# Form 5500

**Department of the Treasury**
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2014**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 11/01/2014 and ending 10/31/2015

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**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** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
GANAHL LUMBER COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 10/31/1976

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
GANAHL LUMBER COMPANY

P. O. BOX 31
ANAHEIM, CA 92815-0031

**2b** Employer Identification Number (EIN)
95-2020550

**2c** Plan Sponsor's telephone number
714-239-2200

**2d** Business code (see instructions)
444190

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 08/03/2016 | JOHN GANAHL |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

| | | |
|---|---|---|
| **3a** Plan administrator's name and address ☐ Same as Plan Sponsor<br>GANAHL LUMBER COMPANY<br>P. O. BOX 31<br>ANAHEIM, CA 92815-0031 | **3b** Administrator's EIN<br>95-2020550 | |
| | **3c** Administrator's telephone number<br>714-239-2200 | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br>**a** Sponsor's name | **4b** EIN | |
| | **4c** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 654 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 564 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 606 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 87 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 693 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 2 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 695 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 695 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 12 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2O 2I

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | ☐ Insurance | **(1)** | ☐ Insurance |
| **(2)** | ☐ Code section 412(e)(3) insurance contracts | **(2)** | ☐ Code section 412(e)(3) insurance contracts |
| **(3)** | ☒ Trust | **(3)** | ☒ Trust |
| **(4)** | ☐ General assets of the sponsor | **(4)** | ☐ General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** ☒ **R** (Retirement Plan Information)
- **(2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- **(1)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ **A** (Insurance Information)
- **(4)** ☐ **C** (Service Provider Information)
- **(5)** ☐ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection**

For calendar plan year 2014 or fiscal plan year beginning 11/01/2014 and ending 10/31/2015

**A** Name of plan
GANAHL LUMBER COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
GANAHL LUMBER COMPANY

**D** Employer Identification Number (EIN)
95-2020550

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 1300000 | 1500000 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 8143 | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1076394 | 1345525 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 2159404 | 2397000 |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 2339346 | 2448898 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 53429760 | 59051520 |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 60313047 | 66742943 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 60313047 | 66742943 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 1500000 | |
| | **(B)** Participants | 2a(1)(B) | | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1500000 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 1686 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 1686 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 352274 | |
| | **(B)** Common stock | 2b(2)(B) | 3132 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 355406 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | 5523148 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 5523148 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 7380240 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 950194 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | | |
| **(3)** Other | 2e(3) | | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 950194 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| **(2)** Contract administrator fees | 2i(2) | | |
| **(3)** Investment advisory and management fees | 2i(3) | | |
| **(4)** Other | 2i(4) | 150 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 150 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 950344 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 6429896 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | |
| **(2)** From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: WHITE NELSON DIEHL EVANS, LLP **(2)** EIN: 33-0686301

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 1000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

**5b** 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.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 11/01/2014 and ending 10/31/2015

**A** Name of plan
GANAHL LUMBER COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
GANAHL LUMBER COMPANY

**D** Employer Identification Number (EIN)
95-2020550

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 33-0549129

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6 a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☒ **No**

**11 a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☒ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☒ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☒ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# *GANAHL LUMBER COMPANY*

# *EMPLOYEE STOCK OWNERSHIP PLAN*

## FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

## OCTOBER 31, 2015 AND 2014

## WITH INDEPENDENT AUDITORS' REPORT

***EMPLOYER ID NUMBER: 95-2020550***
***PLAN NUMBER: 001***

**GANAHL LUMBER COMPANY**
**EMPLOYEE STOCK OWNERSHIP PLAN**
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**OCTOBER 31, 2015 AND 2014**


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# INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
Ganahl Lumber Company Employee Stock Ownership Plan
Anaheim, California

## Report on the Financial Statements

We have audited the accompanying financial statements of Ganahl Lumber Company Employee Stock Ownership Plan (the "Plan"), which comprise the statements of net assets available for benefits as of October 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



2875 Michelle Drive, Suite 300, Irvine, CA 92606 • Tel: 714.978.1300 • Fax: 714.978.7893

*Offices located in Orange and San Diego Counties*

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Ganahl Lumber Company Employee Stock Ownership Plan as of October 31, 2015 and 2014, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**Report on Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Line 4i - Schedule of Assets Held at End of Year, as of October 31, 2015, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

White Nelson Diehl Evans LLP

Irvine, California
July 12, 2016

**GANAHL LUMBER COMPANY**
**EMPLOYEE STOCK OWNERSHIP PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**OCTOBER 31, 2015 AND 2014**

| | 2015 | 2014 |
|---|---|---|
| Investments: | | |
| Common stock of Ganahl Lumber Company - sponsor company | $ 59,051,520 | $ 53,429,760 |
| Corporate stocks | 2,397,000 | 2,159,404 |
| Shares of registered investment companies | 2,448,898 | 2,339,346 |
| Interest bearing cash and certificates of deposit | 1,345,525 | 1,076,394 |
| Total Investments | 65,242,943 | 59,004,904 |
| Receivables: | | |
| Employer cash contribution receivable | 1,500,000 | 1,300,000 |
| Other receivable | - | 8,000 |
| Interest receivable | - | 143 |
| Total Receivables | 1,500,000 | 1,308,143 |
| Net Assets Available for Benefits | $ 66,742,943 | $ 60,313,047 |

The accompanying notes are an integral part of these financial statements

**GANAHL LUMBER COMPANY**
**EMPLOYEE STOCK OWNERSHIP PLAN**
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**YEARS ENDED OCTOBER 31, 2015 AND 2014**

| | 2015 | 2014 |
|---|---|---|
| Additions to Net Assets Attributed to: | | |
| Employer Cash Contribution | $ 1,500,000 | $ 1,300,000 |
| Earnings on Investments: | | |
| Net appreciation in fair value of investments | 5,523,148 | 8,264,300 |
| Dividend income | 355,406 | 227,824 |
| Interest income | 1,686 | 3,322 |
| Total Earnings on Investments | 5,880,240 | 8,495,446 |
| Total Additions to Net Assets Available for Benefits | 7,380,240 | 7,195,446 |
| Deductions from Net Assets Attributed to: | | |
| Distributions to participants | 950,194 | 760,777 |
| Administrative expenses | 150 | 150 |
| Total Deductions from Net Assets Available for Benefits | 950,344 | 760,927 |
| Increase in Net Assets Available for Benefits | 6,429,896 | 6,434,519 |
| Net Assets Available for Benefits, Beginning of Year | 60,313,047 | 51,278,528 |
| Net Assets Available for Benefits, End of Year | $ 66,742,943 | $ 60,313,047 |

The accompanying notes are an integral part of these financial statements

**GANAHL LUMBER COMPANY**
**EMPLOYEE STOCK OWNERSHIP PLAN**
**NOTES TO FINANCIAL STATEMENTS**
**OCTOBER 31, 2015 AND 2014**

## Note 1: Description of Plan

The following brief description of the Ganahl Lumber Company Employee Stock Ownership Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

### General

This Plan is intended to qualify as an Employee Stock Ownership Plan and as a stock bonus plan as defined by the applicable Internal Revenue Code (“IRC”).

The Plan is a noncontributory employee stock ownership plan established to invest in the common stock of Ganahl Lumber Company (the “Company”). All employees of the Company age 21 and over are eligible to participate in the Plan after completing 1,000 hours of service during any 12 consecutive months of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

### Contributions

The Company has the option to make an annual discretionary contribution which is determined by the Board of Directors. The Company’s discretionary contribution to the Plan is equal to the amount of the ESOP deduction claimed by the Company on its federal income tax return.

### Participant Accounts

Each participant's account is credited with an allocation of the Company's contribution, Plan earnings, forfeitures of terminated participants' nonvested accounts, and administrative expenses. Allocations are based on participant earnings, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

### Vesting

Participants’ vesting is based on years of continuous service. A participant does not vest in employer contributions, Plan earnings or forfeitures of terminated participants’ nonvested accounts during their first two years of service. A participant is 20 percent vested after two years, and vests at a rate of 20 percent annually thereafter. A participant is 100 percent vested after six years of credited service or upon reaching age 65, whichever is sooner.

### Forfeitures

The Plan provides for forfeitures of terminated participants’ nonvested accounts to be reallocated to the remaining participants. Forfeitures of terminated nonvested account balances allocated to remaining participants at October 31, 2015 and 2014, totaled approximately $15,000 and $19,700, respectively.

**Note 1: Description of Plan (Continued)**

**Voting Rights**

All Company stock held by the Plan shall be voted by the Trustee in accordance with instructions from the Plan committee. Each participant, however, is entitled to exercise voting rights attributable to the shares allocated to their account with respect to certain corporate transactions outlined in the Plan.

**Distributions to Participants**

Distributions are made at the request of the participant or beneficiary starting in the year following the Plan year in which the participant terminates service. In the event of death or disability, balances can be distributed upon request. The distribution of Plan benefits is normally made entirely in cash but the participant has the option to request distribution in the form of shares of Company stock. Active participants, upon being 100 percent vested, may request a one-time distribution of up to 25 percent of their account balance.

**Put Option**

Under federal income tax regulations, the employer securities that are held by the Plan and its participants, and that are not readily tradable on an established market, or that are subject to trading limitations, include a put option (liquidity put). The liquidity put is a right to demand that the Company buy shares of its stock held by the participant for which there is no market. The put price is representative of the fair market value of the stock. The Company may pay for the purchase with interest over a period of five years.

The purpose of the liquidity put is to ensure that the participant has the ability to ultimately obtain cash. In addition, each participant in the Plan who has reached the age of 55 with ten years of participation under the Plan has the ability to request diversification of investments of at least 25 percent of their account balance. At age 60, the participant is able to request diversification of investments of at least 50 percent of their account balance. The Plan may distribute amounts under such elections in cash versus diversifying investments.

**Diversification**

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. Participants who are age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25% of the number of shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%. In lieu of diversification, the Plan Committee may direct that accounts be paid out to participants, or the participants can elect to transfer the funds to another qualified plan.

**Note 1: Description of Plan (Continued)**

**Administrative Expenses**

As provided in the Plan agreement, administrative expenses may be paid either by the Plan or by the Company. The Company has historically paid a majority of the administrative expenses for the Plan.

**Note 2: Summary of Significant Accounting Policies**

The following are the significant accounting policies followed by the Plan:

**Basis of Presentation**

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value at October 31, 2015 and 2014. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 9 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Capital gains and/or losses are reported the day after the trade date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Net realized and unrealized appreciation is recorded in the accompanying statements of changes in net assets available for benefits as net appreciation in fair value of investments.

Brokerage fees are added to the acquisition costs of assets purchased and subtracted from the proceeds of assets sold.

**Payments of Benefits**

Benefit distributions are recorded by the Plan when paid.

**Use of Estimates**

The process of preparing financial statements in accordance with accounting principles generally accepted in the United States of America requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues and gains, and expenses and losses. Such estimates primarily relate to unsettled transactions and events as of the date of the financial statements. Accordingly, upon settlement, actual results may differ from estimated amounts.

**Note 2: Summary of Significant Accounting Policies (Continued)**

**New Pronouncement**

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-12, "*Plan Accounting: Defined Benefit Pension Plans (Topic 960); Defined Contribution Pension Plans (Topic 962); and Health and Welfare Benefit Plans (Topic 965)*", which amends the reporting and disclosure requirements relating to fully benefit-responsive investment contracts; plan investment disclosures; and measurement date practical expedient. This ASU was issued by the FASB to reduce complexity in employee benefit plan accounting and make the investment disclosure requirements under Topics 820, 960, 962 and 965 for employee benefit plans more effective to financial statement users. The amendments in this ASU are effective for fiscal years beginning after December 15, 2015, earlier application is permitted. The Plan has elected early implementation of ASU 2015-12 and accordingly, has presented these changes retrospectively.

**Note 3: Risks and Uncertainties**

The Plan investments consist primarily of the Company's common stock, which is exposed to various risks such as interest rate, market, and credit risks, as well as valuation assumptions based on earnings, cash flows and/or other such techniques. Due to the level of risk associated with the investment in the common stock and to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in the value of the common stock will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The Plan is at risk of loss for funds invested with Merrill Lynch, a member of the Securities Investor Protection Corporation ("SIPC"). In the event of financial failure, the SIPC insures funds invested up to $500,000 for securities, and inclusive of up to $250,000 for cash. Any material amounts invested have been disclosed in Note 4.

**Note 4: Administration of Plan Assets**

The Plan's investments are managed by John Ganahl, (a major stockholder and an officer of the Company), as trustee, under the overall direction of an Administrative Committee.

Company contributions are held and managed by the Trustee, which invests cash received, interest and dividend income and makes distributions to participants.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives direct compensation from the Plan. Administrative expenses for the Trustee's fees are paid directly by the Company.

**Note 5: Investments**

The Plan invests in interest bearing cash and certificates of deposit, corporate stocks, shares of registered investment companies and the common stock of Ganahl Lumber – sponsor company (see Note 9).

Additionally, the Plan's investment in sponsor company common stock at October 31, 2015 and 2014, is as follows:

| | 2015 | 2014 |
|---|---|---|
| Number of Shares | 5,760 | 5,760 |
| Cost | $ 1,885,752 | $ 1,885,752 |
| Fair Value ($10,252 and $9,276 per share for 2015 and 2014, respectively) | $ 59,051,520 | $ 53,429,760 |

**Note 6: Withdrawn Participants**

The amounts allocated to accounts of persons who have withdrawn, as defined in the Plan document, from participation in the contributions of the Plan for the years ended October 31, 2015 and 2014, were approximately $3,137,000 and $1,538,000, respectively. At October 31, 2015 and 2014, there were no amounts that have been requested to be distributed from the Plan, that have not been paid.

**Note 7: Tax Status**

The Plan has received a determination letter from the Internal Revenue Service dated November 5, 2013, stating that the Plan is qualified, under the Internal Revenue Code ("IRC") and therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of October 31, 2015 and 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

## Note 8: Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

## Note 9: Fair Value Measurements

FASB Accounting Standards Codification ("ASC") 820, *"Fair Value Measurements and Disclosures"*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liabilities;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**Note 9: Fair Value Measurements (Continued)**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at October 31, 2015 and 2014.

*Cash and Certificates of Deposit:* Investments in interest bearing cash and certificates of deposit are valued based on amortized cost or original cost plus accrued interest.

*Ganahl Lumber Company, Common Stock:* The estimated fair value of the investment in the common stock of Ganahl Lumber Company is determined by an independent appraiser on the last business day of the Plan year. (This evaluation is based primarily upon an income approach using the capitalization of earnings method with a 5 percent liquidity/marketability discount rate for 2015 and 2014.) Because of the inherent uncertainty of valuation, this estimated value might differ significantly from the value that would have been used had a ready market for the securities existed.

*Corporate Stock/Shares of Restricted Investment Companies:* The estimated fair value of the investments in corporate stocks and shares of registered investment companies, are at quoted market prices and are held by Merrill Lynch.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets, measured on a recurring basis, at fair value as of October 31, 2015:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Interest bearing cash | $ 1,345,525 | $ - | $ - | $ 1,345,525 |
| Corporate stocks | 2,397,000 | - | - | 2,397,000 |
| Shares of registered investment companies | 2,448,898 | - | - | 2,448,898 |
| Ganahl Lumber Company Common Stock | - | - | 59,051,520 | 59,051,520 |
| Total Assets at Fair Value | $ 6,191,423 | $ - | $59,051,520 | $65,242,943 |

**Note 9: Fair Value Measurements (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets, measured on a recurring basis, at fair value as of October 31, 2014:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Interest bearing cash | $ 977,105 | $ - | $ - | $ 977,105 |
| Certificates of deposit | 99,289 | | | 99,289 |
| Corporate stocks | 2,159,404 | - | - | 2,159,404 |
| Shares of registered investment companies | 2,339,346 | - | - | 2,339,346 |
| Ganahl Lumber Company Common Stock | - | - | 53,429,760 | 53,429,760 |
| Total Assets at Fair Value | $ 5,575,144 | $ - | $53,429,760 | $59,004,904 |

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended October 31, 2015 and 2014:

Ganahl Lumber Company Common Stock:

| | 2015 | 2014 |
|---|---|---|
| Balance at Beginning of Year | $ 53,429,760 | $ 45,532,800 |
| Net Unrealized Appreciation | 5,621,760 | 7,896,960 |
| Balance at End of Year | $ 59,051,520 | $ 53,429,760 |
| The amount of total gains or losses for the year included in changes in net assets available for benefits attributable to the changes in unrealized gains or losses relating to assets held at the end of the reporting period | $ 5,621,760 | $ 7,896,960 |

**Note 9: Fair Value Measurements (Continued)**

The following table sets forth the basic assumption used in arriving at fair value and the value for unobservable inputs for the year ended October 31, 2015:

| | Fair Value | Valuation Technique | Unobservable Input | Rate Applied |
|---|---|---|---|---|
| Ganahl Lumber Company Common Stock | $59,051,520 | Income | Capitalization Rate | 8.49% |
| | | | Risk Discount | (1.75%) |
| | | | Long-Term Growth Rate | 6.25% |
| | | | Liquidity Discount | 5.00% |

**Note 10: Party-In Interest**

The Plan invests in Company common stock. This is deemed a related party and qualifies as a party-in interest transaction.

**Note 11: Subsequent Events**

Events occurring after October 31, 2015, have been evaluated for possible adjustment to the financial statements or disclosure as of July 12, 2016, which is the date the financial statements were available to be issued.

**SUPPLEMENTAL INFORMATION**

**GANAHL LUMBER COMPANY**
**EMPLOYEE STOCK OWNERSHIP PLAN**
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**OCTOBER 31, 2015**

Form 5500 FEIN 95-2020550
Schedule H, Line 4i PLAN NO. 002

| (a) Party-In Interest | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | **Interest Bearing Cash:** | | | |
| | Cash | Money Fund | $ 76 | $ 76 |
| | ISA Santander Bank, NA | Money Fund | 8,707 | 8,707 |
| | ISA Huntington National | Money Fund | 246,010 | 246,010 |
| | ISA Private Bank & Trust | Money Fund | 246,030 | 246,030 |
| | ISA Bank of America | Money Fund | 246,398 | 246,398 |
| | ISA Banco Popular | Money Fund | 246,031 | 246,031 |
| | ISA Bank of China | Money Fund | 246,932 | 246,932 |
| | ISA BMW Bank of North | Money Fund | 105,341 | 105,341 |
| | **Total Interest Bearing Cash** | | $ 1,345,525 | $ 1,345,525 |
| | **Corporate Stocks:** | | | |
| | Alexion Pharms Inc. | 104 Shares | $ 17,885 | $ 18,301 |
| | Altria Group Inc. | 392 Shares | 15,295 | 23,704 |
| | Akorn Inc. | 300 Shares | 15,304 | 8,022 |
| | Amazon Inc. | 39 Shares | 19,742 | 24,410 |
| | Ametek Inc. | 300 Shares | 10,240 | 16,446 |
| | Allergan Inc. | 127 Shares | 28,421 | 39,176 |
| | Avalonbay Cmmun Inc. Reit | 100 Shares | 13,746 | 17,483 |
| | Anheuser-Busch Inbev Adr | 127 Shares | 14,943 | 15,155 |
| | Abbvie Inc. | 300 Shares | 17,698 | 17,865 |
| | Alphabet Inc. | 40 Shares | 12,572 | 28,964 |
| | American Wtr Wks Co Inc. | 500 Shares | 16,181 | 28,680 |
| | Amgen Inc. | 133 Shares | 21,294 | 21,038 |
| | Apple Inc | 193 Shares | 14,248 | 23,064 |
| | Autozone Inc Nevada Com | 75 Shares | 12,420 | 58,831 |
| | Biogen Idec Inc. | 50 Shares | 11,434 | 14,526 |
| | Bank of America Corp. | 450 Shares | 4,791 | 7,551 |
| | Blackrock Inc. | 50 Shares | 12,314 | 17,599 |
| | Baidu Inc Spon Adr | 100 Shares | 9,903 | 18,747 |
| | BCE Inc. | 300 Shares | 12,753 | 12,963 |
| | Boeing Company | 150 Shares | 11,482 | 22,211 |
| | Capital One Finl | 150 Shares | 11,969 | 11,835 |
| | CVS Caremark Corp. | 200 Shares | 9,441 | 19,756 |
| | Check Point Software | 200 Shares | 15,112 | 16,988 |
| | Costco Wholesale Crp Del | 125 Shares | 9,500 | 19,765 |
| | Chevron Corp | 268 Shares | 9,937 | 24,356 |
| | Caterpillar Inc. Del | 1,600 Shares | 12,096 | 116,784 |

**GANAHL LUMBER COMPANY**
**EMPLOYEE STOCK OWNERSHIP PLAN**
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**OCTOBER 31, 2015**

Form 5500 FEIN 95-2020550
Schedule H, Line 4i PLAN NO. 002

| (a) Party-In Interest | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | **Corporate Stocks (Continued):** | | | |
| | Celgene Corp. Com | 300 Shares | $ 11,338 | $ 36,813 |
| | Chipotle Mexican Grill | 26 Shares | 16,694 | 16,646 |
| | Coresite Realty Corp. | 450 Shares | 16,056 | 24,728 |
| | Dst Systems Inc. Del | 618 Shares | 19,990 | 75,489 |
| | Discover Finl Svcs | 200 Shares | 10,294 | 11,244 |
| | Disney (Walt) Co Com Stk | 150 Shares | 11,527 | 17,061 |
| | Essex PPTY TR Inc. | 98 Shares | 22,389 | 21,603 |
| | Enbridge Inc Com | 400 Shares | 9,076 | 17,076 |
| | Edwards Lifesciences Crp | 210 Shares | 24,294 | 33,002 |
| | Express Scripts Hldg Co. | 456 Shares | 19,735 | 39,389 |
| | Foot Locker Inc N.Y. Com | 300 Shares | 10,914 | 20,325 |
| | Facebook Inc. Class A | 400 Shares | 10,893 | 40,788 |
| | Fiserv Inc. Wisc Pv 1Ct | 2,054 Shares | 20,056 | 198,232 |
| | General Dynamics Corporation | 100 Shares | 14,163 | 14,858 |
| | Gilead Sciences Inc. Com | 250 Shares | 11,046 | 27,033 |
| | Huntington Ingalls Inds Inc. | 150 Shares | 15,541 | 17,991 |
| | Hewlett Packard Co. Del | 2,106 Shares | 26,836 | 56,778 |
| | Home Depot Inc. | 180 Shares | 5,426 | 22,255 |
| | Hunt J B Trans Svcs Inc. | 200 Shares | 11,430 | 15,274 |
| | Incyte Corporation | 171 Shares | 19,988 | 20,098 |
| | Intuitive Surgical Inc. | 40 Shares | 20,850 | 19,864 |
| | Illumina Inc. | 131 Shares | 22,387 | 18,770 |
| | Intel Corp. | 500 Shares | 634 | 16,930 |
| | Ingersoll-Rand Plc | 200 Shares | 12,805 | 11,852 |
| | Intuit Inc. | 150 Shares | 15,381 | 14,615 |
| | Jazz Pharmaceuticals Plc Shs | 100 Shares | 8,966 | 13,728 |
| | Lannett Co Inc. | 400 Shares | 17,862 | 17,908 |
| | Lowe's Companies Inc. | 512 Shares | 4,957 | 37,801 |
| | Mastercard Inc. | 250 Shares | 9,645 | 24,748 |
| | Manpowergroup | 150 Shares | 12,481 | 13,767 |
| | Nike Inc. | 150 Shares | 14,370 | 19,655 |
| | Northrop Grumman Corp. | 130 Shares | 16,086 | 24,408 |
| | O'Reilly Automotive Inc. | 235 Shares | 37,025 | 64,921 |
| | On Assignment Inc. | 434 Shares | 15,163 | 19,578 |
| | Public Storage $0.10 Reit | 100 Shares | 14,308 | 22,946 |
| | The Priceline Group Inc. | 50 Shares | 12,555 | 72,712 |
| | Philip Morris Intl Inc. | 250 Shares | 16,215 | 22,100 |
| | Palo Alto Networks Inc. | 205 Shares | 20,349 | 33,005 |
| | Red Hat, Inc. | 200 Shares | 14,258 | 15,822 |

See the accompanying independent auditors' report

**GANAHL LUMBER COMPANY**
**EMPLOYEE STOCK OWNERSHIP PLAN**
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**OCTOBER 31, 2015**

Form 5500 FEIN 95-2020550
Schedule H, Line 4i PLAN NO. 002

| (a) Party-In Interest | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | **Corporate Stocks (Continued):** | | | |
| | Royal Dutch Shell Plc Spons Adr A | 400 Shares | $ 10,585 | $ 20,984 |
| | Rackspace Hosting Inc. | 200 Shares | 11,936 | 5,170 |
| | Regeneron Pharmactcls | 100 Shares | 13,382 | 55,739 |
| | Schlumberger Ltd | 600 Shares | 8,367 | 46,896 |
| | Simon Property Group Del Reit | 102 Shares | 16,413 | 20,549 |
| | Salesforce Com Inc. | 500 Shares | 9,824 | 38,855 |
| | Swift Transportation Company Inc. | 1500 Shares | 32,555 | 23,445 |
| | Servicemaster Global Holdings, Inc. | 567 Shares | 19,988 | 20,214 |
| | Splunk Inc Common Shares | 293 Shares | 17,384 | 16,455 |
| | WP Glimcher | 37 Shares | 725 | 430 |
| | Starbucks Corp. | 600 Shares | 12,547 | 37,542 |
| | TJX Cos Inc. | 200 Shares | 12,882 | 14,638 |
| | Tal Intl Group Inc. | 250 Shares | 6,670 | 4,240 |
| | Tesoro Logistics LP | 300 Shares | 17,031 | 16,821 |
| | Twitter Inc. | 372 Shares | 14,984 | 10,587 |
| | Toyota Motor Corporation | 100 Shares | 13,256 | 12,262 |
| | Under Armour Inc. | 600 Shares | 10,127 | 57,048 |
| | V F Corporation | 300 Shares | 12,458 | 20,256 |
| | Visa Inc Cl A Shrs | 75 Shares | 12,265 | 23,274 |
| | Kinder Morgan Energy Partners Lp | 328 Shares | 13,623 | 8,971 |
| | Enterprise Prdts Prtn Lp L P | 400 Shares | 10,711 | 11,052 |
| | Plains All Amern Pipl Lp | 200 Shares | 11,233 | 6,344 |
| | Magellan Midstream Partners Lp | 250 Shares | 13,279 | 15,950 |
| | Energy Transfer Ptnrs Lp | 250 Shares | 11,468 | 11,037 |
| | Waters Corp | 202 Shares | 9,908 | 25,816 |
| | Whitewave Foods Co. | 400 Shares | 9,634 | 16,392 |
| | **Total Corporate Stocks** | | $ 1,287,939 | $ 2,397,000 |
| | **Shares of Registered Investment Companies:** | | | |
| | American Amcap Fund CL A | 8,101 Shares | $ 163,185 | $ 224,493 |
| | American Growth Fund of America CL A | 7,825 Shares | 248,219 | 353,542 |
| | American Inc FD of Amer CL A | 27,645 Shares | 509,988 | 581,655 |
| | Davis NY Venture FD CL A | 37,260 Shares | 1,194,544 | 1,289,208 |
| | **Total Shares of Registered Investment Companies** | | $ 2,115,936 | $ 2,448,898 |
| * | **Ganahl Lumber Company, Common Stock** | 5,760 Shares | $ 1,885,752 | $ 59,051,520 |
| | **Grand Total** | | $ 6,635,152 | $ 65,242,943 |

* Party-In Interest

See the accompanying independent auditors' report

| SCHEDULE H (Form 5500) | Financial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br>▶ **File as an attachment to Form 5500.** | **2014**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2014 or fiscal plan year beginning and ending

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ |
|---|---|
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | | |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | | |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | | |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: (2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | | |
| e | Was this plan covered by a fidelity bond? | 4e | | | |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☐ **No** **Amount:**

**5b** 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.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

**Attachment to 2014 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** GANAHL LUMBER COMPANY EMPLOYEE STOCK OWNERSHIP PLAN **EIN:** 95-2020550
**Plan Sponsor's Name** GANAHL LUMBER COMPANY **PN:** 002

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | GANAHL LUMBER COMPANY | 5,760 SHARES OF GANAHL LUMBER COMPANY STOCK | 1,885,752 | 59,051,520 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |