.					74		
10	During the plan year:				Yes	No		Amount
	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х		Amount
b	reported on line 10a.)	<u></u>		10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			2,000,000
d	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.)	er persons	s by an insurance	10e		Х	(************************************	
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			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 the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i				7.00