Form 5500-SF Short Form Annual Return/Report of Small Emp						OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan	1065 of the Employee Re					
Employee Be	epartment of Labor enefits Security Administration	57(b) and 6058(a) of the e).		This Form is Open to					
Pension Be	nefit Guaranty Corporation	Complete all entries in a	accordance with the instr	ructions to the Form 55	00-SF.	Public Inspection			
Part I		dentification Information	017						
For calenda	ar plan year 2017 or fisc				/31/2017	the state of the second state of the second			
A This ret	urn/report is for:	X a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)			
	una face a cart de	a one-participant plan	a foreign plan						
B This retu	Irn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)				
C Check b	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram			
		special extension (enter descri	iption)						
Part II	Basic Plan Infor	mation—enter all requested inf	ormation						
1a Name	•				1b Three				
IWP / STI 40	1(K) PLAN				plan (PN)	number 001			
				-	· · · ·	tive date of plan			
						08/01/1975			
		er, if for a single-employer plan) , apt., suite no. and street, or P.O	Box			oyer Identification Number			
City or	town, state or province,	, country, and ZIP or foreign posta		ructions)	(EIN) 91-1392945 2c Sponsor's telephone number				
INTERSTATI	E WOOD PRODUCTS,	INC.			360-425-8390				
					2d Business code (see instructions)				
2308 TALLE' KELSO, WA					321900				
3a Plan ad	dministrator's name and	I address 🗙 Same as Plan Spon	nsor.		3b Administrator's EIN				
				-	3c Admi	nistrator's telephone number			
					4				
		plan sponsor or the plan name ha sor's name, EIN, the plan name a			4b EIN				
a Spons	or's name				4d PN				
C Plan N	ame								
5a Total r	number of participants a	t the beginning of the plan year			5a	78			
-		t the end of the plan year			5b	73			
C Numb	er of participants with a	ccount balances as of the end of t	the plan year (only defined	contribution plans	5c	42			
•	,	cipants at the beginning of the pla		F	5d(1)	70			
		icipants at the end of the plan yea		F	5d(2)	62			
. ,		erminated employment during the		E CARACTER CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR C					
than '	100% vested				5e	0			
		r incomplete filing of this return er penalties set forth in the instruc							
SB or Sche		d signed by an enrolled actuary, a							
SIGN		alid electronic signature.	07/06/2018	SUE ANDERSON					
HERE	Signature of plan ad		Date	Enter name of individu	ial signing	as plan administrator			
SIGN			Dale		an signing i	as pian aunimistratur			
SIGN HERE	O'mana tama di si		Data						
	Signature of employ	er/pian sponsor	Date	Enter name of individual signing as employer or plan spor					

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Form 5500-SF (2017) v.170203

6a										
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									
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and must instead use	Form 5500.						
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 4021)?	Yes No Not determined						
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this plan year	(See instructions.)						
Pa	rt III Financial Information		1							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
a	Total plan assets	7a	1584946	1796841						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1584946	1796841						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from:									
	(1) Employers	8a(1)	38407							
	(2) Participants	8a(2)	90113							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	222451							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		350971						
d	Benefits paid (including direct rollovers and insurance premiums	8d	122156							
	to provide benefits)		122130							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f	16920							
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		139076						
i	Net income (loss) (subtract line 8h from line 8c)	8i		211895						

		00) (00.					0.					=1100
j	j Transfers to (from) the plan (see instructions)				8j									
Par	't IV	Pla	n C	hara	cteri	stics								
9a	If the 2E	•	•				, enter the applicable pen	sion fea	ture co	des from the	List of Plar	Characte	ristic Codes ir	the instructions:

b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
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Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		200000
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	
е	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		104034
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			

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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	×I	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	: (3) F	'N(s)

	artment of the Treasury	t of Small Empl	oyee	MB Nos. 1210-0110 1210-0089						
	ernal Revenue Service	This form is required to be filed und	Benefit Plan ler sections 104 and	4065 of the Employee R	etirement		2017			
Employee I	Department of Labor Benefits Security Administration	Income Security Act of 1974 (ERI Rev	SA), and sections 60 enue Code (the Cod		Internal		orm is Open to			
Pension E	Benefit Guaranty Corporation	Complete all entries in according to the second	dance with the inst	Public Inspection Public Inspection						
Part I	Annual Report	Identification Information								
For calend	dar plan year 2017 or f	iscal plan year beginning 01	/01/2017	and ending	12/	31/2017	7			
A This re	eturn/report is for:		list of participating er	lan (not multiemployer) (nployer information in ac						
P This set	· · · · · · · · · · · · · · · · · · ·	a one-participant plan	a foreign plan							
	turn/report is	the first return/report	ne final return/report							
		an amended return/report	short plan year retui	m/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	ogram				
		special extension (enter description				-9.2				
Part II	Basic Plan Info	prmation—enter all requested information	tion							
1a Name	e of plan				1b Three	e-digit				
IWP /	STI 401(k) Pl	an			and the second second	number				
					(PN)	tive date of	001			
						01/1975				
2a Plan s Mailin	sponsor's name (emplo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O. Box					cation Number			
City of	r town, state or provinc	ce, country, and ZIP or foreign postal cod) le (if foreign, see inst	ructions)		91-1392				
Inters	tate Wood Pro	ducts, Inc.			2c Sponsor's telephone number (360) 425-8390					
				-			ee instructions)			
2308 T	alley Way									
Kelso			147.75	98626	321	000				
	administrator's name a	nd address 🔀 Same as Plan Sponsor.	WA	50020		histrator's El	IN			
				-						
					3c Admin	histrator's te	lephone number			
4 If the	name and/or EIN of the	e plan sponsor or the plan name has cha	nged since the last re	eturn/report filed for	4b EIN					
	lan, enter the plan spo sor's name	nsor's name, EIN, the plan name and the	e plan number from t	he last return/report.	4d PN					
C Plan N					4u PN					
_										
5a Total	number of participants	at the beginning of the plan year			5a		78			
b Total	number of participants	at the end of the plan year			5b		73			
C Numb	er of participants with lete this item)	account balances as of the end of the pla	an year (only defined	contribution plans	5c		42			
		rticipants at the beginning of the plan yea			5d(1)		70			
		rticipants at the end of the plan year		E	5d(2)		62			
e Numb	per of participants who	terminated employment during the plan	vear with accrued be	nefits that were less	5e					
Caution: A	100% vested	or incomplete filing of this return/repo	rt will be assessed	unloss rossonable cau		lichad	0			
Under pena	alties of perjury and ot	her penalties set forth in the instructions.	I declare that I have	examined this return/ren	ort including	a if applica	ble, a Schedule			
SB or Sche	edule MB completed an true, correct, and completed and complete the true of t	nd signed by an enrolled actuary, as well	as the electronic ver	sion of this return/report,	and to the I	best of my l	nowledge and			
SIGN	× Dalas	Lemmo	× 7-2-18	Dale Lemmons						
HERE	Signature of plan a		Date	Enter name of individu	al signing as	s nlan admi	nistrator			
SIGN					a orgining as	- plan dumi	instrator			
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	al signing as	s employer	or plan sponsor			

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 6a Were all of the plan's assets during the plan year invested b Are you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver el If you answered "No" to either line 6a or line 6b, the plan 	eport of an independ igibility and conditio	ent qualified public acons.)	countant (QPA)		Yes 🗌 No Yes 🗌 No
 C If the plan is a defined benefit plan, is it covered under the Plan is checked, enter the My PAA confirmation number 	PBGC insurance pro	gram (see ERISA sec	ion 4021)	? 🗌 Ye	es 🗌 No 🗌 Not	determined nstructions.)
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of	Year		(b) End of Year	
a Total plan assets		1,5	34,946		1	,796,841
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	1,5	34,946		1	,796,841
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total	
a Contributions received or receivable from: (1) Employers			38,407			
(2) Participants	8a(2)		90,113		1.12 S 21 1 1 1	Second Street
(3) Others (including rollovers)	8a(3)					
b Other income (loss)	8b	2.	22,451			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					350,971
d Benefits paid (including direct rollovers and insurance prem to provide benefits)		1	22,156			
e Certain deemed and/or corrective distributions (see instruct	ions) 8e				Line and	
f Administrative service providers (salaries, fees, commission	ns) 8f		16,920			
g Other expenses	8g			- Repaire to	WALLS IN THE	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					139,076
i Net income (loss) (subtract line 8h from line 8c)	8i					211,895
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable p 2E 2F 2G 2J 2K 3D	pension feature code	es from the List of Plan	Characte	ristic Codes	s in the instructions:	
b If the plan provides welfare benefits, enter the applicable w	elfare feature codes	from the List of Plan	Characteri	stic Codes	in the instructions:	
Part V Compliance Questions						
10 During the plan year:			Yes	No	Amount	
a Was there a failure to transmit to the plan any participant of described in 29 CFR 2510.3-102? (See instructions and I Program)	DOL's Voluntary Fid	uciary Correction	0a	x		
b Were there any nonexempt transactions with any party-in- reported on line 10a.)	interest? (Do not inc	clude transactions	0b	x		
C Was the plan covered by a fidelity bond?			Oc X			200,000
d Did the plan have a loss, whether or not reimbursed by the by fraud or dishonesty?	e plan's fidelity bond	, that was caused	0d	x		,
e Were any fees or commissions paid to any brokers, agent carrier, insurance service, or other organization that provid the plan? (See instructions.).	s, or other persons t les some or all of th	by an insurance e benefits under	0e	x		
f Has the plan failed to provide any benefit when due under			Of	x		

10g

10h

10i

Х

X

104,034

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

i

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

exceptions to providing the notice applied under 29 CFR 2520.101-3

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)			□ `	res 🗙 No			
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	1 302 o	f	D`	res 🔀 No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			L				
a 	a 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 letter ruling granting the waiver. Month Day							
<u> </u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year	12b						
c	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 a negative amount)	12d						
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A			
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X N	0			
	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 under the control of the PBGC?		[] Yes 🛛	No			
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to						
1	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)			