Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

Complete all entries in accordance with the instructions to the Form 5500-SF.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit CHINOOK LUMBER, INC. & FRITCHMILL SAVINGS & PENSION PLAN plan number 001 (PN) • 1c Effective date of plan 04/01/1994 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 91-1451414 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number CHINOOK LUMBER, INC. 360-668-8800 2d Business code (see instructions) 17606 STATE ROUTE 9 SE 444190 SNOHOMISH, WA 98296 **3a** Plan administrator's name and address |X| Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 112 5a Total number of participants at the beginning of the plan year 5b 105 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 46 5c complete this item)..... 97 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 85 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. | 10/16/2017 | JOOST DOUWES | | | | | |
| | 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 sp | | | | | |
| Preparer's i | name (including firm name, if applicable) and address (include r | oom or suite numbe | r) | Preparer's telephone number | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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| 6a Were all of the plan's assets during the plan year invested in eli | - | , | | | | | | X Ye | s No | |
|--|---|---|---------|----------|-----------|----------|-----------|-----------|------------|--|
| b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either line 6a or line 6b, the plan ca | ty and conditi | ions.) | | | | | | X Ye | s No | |
| C If the plan is a defined benefit plan, is it covered under the PBG | | | | | | | No | Not de | termined | |
| Part III Financial Information | | | | | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning | of Year | | | | (b) End | of Year | | |
| a Total plan assets | 7a | | 138672 | | | | | 90977 | ' 4 | |
| b Total plan liabilities | 7b | | | | | | | | | |
| C Net plan assets (subtract line 7b from line 7a) | 7с | 1 | 138672 | | | | | 90977 | ' 4 | |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amour | nt | | (b) Total | | | | | |
| a Contributions received or receivable from: | - (1) | | 15419 | | | | | | | |
| (1) Employers | | | 96239 | | | | | | | |
| (2) Participants | ` ' | | 90239 | | | | | | | |
| (3) Others (including rollovers) | | | 56545 | | | | | | | |
| b Other income (loss) | | | 30040 | - | | | | 16820 | 12 | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | | | | | | | 10020 | 13 | |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits) | | | 394141 | | | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | . 8e | | | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | | 2960 | | | | | | | |
| g Other expenses | 8g | | | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | | | 3971 | | | | |)1 | | |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | -228898 | | | | |)8 | | |
| j Transfers to (from) the plan (see instructions) | ·· 8j | | | | | | | | | |
| Part IV Plan Characteristics | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension benefits are the applicable pension benefits. | on feature co | des from the List of Pl | an Cha | racteri | stic Co | odes in | the inst | ructions: | | |
| b If the plan provides welfare benefits, enter the applicable welfar | e feature cod | es from the List of Pla | n Chara | acterist | tic Cod | des in t | he instru | uctions: | | |
| Part V Compliance Questions | | | | | | | | | | |
| 10 During the plan year: | | | | Yes | No | N/A | | Amoun | t | |
| Was there a failure to transmit to the plan any participant contradescribed in 29 CFR 2510.3-102? (See instructions and DOL Program) | s Voluntary F | iduciary Correction | 10a | X | | | | | 1727 | |
| b Were there any nonexempt transactions with any party-in-inter reported on line 10a.) | | | 10b | | X | | | | | |
| C Was the plan covered by a fidelity bond? | | | 10c | X | | | | | 150000 | |
| d Did the plan have a loss, whether or not reimbursed by the pla by fraud or dishonesty? | | | 10d | | X | | | | | |
| Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s the plan? (See instructions.) | other persons | s by an insurance the benefits under | 10e | X | | | | | 5456 | |
| f Has the plan failed to provide any benefit when due under the | plan? | | 10f | | Χ | | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amour | - | | 10g | X | | | | | 3045 | |
| h If this is an individual account plan, was there a blackout perior 2520.101-3.) | | | 10h | | X | | | | | |
| i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520. | | | 10i | | | | | | | |

| Form | 5500 | -SF | 201 | 6 |
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| | | | | |

| Page 3- | 1 |
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| Part | VI | Pension Funding Compliance | | | | | | | |
|--|--|--|-----------|--------|--|-----------------------|------------------------|-----------|--|
| 11 | | s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below) | | | | | | Yes X No | |
| | | r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | | | | | | |
| 12 | | is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A? | | | | | | Yes X No | |
| | (If "\ | es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| | grant | raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver | onth _ | s, and | d enter t Day | | of the lette Year _ | er ruling | |
| If | you c | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1 | 13. | 1 | | 1 | | | |
| <u>b</u> | Enter | the minimum required contribution for this plan year | | | 12b | | | | |
| С | C Enter the amount contributed by the employer to the plan for this plan year | | | | | | | | |
| d | | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount) | | | 12d | | | | |
| | e Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | | | No | N/A | |
| Part | VII | Plan Terminations and Transfers of Assets | | | 1 | | | | |
| 13a | 13a Has a resolution to terminate the plan been adopted in any plan year? | | | | | Yes | s X N | lo | |
| | If "Ye | es," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | | |
| b | | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC? | | er the | | | Yes | No | |
| С | | ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.) | ify the p | lan(s) |) to | | | | |
| | 13c(1) | Name of plan(s): | 1 | 3c(2) | EIN(s) | EIN(s) 13c(3) PN | | | |
| | | | | | | | | | |
| Part | VIII | Trust Information | | | • | | | | |
| 14a | Name | of trust | | | 14b ⁻ | Trust's E | ΞIN | | |
| 14c | Name | of trustee or custodian | | | 14d Trustee's or custodian's telephone number | | | | |
| Par | t IX | IRS Compliance Questions | | | | | | | |
| 15a | Is the | plan a 401(k) plan? If "No," skip b | | Yes | | | No | | |
| | | did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: | - LL ; | | n-based narbor | d [| Test | ear" ADP | |
| | | | ΙП ' | "Curre | ent year test | , I I N/A | | | |
| 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ratio perce test | | | | entage | | verage enefit test | □ N/A | | |
| | for the | be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules? | ' | Yes | | | No | | |
| | the le | | | | | | | | |
| | letter | plan is an individually-designed plan that received a favorable determination letter from the IRS, er | nter the | date | of the m | nost rec | ent determ | ination | |
| 18 | Were | ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e? | | rom | Ye | s [| No | | |
| 19 | Was | any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year? | | | Ye | s | No | | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

| P | art I | Annual Repor | t Identification Information | | | | | | | | |
|------------------------------|---|--------------------------|--|---------------------------------|--|--|--|--|--|--|--|
| For | calen | dar plan year 2016 or fi | iscal plan year beginning | 01/01/2016 | and ending | 12/31/2016 | | | | | |
| | | eturn/report is for: | x a single-employer plan a one-participant plan the first return/report | | an (not multiemployer) (l mployer information in ad | | | | | | |
| | | | an amended return/report | H | n/report (less than 12 mo | onths) | | | | | |
| С | Check | box if filing under: | x Form 5558 special extension (enter descrip | automatic extension | | DFVC prog | gram | | | | |
| P: | art II | Basic Plan Inf | ormation enter all requested in | nformation | | | | | | | |
| | Nam | ne of plan | nc. & Fritchmill Savings | | | 1b Three-digit plan number | | | | | |
| | | | | n | | (PN) ▶ 001 1c Effective date of plan 04/01/1994 | | | | | |
| 2 a | Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) | | | | | | ntification Number | | | | |
| | | nook Lumber, In | | , ocac (ii torolgii, occ iiioli | | 2c Sponsor's tel (360) 668 | TO Branch Control to the Control of American Control of the Contro | | | | |
| | 176 | 06 State Route | 9 SE | | | 2d Business coo 444190 | le (see instructions) | | | | |
| | US S | Snohomish WA 98296 | | | | | | | | | |
| 3a | Plan | administrator's name | and address X Same as Plan Spor | nsor | | 3b Administrator's EIN | | | | | |
| 3c Administrator's telephone | | | | | | 's telephone number | | | | | |
| 4 | | | ne plan sponsor has changed since thumber from the last return/report. | ne last return/report filed fo | or this plan, enter the | 4b EIN | | | | | |
| a | Spor | nsor's name | | | | 4c PN | | | | | |
| 5a | Tota | I number of participant | s at the beginning of the plan year | | | 5a | 112 | | | | |
| b | Tota | I number of participant | s at the end of the plan year | | | 5b | 105 | | | | |
| С | | | account balances as of the end of th | | | Very contractor of | | | | | |
| d(| 1) To | otal number of active pa | articipants at the beginning of the plar | year | | 5d(1) | 97 | | | | |
| d(| | | articipants at the end of the plan year | | | 5d(2) | 85 | | | | |
| е | | | t terminated employment during the p | | | 5e | 0 | | | | |
| Ca | ution | : A penalty for the lat | e or incomplete filing of this return | report will be assessed | unless reasonable cau | use is established. | 2 | | | | |
| SE | or So | | other penalties set forth in the instruc and signed by an enrolled actuary, a mplete. | | | | | | | | |
| 0 | IGN | EN D | runh | 10.16-17 | JOOST DOUWES | | | | | | |
| 5 | ERE | Signature of plan ad | ministrator | Date | Enter name of individua | al signing as plan ad | ministrator | | | | |
| | IGN | | uw | 10-17-17 | JOOST DOUWES | | | | | | |
| | | Signature of employ | The state of the s | Date | Enter name of individua | | AND THE PROPERTY OF THE PROPER | | | | |
| | Preparer's name (including firm name, if applicable) and address (include room or suite number) Skip this question | | | | Preparer's telephone number Skip this question | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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|-------|---|-----------------|----------------------------|--------|---------|--------------|-----------|------------|----------------|--|--|
| 6a | Were all of the plan's assets during the plan year invested in eligible | assets? (Se | ee instructions.) | | | | | | XYes No | | |
| | Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a | nd condition | s.) | | | ••••• | | | XYes No | | |
| | If you answered "No" to either line 6a or line 6b, the plan canno | | | | | | | | | | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | surance prog | gram (see ERISA section | 4021 |)? . | | Yes | ∐ No | Not determined | | |
| Pa | rt III Financial Information | | | | | _ | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of | Year | | | (1 | b) End o | f Year | | |
| а | Total plan assets | . 7a | 1,13 | 8,67 | 2 | <u> </u> | | | 909,774 | | |
| b | Total plan liabilities | . 7b | | | | _ | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | . 7c | 1,13 | 8,67 | 2 | _ | | | 909,774 | | |
| 10000 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | | (b) To | otal | | |
| а | Contributions received or receivable from: | . 8a(1) | 1 | 5,41 | .9 | | | | | | |
| | (1) Employers | . 8a(2) | | 6,23 | 0000 | | | | | | |
| - | (3) Others (including rollovers) | . 8a(3) | | | | | | | | | |
| | Other income (loss) | . 8b | 5 | 6,54 | 15 | | | | | | |
| c | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | | Ž | | | 168,203 | | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | | 39 | 4,14 | 11 | | | | 100,200 | | |
| е | Certain deemed and/or corrective distributions (see instructions) | . 8e | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | | 2,96 | 50 | | | | | | |
| g | Other expenses | . 8g | | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | | VIII. | 397,101 | | |
| i | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | (228,898) | | | | |
| j | Transfers to (from) the plan (see instructions) | . 8j | | | | 1.11-14 | | | | | |
| Pa | art IV Plan Characteristics | | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension f | eature code: | s from the List of Plan Ch | aracte | eristic | Code | s in the | instructio | ns: | | |
| | 2E 2F 2G 2J 2K 2T 3D | | | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | ature codes | from the List of Plan Cha | racte | ristic | Codes | in the ir | nstruction | s: | | |
| Pa | art V Compliance Questions | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | | 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 | oluntary Fidi | uciary Correction | | | | | | | | |
| _ | Program) | | | 10a | X | | | | 1,727 | | |
| k | Were there any nonexempt transactions with any party-in-interes | ne-c | | 10b | | x | | | | | |
| - | reported on line 10a.) | | | 10c | х | | | | 150,000 | | |
| _ | | | | 100 | | - | | | 130,000 | | |
| _ | by fraud or dishonesty? | | | 10d | | х | | | | | |
| e | Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.) | ne or all of th | ne benefits under | 10e | х | | | | 5,456 | | |
| f | Has the plan failed to provide any benefit when due under the pla | an? | | 10f | | х | | | | | |
| | Did the plan have any participant loans? (If "Yes," enter amount a | as of year er | nd.) | 10g | х | | | | 3,045 | | |
| | If this is an individual account plan, was there a blackout period? 2520.101-3.) | (See instruc | ctions and 29 CFR | 10h | | х | | | | | |
| i | If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | | | | |

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Form 5500-SF 2016

| ъ. | \n | Banaian Funding Compliance | | | | | | |
|-----------|--|---|----------------|------------------|------------|----------------|-----------|----------|
| Part | | Pension Funding Compliance defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and | I complete S | chedule | SB | | , l=- | 1 0 |
| 11 | | defined benefit plan subject to minimum funding requirements? (IF Yes, See instructions and 500 and line 11a below) | | | | Ш, | Yes X |] No |
| 11a | | e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | Г | | |
| 12 | Is this | a defined contribution plan subject to the minimum funding requirements of section 412 of the | Code or sect | tion 302 | of | $ \Box $ | Yes X |] No |
| | | s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | |
| а | If a wai | ver of the minimum funding standard for a prior year is being amortized in this plan year, see in | | | | | | ng |
| lf v | | the waiver | Month | D | ау | Yea | ır | |
| <u></u> b | | e minimum required contribution for this plan year. | | 12b | | | | |
| 8278 | STATEMATORY TEX | | | 12c | | | | |
| | | e amount contributed by the employer to the plan for the plan year the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to th | 20 Sec. 200 | | | | | - |
| d | | e amount)e amount in line 120 from the amount in line 120. Enter the result (enter a minus sign to the | | 12d | | | | |
| е | Will the | minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes _ | No | □ N/ | 'A |
| Part | Part VII Plan Terminations and Transfers of Assets | | | | | | | |
| 13a | Has a r | esolution to terminate the plan been adopted in any plan year? | | [| Yes | X | No | |
| | If "Yes, | enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | |
| b | | I the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC? | | | | Yes | X No | |
| С | | g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide ssets or liabilities were transferred. (See instructions.) | ntify the plar | n(s) to | | | | |
| 1: | 3c(1) Na | me of plan(s): | 13c(2) | EIN(s) | | 130 | c(3) PN(| s) |
| | | | | | | | | |
| | | | | | | | | |
| Par | t VIII | Trust Information - Skip These Questions | | | | | | |
| | Name | | | 14b | Trust's E | IN | | |
| | | | | | | | | |
| | | | | 1/10 | Trustee o | or quote | dian'a | |
| 140 | Name | of trustee or custodian | | 140 | telephon | | | |
| | | | | | | | | |
| Par | tIX | IRS Compliance Questions - Skip These Questions | | | | | | |
| 15a | Is the p | lan a 401(k) plan? If "No," skip b. | | Yes | | | No | |
| 15b | How di | d the plan satisfy the nondiscrimination requirements for employee deferrals under section | - | Design- | based | <u> </u> | "Prior ye | ear" ADP |
| | 401(k) | 3) for the plan year? Check all that apply: | | safe har | | | test | |
| | | | | "Current | | | N/A | |
| 16 | Mhat t | esting method was used to satisfy the coverage requirements under section 410(b) for the plan | n | Ratio | | | | |
| 100 | year? | Check all that apply: | | percent: test | age 🗌 | Avera benef | | □ N/A |
| 161 | Did the | plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(plan year by combining this plan with any other plan under the permissive aggregation rules? | 4) | Yes | | | No | |
| 178 | If the p | lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable I er/ and serial number | RS opinion I | etter or a | dvisory le | tter, en | ter the d | ate of |
| 171 | | lan is an individually-designed plan that received a favorable determination letter from the IRS | S, enter the d | ate of th | e most red | ent det | terminati | on |
| 18 | Define Were | d Benefit Plan or Money Purchase Pension Plan Only: iny distributions made during the plan year to an employee who attained age 62 and had not s ?? | | | ☐ Yes | | No | |
| 19 | | ny plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? | | | Yes | | No | |