## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2018

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information				
For calenda	ar plan year 2018 or f	iscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018	
A This ret	turn/report is for:	X a single-employer plan		olan (not multiemployer) ( mployer information in ac	_	
_	·	a one-participant plan	a foreign plan			
<b>B</b> This retu	urn/report is	X the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	ım
	1	special extension (enter descr	. ,			
Part II	Basic Plan Info	ormation—enter all requested inf	formation			
1a Name KITSAP LUM	•	RE RETIREMENT PLAN			<b>1b</b> Three-dig plan numl (PN) ▶	
					1c Effective	date of plan 01/01/2018
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	) Box)			Identification Number
		ce, country, and ZIP or foreign post		structions)	(EIN)	91-1067611
KITSAP LUN	MBER AND HARDWA	RE				s telephone number 60-479-4414
					2d Business	code (see instructions)
450 S. NATIO BREMERTO	ONAL AVE N, WA 98312					444130
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spor	nsor.		<b>3b</b> Administra	ator's EIN
					3c Administra	ator's telephone number
		e plan sponsor or the plan name ha			<b>4b</b> EIN	
		onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN	
C Plan N	or's name Jame				40 PN	
<b>5a</b> Total i	number of participants	s at the beginning of the plan year			5a	2
		s at the end of the plan year			5b	2
		account balances as of the end of		· ·	5c	1
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the plant	an year		5d(1)	2
` '		articipants at the end of the plan yea			5d(2)	2
than	100% vested	o terminated employment during the			5e	0
		or incomplete filing of this return				
SB or Sche		ther penalties set forth in the instructed and signed by an enrolled actuary, and lete.				
SIGN	Filed with authorized	d/valid electronic signature.	10/01/2019	SHANE HICKEY		
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pl	an administrator
SIGN	Filed with authorized	d/valid electronic signature.	10/01/2019	SHANE HICKEY		
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as er	nployer or plan sponsor

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	under 20 CFR 250.104-46? (See instructions on waiver eligibility and conditions.)  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?							
b								X Yes No
	· · · · · · · · · · · · · · · · · · ·							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	l of Year
a	Total plan assets	7a		0				18384
b	Total plan liabilities	7b						
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7с		0				18384
8			(a) Amoun	t	_		(b)	Total
a		8a(1)		740				
	(2) Participants	8a(2)	,	18500				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-856				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						18384
d		8d						
е	·	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
i_	Net income (loss) (subtract line 8h from line 8c)	8i						18384
j	Transfers to (from) the plan (see instructions)	8j						
Pai	rt IV Plan Characteristics							
9a		feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the ins	structions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	es in the inst	ructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а								
	,	,	,	102		X		
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions	iou				
_	'			10b	.,	X		
				10c	X			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X		
е								
	the plan? (See instructions.)			10e				
f				10f				
g			•	10g		X		
n	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				

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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 Sche (Form 5500) and line 11a below)		В	Y	es 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?		:	Y	es 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, and granting the waiver	d enter t Day		of the lette Year _	r ruling
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			
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?		Yes	× 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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

500-SF (2018) V.171027	4				.46-00cc mrc	see the Instructions for Fo	our Reduction Act Notice,	רטו רמףפוש
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		*	грапе Ніскеу	10/1/5018		19	1 Lower 1	SIGN
ninistrator	upe ueld se l	gningis lau	Enter name of individ	Date		ninistrator	Signature of plan adi	7 7 7 7 7 7
			2увие Ніске <u>у</u>	6102/1/01		2000	Klondid	SIGN
sable, a Schedule knowledge and	ding, if applic	port, includ	examined this return/re	declare that I have	e instructions, l	r penalties set forth in the signed by an enrolled ac	atties of perjury and othe	Under pen
	.bəhsildı	stee ei eet	unless reasonable cau	t will be assessed	s return/repor	incomplete filing of thi	A penalty for the late or	Caution: A
0		əç	nefits that were less	ear with accrued be	ring the plan y	rminated employment du	der of participants who te 100% vested	lmuM <b>9</b> nedt
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		Nd <b>p</b> †				or's name, EIN, the plan	lan, enter the plan spons or's name	d sidt
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fication Number	I) 6T–T06. Joyer Identif					r, if for a single-employer apt., suite no. and street		
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	X		401			2520.101-3.)	
	X	-	10g	<del></del>		Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (	
	-		101	<del> </del>			
	X	<b> </b>	106			the plan? (See instructions.)	-
	X		-01	by an insurance ne benefits under	er persons e or all of tl	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ə
	Х		POL	d, that was caused	fidelity bon	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	р
000'09		Х	10c	B		Was the plan covered by a fidelity bond?	
	Х		106			Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	
	X		108			Program)	_ч
	^					Was there a failure to transmit to the plan any participant contribul described in 29 CFR 2510.3-102? (See instructions and DOL's V	ъ
JunomA	ON	SƏA		L beingg grait odt	aidtin, agair	During the plan year:	
		<u></u>				V Compliance Questions	Part
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e in the instructions:	eboO o	cteristi	Chara	s from the List of Plar	eature code	the plan provides welfare benefits, enter the applicable welfare fe	<u> </u>
es in the instructions:	tic Coq	acteris	an Char	es from the List of Pla	leature cod	SF SE S1 SK SE S6 3D type blan brovides bension benefits, enter the applicable pension $\alpha$	
	····				***************************************	IV Plan Characteristics	
					[8	ransfers to (from) the plan (see instructions)	
786'81	***************************************				18	et income (loss) (subtract line 8h from line 8c)	
)					48	otal expenses (add lines 8d, 8e, 8f, and 8g)	⊥ ч
					68	црег expenses.	5 <b>6</b>
					18	dministrative service providers (salaries, fees, commissions)	A Ì
					98	ertain deemed and/or corrective distributions (see instructions)	
					b8	enefits paid (including direct rollovers and insurance premiums provide benefits).	
786,384					28	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
		998	} –		d8	ther income (loss)	<b>p</b> c
					(5)58	(including rollovers)	
		009	181		(2)88	2) Participants	
		01/			(1)88	ontributions received or receivable from:  ) Employers	
lstoT (d)		1	1	nuomA (s)		ncome, Expenses, and Transfers for this Plan Year	
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		1		9	٩Ł	səijilidəil nalq ləto	<u> q</u>
786,384		0			F7.	otal plan assets	T 6
r (b) End of Year			reaY to	o gninnigə8 (s)		seitilidai Liabilities	d L
					***************************************	III   Financial Information	Part
	Form 5	esn p	ccounts instes ction 4	dent qualified public a sor.)	nindepend and condition of use Fori surance pro	Vere all of the plan's assets during the plan year invested in eligible to you claiming a waiver of the annual examination and report of a nder 29 CFR 2520.104-46? (See instructions on waiver eligibility a you answered "No" to either line 6a or line 6b, the plan cannified plan is a defined benefit plan, is it covered under the PBGC in the plan cannified by the plan cannification is a defined benefit plan. As we have a defined in the plan cannification of the plan cannific	b A If
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13c(3) PN(s)	<u> </u>	EIN(s)	13c(2)	(1) Name of plan(s):	
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		139		"Yes," enter the amount of any plan assets that reverted to the employer this year	11
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			***************************************	Plan Terminations and Transfers of Assets	IIV Jie
A/N ON	Yes	П	·····	fill the minimum funding amount reported on line 12d be met by the funding deadline?	w ə
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		12c		ter the amount contributed by the employer to the plan for this plan year	C En
		159		ter the minimum required contribution for this plan year	<b>p</b> Eu
				ı completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	
Year		(sQ	Month Month	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in anting the waiver.	JB 2
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√es ⊠ n				RISA? If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
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				nter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	
N SeY	8	S əlube	complete Sch	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (0055 mro	al II
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