-	orm 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
Inte	partment of the Treasury ternal Revenue Service	This form is required to be filed Income Security Act of 1974	under sections 104 and			2018
Employee	Department of Labor Benefits Security Administration	-	Revenue Code (the Cod		incina	This Form is Open to Public Inspection
Pension I	Benefit Guaranty Corporation	Complete all entries in a Identification Information	ccordance with the ins	tructions to the Form 5	500-SF.	•
		iscal plan year beginning 01/01/20	019	and ending 0	5/28/2019	
	eturn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)	(Filers check	king this box must attach a vith the form instructions.)
<b>B</b> This ro	eturn/report is	a one-participant plan	a foreign plan			
		the first return/report an amended return/report	$\times$ the final return/report	ırn/report (less than 12 m	nonths)	
C Check	k box if filing under:	Form 5558	automatic extension			rogram
		special extension (enter descri				
Part II	Basic Plan Info	<b>prmation</b> —enter all requested info	ormation			
1a Name CENTRAL	e of plan	BUILDERS ASSOCIATION 401K F		I	(PN)	number
2a Plan	sponsor's name (emply	oyer, if for a single-employer plan)				01/01/2007 oyer Identification Number
Mailir	ng address (include roo	om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta		structions)	(EIN)	91-0723310
CENTRAL	WASHINGTON HOME	BUILDERS ASSOCIATION				nsor's telephone number 509-454-4006
3301 W NO	B HILL BOULEVARD				2d Busir	ness code (see instructions)
	VA 98902-0000					813000
<b>3a</b> Plan	administrator's name a	nd address 🛛 Same as Plan Spon	sor.		<b>3b</b> Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN	
	nsor's name				<b>4d</b> PN	
<b>5a</b> Total	I number of participants	s at the beginning of the plan year			5a	8
-		s at the end of the plan year			5b	0
		account balances as of the end of t			5c	0
		articipants at the beginning of the pla			5d(1)	3
• •		articipants at the end of the plan yea			_ 5d(2)	0
thar	n 100% vested	b terminated employment during the			5e	0
		or incomplete filing of this return				
SB or Sch		ther penalties set forth in the instruc ind signed by an enrolled actuary, a plete.				
SIGN HERE	Filed with authorized	l/valid electronic signature.	11/04/2019	CHELSEA SNODGR	ASS	
HERE	Signature of plan a		Date	Enter name of individ		as plan administrator
SIGN HERE		I/valid electronic signature.	11/04/2019	CHELSEA SNODGR		
	Signature of emplo work Reduction Act Notic	oyer/plan sponsor ce, see the Instructions for Form 5500	-SF.	Enter name of individ	lual signing	as employer or plan sponsor Form 5500-SF (2018) v 171027

v.171027

_	Were all of the plan's assets during the plan year invested in eligib						X Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility	•			•	,	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann		,				
с	If 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 th	e PBGC p	remium filing for this p	lan yea	r		(See instructions.)
De	rt III Financial Information						
			() <b>-</b>				
7	Plan Assets and Liabilities	_	(a) Beginning				(b) End of Year
<u>a</u>	Total plan assets	7a	1.	36866 0			0
	Total plan liabilities	7b		-			
	Net plan assets (subtract line 7b from line 7a)	7c		36866			0
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	It			(b) Total
a	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		15282			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					15282
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	49429			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		2719			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						152148
i	Net income (loss) (subtract line 8h from line 8c)	8i					-136866
j	Transfers to (from) the plan (see instructions)	8j					
Pa	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension $2G$ $2J$ $2K$ $3D$	feature co	des from the List of Pl	an Chai	acteris	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	cterist	ic Cod	les in the instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
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)			10a		Х	
0	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x	
C	Was the plan covered by a fidelity bond?			10c	X		15000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x	
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.).	ne or all of	the benefits under	10e	X		35
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year-e	end.)	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 2520.10	•		10i			

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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 complete rm 5500) and line 11a below)			SB			Y	es	K 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 Code or se SA?			of			Y	es	K No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver			r th ay			letter ear	rulin	g
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 left of a ative amount)		12d						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/	/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		No	)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the				< Ye	s	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to						
1	3c(1	) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(	s)

Form	1 5500-SF	Short Form Annua	l Return/Report	of Small Empl	ovee	OMB Nos. 1210-0110
	ent of the Treasury Revenue Service	Presentation of the second sec	Benefit Plan			1210-0089
Depa	artment of Labor afits Security Administration	This form is required to the Retirement Income Security	Act of 1974 (ERISA), an	d section 6057(b) and 6	058(a) of	2018
Pension Ben	efit Guaranty Corporation	► Complete all entries in a	nternal Revenue Code (t	50 C		is Form is Open to Public Inspection
Part I	Annual Report I	dentification Information	1			
FUI Calendar		al plan year beginning	01/01/2019	and ending	05/28/	
	m/report is for:	x a single-employer plan	a multiple-employe a list of participatin a foreign plan	r plan (not multiemploye g employer information	er) (Filers checki in accordance w	ng this box must attach ith the form instructions.)
B This retur	n/report is:	the first return/report an amended return/report	$\mathbf{x}$ the final return/report $\mathbf{x}$ a short plan year re	ort eturn/report (less than 12	2 months)	
C Check bo	x if filing under:	Form 5558 special extension (enter desc	automatic extensio	n		/C program
Part II	<b>Basic Plan Infor</b>	mation enter all requested	information			
1a Name o	fplan	HOME BUILDERS ASSOCIAT		SHARING PLAN	1b Three- plan nu (PN) ►	umber
0					1c Effectiv	ve date of plan L/2007
Mailing	Address (include roon	er, if for a single-employer plan) n, apt., suite no. and street, or P , country, and ZIP or foreign pos	O. Box) stal code (if foreign, see i	nstructions)		yer Identification Number 91-0723310
CENTR	AL WASHINGTON H	IOME BUILDERS ASSOCIAT	NOI			or's telephone number 454-4006
3301 1	W NOB HILL BOUI	EVARD			2d Busine 81300	ss code (see instructions) 00
	MA WA 98902-0000					
Ja Plan au	ninistrators name and	address 🗴 Same as Plan Sp	onsor		3b Admini	strator's EIN
					3c Admini	strator's telephone number
4 If the na	me and/or EIN of the	plan sponsor or the plan name h	as changed since the las	t return/report filed for	4b EIN	) - (1)
a Sponsor		or's name, EIN, the plan name a	and the plan number from	the last return/report.	44	
C Plan Na					4d PN	
5a Total nu	mber of participants a	t the beginning of the plan year			. 5a	8
b Total nu	mber of participants a	t the end of the plan year				0
c Number complete	of participants with ac e this item)	count balances as of the end of	the plan year (only define	ed contribution plans		0
d(1) Total r	number of active partic	ipants at the beginning of the pl	an year		5d(1)	3
e Number	of participants who te	ipants at the end of the plan year minated employment during the	plan year with accrued b			0
						0
Under penal SB or Sched	ties of perjury and othe ule MB completed and	r incomplete filing of this retuiner penalties set forth in the instru- d signed by an enrolled actuary,	uctions, I declare that I ha	we examined this return	/report_including	if applicable a Schedule
SIGN	ue, correct, and compl	MOM	11/4/19	Chelsea S	moderas	\$
	nature of plan admin	istrator	Date	Enter name of individ		
SIGN	When Snoo	arom	1/4/19		WA gras	

Date

Enter name of individual signing as employer or plan sponsor

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

HERE Signature of employer/plan sponsor

SIGN

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b

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XYes No

XYes No

F	Plan Assets and Liabilities	1 Same	(a) Beginning of	f Year			(b)	End of Year	
1 7	otal plan assets	7a	13	36,8	66				0
) 7	otal plan liabilities	7b			0				0
1	Net plan assets (subtract line 7b from line 7a)	7c	13	36,8	66				0
I	ncome, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total	
	Contributions received or receivable from: 1) Employers	8a(1)							
(	2) Participants	8a(2)				3.0			
(	3) Others (including rollovers)	8a(3)				10			
) (	Other income (loss)	8b	1	15,2	82	C T S			
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-	200	-		15,	282
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	14	19,4	29				
• (	Certain deemed and/or corrective distributions (see instructions)	8e				NET.		Constanting of	
F	dministrative service providers (salaries, fees, commissions)	8f		2,7	19	1-20	Delte - es		
3 (	Other expenses	8g					1-1-1-1-1-1-1		
1	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						152,	148
١	let income (loss) (subtract line 8h from line 8c)	8i	a manage and all					(136,8	66)
14	ransfers to (from) the plan (see instructions)	8j				1174			
Par a I	t IV   Plan Characteristics     f the plan provides pension benefits, enter the applicable pension f     2G   2J   2K   3D     f the plan provides welfare benefits, enter the applicable welfare fee	eature codes	ar war bit second and						
Par a I b I	t IV   Plan Characteristics     f the plan provides pension benefits, enter the applicable pension f     2G   2J   2K   3D     f the plan provides welfare benefits, enter the applicable welfare fer	eature codes	ar war bit second and						
Par a I b I Par	t IV   Plan Characteristics     f the plan provides pension benefits, enter the applicable pension f     2G   2J   2K   3D     f the plan provides welfare benefits, enter the applicable welfare fe     t V   Compliance Questions     During the plan year:	eature codes ature codes f	rom the List of Plan Ch						
Par a I b I Par	t IV   Plan Characteristics     f the plan provides pension benefits, enter the applicable pension f     2G   2J   2K   3D     f the plan provides welfare benefits, enter the applicable welfare fe     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)	eature codes ature codes f utions within the	rom the List of Plan Ch he time period ciary Correction		eristic	Code No	s in the ins	tructions:	
Par a I b I Par 0 a	t IV   Plan Characteristics     f the plan provides pension benefits, enter the applicable pension f   2G     2G   2J   2K   3D     f the plan provides welfare benefits, enter the applicable welfare fe   t   V     Compliance Questions   During the plan year:   Vas there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage)	eature codes ature codes f utions within the pluntary Fidue	rom the List of Plan Ch he time period ciary Correction		eristic	Code	s in the ins	tructions:	
Par a   b   Par 0 a	t IV   Plan Characteristics     f the plan provides pension benefits, enter the applicable pension f   2G     2G   2J   2K   3D     f the plan provides welfare benefits, enter the applicable welfare fe   t   V     Compliance Questions   During the plan year:   Vas there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage)	eature codes ature codes f tions within the pluntary Fiduo ? (Do not inc	rom the List of Plan Ch he time period ciary Correction lude transactions		eristic	Code No	s in the ins	tructions:	
Par a I b I Par 0 a	t IV   Plan Characteristics     f the plan provides pension benefits, enter the applicable pension f   2G     2G   2J   2K   3D     f the plan provides welfare benefits, enter the applicable welfare fe   t   V     Compliance Questions   During the plan year:   Vas 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	eature codes ature codes f tions within the pluntary Fidue ? (Do not inc	rom the List of Plan Ch he time period ciary Correction lude transactions	10a	Yes	Code No X	s in the ins	tructions: Amount	15,0
Par Da I b I Par 0 a	t IV   Plan Characteristics     f the plan provides pension benefits, enter the applicable pension f   2G     2G   2J   2K   3D     f the plan provides welfare benefits, enter the applicable welfare fer   1     V   Compliance Questions     During the plan year:   1     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.)	eature codes ature codes f tions within the pluntary Fidua ? (Do not inc fidelity bond,	rom the List of Plan Ch he time period ciary Correction lude transactions that was caused	10a	Yes	Code No X	s in the ins	tructions: Amount	15,0
Par bai bi Par 0 a b c d	t IV   Plan Characteristics     It he plan provides pension benefits, enter the applicable pension f   2G     2G   2J   2K   3D     If the plan provides welfare benefits, enter the applicable welfare fer   1   V     Compliance Questions   1   1     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.)   1     Was the plan covered by a fidelity bond?   1     Did the plan have a loss, whether or not reimbursed by the plan's	eature codes ature codes f tions within the pluntary Fidue ? (Do not inc fidelity bond, her persons b he or all of the	rom the List of Plan Ch he time period ciary Correction lude transactions that was caused wy an insurance benefits under	10a 10b	Yes	Code No X X	s in the ins	tructions: Amount	15,0
Par b Par 0 a b c d	t IV   Plan Characteristics     If the plan provides pension benefits, enter the applicable pension f   2G   2J   2K   3D     If the plan provides welfare benefits, enter the applicable welfare fee   Image: Compliance Questions   Image: Compliance Questions     During the plan year:   Image: Compliance Questions   Image: Compliance Questions     Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Veprogram)   Image: Compliance Questions     Were there any nonexempt transactions with any party-in-interest reported on line 10a.)   Image: Compliance Questions     Was the plan covered by a fidelity bond?   Image: Compliance Questions     Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some complication that provides	eature codes ature codes f ature codes f atu	rom the List of Plan Ch he time period ciary Correction lude transactions that was caused by an insurance benefits under	10a 10b 10c 10d	Yes	Code No X X	s in the ins	tructions: Amount	15,0
Par a   b   Par 0 a b c d c f	t IV   Plan Characteristics     If the plan provides pension benefits, enter the applicable pension f   2G   2J   2K   3D     If the plan provides welfare benefits, enter the applicable welfare fee   Image: Compliance Questions   Image: Compliance Questions     During the plan year:   Image: Compliance Questions   Image: Compliance Questions   Image: Compliance Questions     Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's VeProgram)   Image: Compliance Questions with any party-in-interest reported on line 10a.)     Was the plan covered by a fidelity bond?   Image: Compliance Questions with any party-in-interest reported on line 10a.)     Was the plan covered by a fidelity bond?   Image: Compliance Questions with any party-in-interest reported on line 10a.)     Was the plan covered by a fidelity bond?   Image: Compliance Questions on the plan's by fraud or dishonesty?     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.)     Has the plan failed to provide any benefit when due under the plan	eature codes ature codes f tions within the pluntary Fidue ? (Do not inc fidelity bond, ner persons b he or all of the n?	rom the List of Plan Ch he time period ciary Correction lude transactions that was caused benefits under	10a 10b 10c 10d 10e 10f	Yes	No X X X X	s in the ins	tructions: Amount	15,
Par a   b   Par 0 a b c d e	t IV   Plan Characteristics     It he plan provides pension benefits, enter the applicable pension frequencies   2G   2J   2K   3D     If the plan provides welfare benefits, enter the applicable welfare feature   It is a provide to the plan provide to the plan and participant contribution     During the plan year:   Was there a failure to transmit to the plan any participant contribution     Was there a failure to transmit to the plan any participant contribution   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 by fraud or dishonesty?   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.)	eature codes ature codes f ature codes f tions within the pluntary Fidue ? (Do not inc fidelity bond, fidelity bond, ner persons b ne or all of the n? (See instruction)	rom the List of Plan Ch he time period ciary Correction lude transactions that was caused benefits under	10a 10b 10c 10d	Yes	No X X X	s in the ins	tructions: Amount	15,0

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

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)

Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)