Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		Identification Information							
For calend	ar plan year 2017 or fi	scal plan year beginning 01/01/2	2017		and ending 12	2/31/2017			
A This re	turn/report is for:	x a single-employer plan			in (not multiemployer) (ployer information in ac	_			
D Th:		a one-participant plan	a forei	gn plan					
D Inis reti	urn/report is	the first return/report	片	l return/report					
		an amended return/report	a short	plan year return	/report (less than 12 m	onths)			
C Check	box if filing under:	X Form 5558		atic extension		DFVC prog	ram		
		special extension (enter descr							
Part II		ormation—enter all requested inf	formation			41 -			
1a Name	•	2 404/K) 0 AV/IN/00 PL AN				1b Three-di			
GIRARD WO	JOD PRODUCTS, INC	C. 401(K) SAVINGS PLAN				(PN) ▶	ibei	004	
						1c Effective	date of		
						10 Encouve		/1990	
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C) Box)			2b Employe (EIN)		ication Number	
City or	town, state or provinc	ce, country, and ZIP or foreign post		oreign, see instr	uctions)	2c Sponsor			
GIRARD WOOD PRODUCTS, INC.						2	253-845	-0505	
P.O. BOX 830						2d Business code (see instructions)			
PUYALLUP,							3219	00	
20 Diam -		ad address V Carre as Blan Carre				3b Administ	rotorio F	-INI	
Ja Plan a	idministrator's name ar	nd address 🛚 Same as Plan Spor	nsor.			SD Administ	rator s E	IIN	
						3c Administ	rator's te	elephone number	
		e plan sponsor or the plan name ha				4b EIN			
•	sor's name	nsor's name, EIN, the plan name a	and the plan	number nom ur	e iast return/report.	4d PN			
C Plan N	lame								
5a Total	number of participants	at the beginning of the plan year				5a		84	
		at the end of the plan year				5b		85	
C Numb	er of participants with	account balances as of the end of	the plan yea	ar (only defined	contribution plans	5c		58	
	,	urticipants at the beginning of the pl				5d(1)		76	
` '		articipants at the end of the plan yea				5d(2)		73	
		terminated employment during the				5e		1	
Caution: A	A penalty for the late	or incomplete filing of this return	n/report wil	I be assessed	unless reasonable car				
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, and the							
SIGN		/valid electronic signature.	10/	11/2018	SCOTT VIPOND				
HERE	Signature of plan a	ndministrator	Da	te	Enter name of individ	ual signing as p	olan adn	ninistrator	
SIGN	Filed with authorized	/valid electronic signature.	10/	11/2018	SCOTT VIPOND				

Date

HERE

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2**

_	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IC	QPA)		_	Yes No
	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 ir If "Yes" is checked, enter the My PAA confirmation number from th	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes I		ot determined instructions.)
Pa	rt III Financial Information		_		- T				
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b)	End of Ye	ar
<u>a</u>	Total plan assets	. 7a	14	49967				178	4869
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c	14	49967				178	4869
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total	
a	Contributions received or receivable from: (1) Employers	. 8a(1)		22691					
	(2) Participants	. 8a(2)	!	90437					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	. 8b	2	42536					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						35	5664
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		20762					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f							
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						2	0762
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						33	4902
j	Transfers to (from) the plan (see instructions)	- 8j							
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the	instructio	ns:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in the i	nstruction	s:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amou	nt
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)	oluntary F	Fiduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ			
g		-		10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					

Form 5500-SF 2017	Page 3- 1		
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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 Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X 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?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	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			
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 a negative 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	s 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 X	No
С	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	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information				
or calendar plan year 2017 or fiscal plan year beginning	01/01/2017	and ending	12/31/20	17
a single-employer plan This return/report is for: a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/repo	r plan (not multiemployer g employer information in ort turn/report (less than 12	accordance with t	his box must attach he form instructions.)
Check box if filing under X Form 5558 special extension (enter description)	automatic extension	1	DFVC	program
Part II Basic Plan Information enter all requested	information		75	
A Name of plant Girard Wood Products, Inc. 401(k) Savings			1b Three-dig plan num (PN) ▶	004
			1c Effective 10/01/2	
Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.City or town, state or province, country, and ZIP or foreign post	D. Box) tal code (if foreign, see in	structions)	2b Employer	Identification Number L-0727390
Girard Wood Products, Inc.				telephone number
P.O. Box 830				code (see instructions)
US Puyallup WA 98371			A NOT THE PARTY OF	
If the name and/or EIN of the plan sponsor or the plan name ha	s changed since the last	return/report filed for	4b EIN	
this plan, enter the plan sponsor's name, EIN, the plan name at Sponsor's name	nd the plan number from	the last return/report.	Ad Du	
Plan Name			4d PN	
Total number of participants at the beginning of the plan year			5a	84
Total number of participants at the end of the plan year			5b	85
Number of participants with account balances as of the end of ti complete this item)	he plan year (only defined	d contribution plans	5c	58
(1) Total number of active participants at the beginning of the pla		••••••	5d(1)	76
(2) Total number of active participants at the end of the plan year		***************************************	5d(2)	73
Number of participants who terminated employment during the pless than 100% vested			5e	1
aution: A penalty for the late or incomplete filing of this return	/report will be assesse	d unless reasonable car	use is established	i.
der penalties of perjury and other penalties set forth in the instruct or Schedule MB completed and signed by an enrolled actuary, a lief, it is true, correct, and complete.	tions. I declare that I have	e examined this return/re	port including if a	nnlicable a Schedule
IGN WILLIAM IN THE STATE OF THE	10/11/18	Scott VIPONE)	
ERE Signature of plan administrator	Date	Enter name of individua		administrator
IGN Stithillymy	10/11/18	Stort VIPONI)	
HERE Signature of employer/plan sponsor	Date	Enter name of individua	al signing as emplo	yer or plan sponsor

6a	Were all of the plan's assets during the plan year invested in eligible	le assets? (See instructions.)			•••••	************		X Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							•••••	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use For	m 5500-SF and must in	nstead	l use	Form	5500.		
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA sect	ion 40	21)?		Yes	No	☐ Not determine
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pre	emium filing for this year	r			า ระบา ตั้	mark (S	See instructions.)
P	art III Financial Information						5. (<u>A</u> <u>a</u>	#: Qui	
7	Plan Assets and Liabilities		(a) Beginning	of Vo				(h) F. d.	5 V
a	Total plan assets	7a				-	# 1 t	(b) End o	
b	Total plan liabilities	7b	1,.	449,	967		i II. w	77.474	1,784,869
C	Net plan assets (subtract-line 7b from 16 7a)		ca, 1.,	449,	067	edh e si	La La	News W	1 704 060
8	Income, Expenses, and Transfers for this Plan Year	STREET	(a) Amou		90/3	in second	restablishments.	(b) To	1,784,869
а	Contributions received or receivable from:	AS SOCIAL PROPERTY	(u) Amoun			123	a great	EASTER DE VIEW	car
	(1) Employers	. 8a(1)		22,	691	1. 35	=		
	(2) Participants	1		90,	137			7	E LA CONTRA
<u>_</u>	(3) Others (including rollovers).	1-1-1				· 186			
b	Other income (loss)		2	242,	536				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c							355,664
u	to provide benefits)	. 8d		20,	762				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f							
g	Other expenses	8g	٢	10.00					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							20,762
i	Net income (loss) (subtract line 8h from line 8c)	8i							334,902
<u>i</u>	Transfers to (from) the plan (see instructions)	8j							
Pa	art IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code:	s from the List of Plan C	harac	teristic	Code	es in the	instruction	s:
	2A 2E 2F 2G 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Ch	aracte	ristic	Codes	in the ir	nstructions	
Pa	rt V Compliance Questions			-					
10	During the plan year:				Yes	No	N/A	Λ.	nount
a	Was there a failure to transmit to the plan any participant contributi	ons within t	he time period	T	163	140	IVA		nount
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol						er o		
	Program)			10a		х			
b	Were there any nonexempt transactions with any party-in-interest?	(Do not inc	lude transactions						.5
С	reported on line 10a.)			10b		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fi			10c	_	х			
-	by fraud or dishonesty?			10d		x			
е	Were any fees or commissions paid to any brokers, agents, or other							×	
	carrier, insurance service, or other organization that provides some								
f	the plan? (See instructions.)			10e	_	х			
	Has the plan failed to provide any benefit when due under the plan			10f	_	Х		7	
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g	_	Х			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructi	ons and 29 CFR	10h		x			
i	If 10h was answered "Yes," check the box if you either provided the			1011	\dashv	^			
107610	exceptions to providing the notice applied under 29 CFR 2520.101-	3	one of the	10i					
								-	The second second second second

Form	5500	CE	201	7

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Page 4 -	
Page 3 = 1	

Par	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)	edule SB	Yes X No
118	Enter the uppeid minimum as a size of a satisfaction of the satisf	11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	Yes X No
_a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter the date of	of the letter ruling Year
If y	ou 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	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
С	Enter the amount contributed by the employer to the plan for the plan year1	12c	
d	Subtract the amount in time 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d	541
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐	No N/A
Par	VII Plan Terminations and Transfers of Assets	- 10	
13a	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 1	13a	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	Y	es X No
С	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.)		
1:	c(1) Name of plan(s): 13c(2) EIN((s)	13c(3) PN(s)
- 10			