Intermediate Servers         2017           Develope to table provide the final under sections 054 and 4005 of the Englopes Retirement Revenue Code (the Code).         The form is counted sections 0570 https://www.ndf0588.jow.n	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan						OMB Nos. 1210-0110 1210-0089			
Encounter Code (in the Code).         This Point is of Decounts (Comparing a large complexe) in the form is 0 point 0 biolic code (in the code).         This Point is of Decounts (Comparing a large complexe) in the instructions to the Form 5500 SF.           Part II         Annual Report Identification Information         Organize at a large complexe (a large complexe) in the instructions to the Form 5500 SF.         This Point is Open in the form instructions.)           B         This return report is for:         a single-employer plan         and ending of participating employer (information in accordance with the form instructions.)         a decimal of participating employer (information in accordance with the form instructions.)           B         This return report is for:         a one-participant plan         b for right plan (a large complexe) (information in accordance with the form instructions.)           B         This return report is         genetial extension (rater description)         DFVC program           Part II         Basic Plan Information - enter at requested information         tautomatic extension         011           C         Check box if fling under:         Form post plan (post plan			This form is required to be filed u		065 of the Employee Re	etirement	2017			
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A This return/report is or: <ul> <li>a discretarticipating employer information in accordance with the form instructions.)</li> <li>B This return/report is</li> <li>a discretarticipating employer information in accordance with the form instructions.)</li> <li>B This return/report is</li> <li>a discretarticipating employer information in accordance with the form instructions.)</li> </ul> <ul> <li>B This return/report is</li> <li>the first return/report</li> <li>a short plan year return/report (less than 12 months)</li> </ul> <ul> <li>C Check box if filing under:</li> <li>form 5568</li> <li>automatic extension</li> <li>D FVC program</li> <li>special extension (enter description)</li> <li>D Three-digit plan number (PN)</li> <li>C Effective data of plan (Ortonomation in accordance with the form instructions)</li> <li>C Effective data of plan (Ortonomation in accordance with the form instructions)</li> <li>C Effective data of plan (Ortonomation in accordance with the form instructions)</li> <li>C Sponsor's name (employer, if for a single-employer plan)</li> <li>Mailing address (include room, apl., suite on ond street, or P.O. Box)</li> <li>C Sponsor's tate-provine, country, and ZIP or foreign postal code (if foreign, see instructions)</li> <li>A String TA CREEK LOGISTICS LLC</li> <li>C Administrator's telephone number</li> <li>Entropyore theore of participants with account balances as of the plan name and the plan name and the plan name from the last return/report filed for plan is plan, entire the plan appensor's name. EIN, the plan name and the plan name and the plan name from the last return/report filed for participants with account balances as of the end</li></ul>	For calenda	ar plan year 2017 or fisc					ing this hav must attach a			
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4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b EIN         a Sponsor's name       4d PN         c Plan Name       5a 10tal number of participants at the beginning of the plan year	FERNDALE,	WA 98248					100000			
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C       Plan Name         5a       42         b       Total number of participants at the beginning of the plan year	•		sor's name, EIN, the plan name and	I the plan number from th	e last return/report.	4d PN				
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b       Total number of participants at the end of the plan year										
C       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5a Total r	number of participants a	t the beginning of the plan year				42			
complete this item)       JC       20         d(1) Total number of active participants at the beginning of the plan year       5d(1)       42         d(2) Total number of active participants at the end of the plan year       5d(2)       49         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       1         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       Filed with authorized/valid electronic signature.       04/20/2018       CATHY HAYWARD-HUGHES         HERE       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						5b	50			
d(2) Total number of active participants at the end of the plan year       5d(2)       49         e       Number of participants who terminated employment during the plan year with accrued benefits that were less       5e       1         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       1         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.       04/20/2018       CATHY HAYWARD-HUGHES         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor		· ·					25			
e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       1         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Index 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.       04/20/2018       CATHY HAYWARD-HUGHES         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor				-	-		42			
than 100% vested       Jee         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       Filed with authorized/valid electronic signature.       04/20/2018       CATHY HAYWARD-HUGHES         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	• •					. ,	49			
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.       04/20/2018       CATHY HAYWARD-HUGHES         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	than 1	100% vested								
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.       04/20/2018       CATHY HAYWARD-HUGHES         SIGN HERE       Filed with authorized/valid electronic signature.       04/20/2018       CATHY HAYWARD-HUGHES         SIGN HERE       Filed with authorized/valid electronic signature.       04/20/2018       CATHY HAYWARD-HUGHES         SIGN HERE       Filed with authorized/valid electronic signature.       04/20/2018       CATHY HAYWARD-HUGHES         SIGN HERE       Filed with authorized/valid electronic signature.       04/20/2018       Enter name of individual signing as plan administrator	Caution: A	penalty for the late or	r incomplete filing of this return/r	eport will be assessed	unless reasonable cau					
SIGN HERE       Filed with authorized/valid electronic signature.       04/20/2018       CATHY HAYWARD-HUGHES         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	SB or Sche	dule MB completed and	d signed by an enrolled actuary, as							
Signature of plan administrator     Date     Enter name of individual signing as plan administrator       Signature of employer/plan sponsor     Date     Enter name of individual signing as employer or plan sponsor				04/20/2018	CATHY HAYWARD-HI	JGHES				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing	as plan administrator			
Signature of employer/plan sponsor Date Enter name of individual signing as employer of plan sponsor	SIGN									
For Denerwork Deduction Act Nation and the Instructions for Form 5500 SF	HERE			Date	Enter name of individu	al signing				

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

Form 5500-SF (2017) v.170203

	Were all of the plan's assets during the plan year invested in eligib							X Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				`			X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this p	lan yea	r			. (See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (	of Voar			(b) End	of Vear
<u>'</u> a	Total plan assets	7a		0 100				54703
b	Total plan liabilities	7a 7b						0.1.00
	Net plan assets (subtract line 7b from line 7a)	7c		0				54703
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ht			(b) T	otal
a	Contributions received or receivable from:		(u) / inioun				(6) 1	
	(1) Employers	8a(1)	,	16454				
	(2) Participants	8a(2)	:	35283				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		2966				
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						54703
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
 f	Administrative service providers (salaries, fees, commissions)	8f						
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
	Net income (loss) (subtract line 8h from line 8c)							54703
j	Transfers to (from) the plan (see instructions)	8j						01100
	rt IV Plan Characteristics	oj						
9a		feature co	odes from the List of Pla	an Chai	racteris	stic Co	des in the instr	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Pla	n Chara	cterist	ic Cod	es in the instru	ictions:
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	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 Program)	•		10a		х		
k	Were there any nonexempt transactions with any party-in-interest							
	reported on line 10a.)			10b		Х		
C	Was the plan covered by a fidelity bond?			10c	X			60000
С	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
e	Were any fees or commissions paid to any brokers, agents, or oth	•						
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		x		
f				10f		Х		
	Did the plan have any participant loans? (If "Yes," enter amount a	is of year-e	end.)	10g		Х		
			,	ivy		-		

 h
 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)
 10h
 X

 i
 If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.
 10i
 10i

r

Г

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No		N/A
Part '	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	1 ×	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)	) to				
1	3c(1	) Name of plan(s): 13c(2	) EIN(s	5)	130	<b>:(3)</b> P	'N(s)

Form 5500-SF	Short Form Annu			oyee	OME	3 Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and	4065 of the Employee Re	etirement	20	017	
Department of Labor Employee Benefits Security Administratio	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co	057(b) and 6058(a) of the	This Form is Ope Public Inspect			
Pension Benefit Guaranty Corporation	<ul> <li>Complete all entries in</li> </ul>	accordance with the ins	structions to the Form 5	500-SF.			
Part I Annual Repo	rt Identification Information						
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/	31/2017		
A This return/report is for:	🛛 a single-employer plan	a multiple-employer list of participating a foreign plan	plan (not multiemployer) ( employer information in ac	Filers check cordance wi	ing this box m ith the form in	nust attach a structions.)	
B This return/report is	a one-participant plan						
	the first return/report	the final return/repo					
	an amended return/report	a short plan year ref	urn/report (less than 12 m	onths)			
C Check box if filing under:	Form 5558	automatic extension	ı	DFVC pr	ogram		
	special extension (enter desc	ription)				The most	
Part II Basic Plan In	formation—enter all requested in	formation					
1a Name of plan				1b Three			
Crystal Creek Logi	stics 401(k) Plan			plan i (PN)	number	001	
				. /	tive date of pl		
					01/2017		
	bloyer, if for a single-employer plan) bom, apt., suite no. and street, or P.0	) Box)			oyer Identifica		
City or town, state or provi	nce, country, and ZIP or foreign pos	tal code (if foreign, see ir	structions)		sor's telepho		
Crystal Creek Logi	stics LLC				0)778-15		
						e instructions)	
2460 Salashan Loop							
-	· · · · · · · · · · · · · · · · · · ·			100	000		
Ferndale			IA 98248		990 nistrator's EIN		
3a Plan administrator's name	and address 🛛 Same as Plan Spo	nsor.		3D Admi		N	
				3c Admi	nistrator's tele	ephone number	
4 If the name and/or EIN of	the plan sponsor or the plan name h	as changed since the las	t return/report filed for	4b EIN		Ser	
	ponsor's name, EIN, the plan name	and the plan number fror	n the last return/report.	4d PN			
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> </ul>				40 PN			
_				5a		4	
New Beel In the Market Construction of the reserver of the Second S	nts at the beginning of the plan year					4	
<ul> <li>D Total number of participal</li> <li>C Number of participants with the second seco</li></ul>	nts at the end of the plan year th account balances as of the end of	f the plan year (only defir	ed contribution plans	50 50			
						2	
	participants at the beginning of the p			5d(1)		4	
	participants at the end of the plan ye			5d(2)		4	
	ho terminated employment during th			5e			
Caution: A penalty for the la	te or incomplete filing of this retuin	rn/report will be assess	ed unless reasonable ca	use is estal	blished.		
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	other penalties set forth in the instru- d and signed by an enrolled actuary, molete.	as well as the electronic	version of this return/report	eport, includi rt, and to the	ng, if applicat best of my k	ble, a Schedule nowledge and	
SIGN SIGN	Par.	4-20-18	Cathy Hayward	-Hughes			
HERE Signature of pla	n administrator	Date	Enter name of individ	lual signing	as plan admir	nistrator	
SIGN							
HERE	ployer/plan sponsor	Date	Enter name of individ	fual signing	as employer	or plan sponsor	
	biover/plan sponsor			aar agring		m 5500-SF (2017)	

Form 5500-SF 2017

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	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from th If III Financial Information	nsurance pro	ogram (see ERISA section 4021)?	Yes No Not determined
7	Plan Assets and Liabilities	Constant.	(a) Beginning of Year	(b) End of Year
а		7a	0	54,703
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	0	54,703
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	16,454	
	(2) Participants	8a(2)	35,283	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	2,966	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	The second second second	54,703
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	18. W	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		(
i	Net income (loss) (subtract line 8h from line 8c)			54,703
j	Transfers to (from) the plan (see instructions)	8j		
Pa 9a	If the plan provides pension benefits, enter the applicable pension           2E         2F         2G         2J         2K         2T         3D	feature cod	les from the List of Plan Characteristic C	Codes in the instructions:

10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x	
b		10b		x	
с	Was the plan covered by a fidelity bond?	10c	x		60,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		x	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		x	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Form 5500-SF 2017

Page 3-

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl (Form 5500) and line 11a below)					Yes	X No
11a	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			1.1.5	1.57
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code o ERISA?		n 302 o	f		Yes [	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			_	L		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi granting the waiver	ons, and	d enter Da	the date	of the let Year	ter rulir	ng
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				4.		
b	Enter the minimum required contribution for this plan year		12b				
с	Enter the amount contributed by the employer to the plan for this plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	<b>N</b>	/A
Part	VII Plan Terminations and Transfers of Assets						
13a	a Has a resolution 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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un control of the PBGC?			] [	Yes	No No	
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s	) to				
1	13c(1) Name of plan(s):	13c(2)	EIN(s)		130	(3) PN	(s)
					C 14		



1300 North State Street Bellingham WA 98225 Telephone:

Fax:

(360) 734-9900 (800) SATURNA (360) 734-0755

www.saturna.com

## Authorization to Electronically Sign and File 5500

Creek Logistics 401(12) Plan 401(k) Plan Name:

I hereby authorize Saturna Trust Company ("Service Provider") to electronically sign and file 5500 forms on my behalf for the following filing year(s): 01/01/17 – 12/31/17.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to the Service Provider.

<u>ogist</u>ics <u>- Hug</u>hes tal Printed Name

Title

Signature

Dated