For	m 5500-SF	Short Form Annua	l Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee Re	etirement	2018
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (I		7(b) and 6058(a) of the		This Form is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in action	cordance with the instr	uctions to the Form 55	00-SF.	Public Inspection
Part I		dentification Information				
For calenda	ar plan year 2018 or fisc				/31/2018	in a thin have several attach a
A This ret	urn/report is for:	X a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)
P This rate	urn/report is	a one-participant plan	a foreign plan			
	um/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Check	box if filing under:	X Form 5558	automatic extension	[	DFVC p	rogram
		special extension (enter descrip	otion)			
Part II	Basic Plan Infor	mation—enter all requested info	rmation			
1a Name	•				1b Thre	e-digit number
U.S. WILLW	URK, INC. 401(K) KETI	REMENT SAVINGS PLAN			(PN)	
					1c Effect	tive date of plan
<b>2a</b> Plan si	nonsor's name (employ	er, if for a single-employer plan)			2h Empl	01/01/2009 oyer Identification Number
Mailing	address (include room	, apt., suite no. and street, or P.O.			(EIN)	-
U.S. MILLW		, country, and ZIP or foreign postal	code (if foreign, see instr	uctions)	2c Spor	nsor's telephone number 502-587-9450
				-	2d Busir	ness code (see instructions)
7725 NATIOI STE. 100	NAL TURNPIKE					337000
LOUISVILLE	, KY 40214					
3a Plan a	dministrator's name and	d address 🛛 Same as Plan Spons	sor.		3b Admi	nistrator's EIN
				-	3c Admi	nistrator's telephone number
4 If the r	name and/or EIN of the	plan sponsor or the plan name has	changed since the last re	eturn/report filed for	4b EIN	
this pl	an, enter the plan spon	sor's name, EIN, the plan name an				
C Plan N	or's name lame				<b>4d</b> PN	
• • • • • • • •						
5a Total r	number of participants a	at the beginning of the plan year			5a	19
		at the end of the plan year			5b	17
		ccount balances as of the end of th			5c	17
<b>d(1)</b> Tota	al number of active part	icipants at the beginning of the pla	n year		5d(1)	15
		icipants at the end of the plan year			5d(2)	11
		erminated employment during the			5e	0
Caution: A	penalty for the late o	r incomplete filing of this return/	report will be assessed	unless reasonable cau		
SB or Sche		er penalties set forth in the instructi d signed by an enrolled actuary, as ete				
SIGN		valid electronic signature.	10/14/2019	THOMAS SELVAGE		
HERE	Signature of plan ad	č	Date	Enter name of individu	ual signing	as plan administrator
SIGN						
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual sianina	as employer or plan sponsor
		and the Instructions for Form 5500			J J	Eorm 5500 SE (2019)

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

Form 5500-SF (2018) v.171027

6a 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an independ and conditio	dent qualified public accountant (IQ ons.)	PA) Yes [] No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section 4021)? .	Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pro	emium 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
а	Total plan assets	7a	509906	439689
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	509906	439689
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	14131	
	(2) Participants	8a(2)	14912	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-23718	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		5325
d	Benefits paid (including direct rollovers and insurance premiums			

		•		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		5325
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	74152	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	1390	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		75542
i	Net income (loss) (subtract line 8h from line 8c)	8i		-70217
j	Transfers to (from) the plan (see instructions)	8j		

## Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 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:	Yes	No	Amount
а	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)       10	a	×	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	x	
С	Was the plan covered by a fidelity bond?   10	c X		350000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10	d	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.)	e	×	
f	Has the plan failed to provide any benefit when due under the plan? 10	f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	g X		14625
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	x	
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	i		

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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 rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you 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 ative amount)		12d				
e	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	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 brou trol of the PBGC?	ght under the			Yes	X N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		13	<b>:(3)</b> PN	۱(s)

Form 5500-SF	Short Form Anni		t of Small Employee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Plan	4065 of the Employee Retirement	2018
Department of Labor Employee Benefits Security Administratic Pension Benefit Guaranty Corporation	Income Security Act of 197	4 (ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the Internal e).	This Form is Open to Public Inspection
· · ·	rt Identification Information		ructions to the Form 5500-SF.	
	fiscal plan year beginning 01/01/20		and ending 12/31/2018	
			an (not multiemployer) (Filers check	king this hox must attach a
A This return/report is for:	X a single-employer plan		nployer information in accordance w	
<b>B</b> This return/report is	the first return/report			
	the first return/report an amended return/report	the final return/report	n/report (less than 12 months)	
0.00.00				
<b>C</b> Check box if filing under:	X Form 5558	automatic extension	DFVC p	rogram
	special extension (enter desc			
	formation—enter all requested ir	nformation		
1a Name of plan			1b Three	U I
U.S. Millwork, Inc. 401(k) Retirer	nent Savings Plan		plan (PN)	number 001
			1c Effec	tive date of plan 1/2009
	loyer, if for a single-employer plan)		2b Empl	oyer Identification Number
	om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign pos		(EIN)	61-1198913
.S. Millwork, Inc.			2c Spon	sor's telephone number (502) 587-9450
725 National Turnpike te. 100 ouisville, KY 40214			2 <b>d</b> Busin 3370	ess code (see instructions) 10
3a Plan administrator's name a	and address 🛛 Same as Plan Spo	nsor.	<b>3b</b> Admir	histrator's EIN
			<b>3c</b> Admir	nistrator's telephone number
4 If the name and/or EIN of the	ne plan sponsor or the plan name h	as changed since the last n	eturn/report filed for 4b EIN	
this plan, enter the plan sp <b>a</b> Sponsor's name <b>c</b> Plan Name	onsor's name, EIN, the plan name a	and the plan number from t	e last return/report. 4d PN	
5a Total number of participant	s at the beginning of the plan year			19
	s at the end of the plan year			17
	account balances as of the end of			17
d(1) Total number of active pa	articipants at the beginning of the pl	an year		15
d(2) Total number of active pa	articipants at the end of the plan yea	ar	5d(2)	11
	o terminated employment during the			0
aution: A penalty for the late	or incomplete filing of this return	n/report will be assessed		
nder penalties of perjury and o	ther penalties set forth in the instruct and signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/report, includin	g, if applicable, a Schedule
	ipicie.	10-141-15	Thomas Selvage	]
IGN Shomas	Newrel			
IERE				
IERE Signature of plan a	administrator	Date	Enter name of individual signing a	s plan administrator
IERE Signature of plan a SIGN IERE Signature of emplo		Date	Enter name of individual signing a Enter name of individual signing a	

consultas mas successor pas co-

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X 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.)	X 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)?	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	

	rt III   Financial Information	f	1					
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End of Year	
a	Total plan assets	7a		5099	06		43	9689
b	Total plan liabilities	7b	ļ					
С	Net plan assets (subtract line 7b from line 7a)	7c		5099	06		43	9689
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt		#Hel-Mite	(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		141	31			
	(2) Participants	8a(2)		149	12			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-237	18			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5325
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		741	52			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		13	90			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					7	5542
i	Net income (loss) (subtract line 8h from line 8c)	8i					-7	0217
	Transfers to (from) the plan (see instructions)							
j		8j						
j Pai 9a	If the plan provides pension benefits, enter the applicable pension to 2E         2F         2G         2J         2K         2T         3D		des from the List of PI	an Cha	racteri	stic Codes	s in the instructions:	
9a b	Plan Characteristics           If the plan provides pension benefits, enter the applicable pension to 2E           2F         2G         2J         2K         2T         3D           If the plan provides welfare benefits, enter the applicable welfare feet	feature co						
9a b Par	If the plan provides pension benefits, enter the applicable pension to 2E       2F       2G       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare feet       t       V       Compliance Questions	feature co			acteris	tic Codes		
9a b Par	If the plan provides pension benefits, enter the applicable pension to 2E       2F       2G       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare feet       If the plan provides welfare benefits, enter the applicable welfare feet         t V       Compliance Questions         During the plan year:	feature co	les from the List of Pla					
9a b Par	If the plan provides pension benefits, enter the applicable pension to 2E       2F       2G       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare feet       t       V       Compliance Questions	feature coc eature coc ions withi oluntary F	les from the List of Pla n the time period iduciary Correction		acteris	tic Codes	in the instructions:	
9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension to 2E       2F       2G       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare feed       If the plan provides welfare benefits, enter the applicable welfare feed         t V       Compliance Questions         During the plan year:       Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vertice of the plan applicable of the plan applicabl	feature coc eature coc ions withi oluntary F	les from the List of Pla n the time period Fiduciary Correction	n Chara	acteris	No	in the instructions:	
9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension to 2E       2F       2G       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare fer       If the plan provides welfare benefits, enter the applicable welfare fer         t V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)         Were there any nonexempt transactions with any party-in-interest	feature coc eature coc ions withi oluntary F ? (Do not	les from the List of Pla n the time period riduciary Correction include transactions	n Chara 10a 10b	acteris	No X	in the instructions:	35000
9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension to 2E       2F       2G       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare feed       If the plan provides welfare benefits, enter the applicable welfare feed         t V       Compliance Questions         During the plan year:       Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)         Were there any nonexempt transactions with any party-in-interest?         reported on line 10a.)         Was the plan covered by a fidelity bond?	feature coc eature coc ions withi oluntary F ? (Do not fidelity bo	les from the List of Pla n the time period Fiduciary Correction include transactions nd, that was caused	n Chara	Yes	No X	in the instructions:	35000
9a b Par 10 a b c d	If the plan provides pension benefits, enter the applicable pension to 2E       2F       2G       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare feed       If the plan provides welfare benefits, enter the applicable welfare feed         t V       Compliance Questions         During the plan year:       Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)         Were there any nonexempt transactions with any party-in-interest?         reported on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's fillence	feature coc eature coc ions withi oluntary F ? (Do not fidelity bo fidelity bo er person e or all of	les from the List of Pla n the time period Fiduciary Correction include transactions nd, that was caused s by an insurance the benefits under	n Chara 10a 10b 10c	Yes	No X	in the instructions:	35000
9a b Par 10 a b c d	If the plan provides pension benefits, enter the applicable pension to 2E       2F       2G       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare feed       If the plan provides welfare benefits, enter the applicable welfare feed         t V       Compliance Questions         During the plan year:       Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Ve Program)         Were there any nonexempt transactions with any party-in-interest?         reported on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	feature coc eature coc ions withi oluntary F ? (Do not fidelity bo er person e or all of	les from the List of Pla n the time period Fiduciary Correction include transactions nd, that was caused s by an insurance the benefits under	n Chara 10a 10b 10c 10d	Yes	No X	in the instructions:	35000
9a b Par 10 a b c d e	If the plan provides pension benefits, enter the applicable pension to 2E       2F       2G       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare feed       If the plan provides welfare benefits, enter the applicable welfare feed         t V       Compliance Questions         During the plan year:       Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)         Were there any nonexempt transactions with any party-in-interest?         reported on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	feature coc eature coc ions withi oluntary F ? (Do not fidelity bo fidelity bo er person e or all of	les from the List of Pla n the time period Fiduciary Correction include transactions nd, that was caused s by an insurance the benefits under	n Chara 10a 10b 10c 10d	Yes	No X	in the instructions:	
9a b Par 10 a b c d e f	If the plan provides pension benefits, enter the applicable pension to 2E         2F       2G       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare feed         t       V       Compliance Questions         During the plan year:       Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Ve Program)         Were there any nonexempt transactions with any party-in-interest?         reported on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)         Has the plan failed to provide any benefit when due under the plan         Did the plan have any participant loans? (If "Yes," enter amount as	feature coc eature coc ions withi oluntary F ? (Do not fidelity bo er person e or all of er of year-e See instru	les from the List of Pla in the time period fiduciary Correction include transactions ind, that was caused s by an insurance the benefits under	n Chara 10a 10b 10c 10d 10e 10f	Yes X	No X	in the instructions:	35000