	rm 5500-SF	Short Form Annu	yee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and	4065 of the Employee Ret	tirement	2017			
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the Ir		This Form is Open to Public Inspection			
Pension Be	enefit Guaranty Corporation	Complete all entries in		ructions to the Form 550	00-SF.	Fublic Inspection			
Part I		Identification Information			04/0047				
For calenda	ar plan year 2017 or fis	cal plan year beginning 01/01/2			<u>31/2017</u>	ring this hav must attach a			
A This ret	turn/report is for:	a single-employer plan	list of participating er	nployer information in acc		king this box must attach a vith the form instructions.)			
B This rate	urn/report is	a one-participant plan	a foreign plan						
	um/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	rn/report (less than 12 mor	nths)				
C Check	box if filing under:	X Form 5558	automatic extension	Γ	DFVC p	rogram			
		special extension (enter desc	ription)	_	-				
Part II	Basic Plan Info	rmation—enter all requested in	formation						
1a Name					1b Three				
CHINOOK L	UMBER, INC. & FRITC	CHMILL SAVINGS & PENSION PI	LAN		plan (PN)	number 001			
				_	· · · ·	tive date of plan 04/01/1994			
		/er, if for a single-employer plan) n, apt., suite no. and street, or P.C	D. Box)		2b Empl (EIN)	oyer Identification Number			
City or		e, country, and ZIP or foreign post		ructions)	()	asor's telephone number 360-668-8800			
				-	2d Busir	ness code (see instructions)			
	E ROUTE 9 SE				444190				
SNOHOMISH	H, WA 98296								
3a Plan a	dministrator's name an	d address X Same as Plan Spor	nsor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
					-				
		e plan sponsor or the plan name hans or in the plan name hans or is name, EIN, the plan name a			4b EIN				
•	or's name		·	· · · · ·	4d PN				
C Plan N	lame								
5a Total r	number of participants	at the beginning of the plan year			5a	110			
b Total r	number of participants	at the end of the plan year			5b	108			
		account balances as of the end of			5c	52			
d(1) Tota	al number of active par	ticipants at the beginning of the pl	lan year		5d(1)	90			
d(2) Tota	al number of active par		5d(2)	85					
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0			
Caution: A	penalty for the late of	or incomplete filing of this return	n/report will be assessed	unless reasonable caus	se is estal	blished.			
SB or Sche	edule MB completed an	ner penalties set forth in the instru- nd signed by an enrolled actuary, a							
SIGN	true, correct, and comp	valid electronic signature.	10/13/2018	JOOST DOUWES					
HERE	Signature of plan ad		Date	Enter name of individua	idual alaming on star a desistantes				
SIGN		valid electronic signature.	10/13/2018	JOOST DOUWES	a siyiiiiy	as pian aunimistratur			
SIGN HERE			Date		al eigning	as employer or plan apopas			
For Paperw	Signature of employ	yer/plan sponsor e. see the Instructions for Form 550			a siynnig i	as employer or plan sponsor Form 5500-SF (2017)			

lotice, see Pape

v.170203

6a b											
5	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a										
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 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 the PBGC premium filing for this plan year (See inst										
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
a	Total plan assets	7a	909774	990369							
b	Total plan liabilities	7b	0	5352							
C	Net plan assets (subtract line 7b from line 7a)	7c	909774	985017							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)	15630								
	(2) Participants	8a(2)	94544								
	(3) Others (including rollovers)	8a(3)	2269								
b	Other income (loss)	8b	143328								
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		255771							
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	176293								
e	Certain deemed and/or corrective distributions (see instructions)	8e	0								
f	Administrative service providers (salaries, fees, commissions)	8f	0								
g	Other expenses	8g	4235								
h	Total expenses (add lines 8d 8e 8f and 8g)	8h		180528							

Part IV Plan Characteristics

i.

j

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

9a	If the	plan	provic	les pe	ension	benef	its, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2E	2F	2G	2J	2K	2T	3D	

8i

8j

0

75243

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

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		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
C	Was the plan covered by a fidelity bond?	10c	Х		150000
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		5014
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		11633
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
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)

	Form 5500-SF	ee	OMB Nos. 1210-01 1210-00								
	Department of the Treasury Internal Revenue Service	This form is required to be	Benefit Plan filed under sections 104 and 4065 of the Employee	. -	2017						
	Department of Labor ployee Benefits Security Administration Pension Benefit Guaranty Corporation	the In	Act of 1974 (ERISA), and section 6057(b) and 6058 ternal Revenue Code (the Code). cordance with the instructions to the Form 5500		This Form is Open to Public Inspection						
Ρ	art I Annual Report Id	lentification Information		-51.							
For	calendar plan year 2017 or fisca	I plan year beginning	01/01/2017 and ending	12/3	31/2017						
	This return/report is for:	a single-employer plan a one-participant plan the first return/report	 a multiple-employer plan (not multiemployer) (in a list of participating employer information in a foreign plan the final return/report) (Filers checking this box must attach accordance with the form instructions.)							
	[an amended return/report	a short plan year return/report (less than 12 m	onths)							
С	Check box if filing under:	Form 5558 special extension (enter descr	automatic extension iption)	[] [DFVC program						
Pa	art II Basic Plan Inform	mation enter all requested i	information	4							
-	Name of plan Chinook Lumber, Inc.		pla (PN 1c Effe	Three-digit plan number (PN) ► 001 Effective date of plan							
20	D				/01/1994						
Za	Mailing Address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C country and ZIP or foreign post	O. Box) tal code (if foreign, see instructions)	2b Employer Identification Number (EIN) 91-1451414							
	Chinook Lumber, Inc.			2c Sponsor's telephone number (360) 668-8800							
	17606 State Route 9	SE		2d Business code (see instructions) 444190							
3a	US Snohomish WA 98296 Plan administrator's name and	address X Same as Plan Spo	ansor	3h Ad	ministrator's EIN						
•				JD Au							
				3c Ad	ministrator's telephone number						
4			as changed since the last return/report filed for ind the plan number from the last return/report.	4b EIN	N						
a c	Sponsor's name Plan Name	or o name, Linv, the plan name a	nd me plan number nom me last return/report.	4d PN	I						
5a	Total number of participants at	the beginning of the plan year		5a	110						
b				5b	108						
С			the plan year (only defined contribution plans	5c	52						
d(1) Total number of active partic	pipants at the beginning of the pla	an year	5d(1)	90						
d(ır	5d(2)	85							
е			plan year with accrued benefits that were	5e	0						
Ca	ution: A penalty for the late or	r incomplete filing of this retur	n/report will be assessed unless reasonable ca	use is es	tablished.						
Un SE	der penalties of perjury and othe	er penalties set forth in the instru d signed by an enrolled actuary,	ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor	port, inclu	uding, if applicable, a Schedule						
	and The Dawn	la la	10-17-13 JOOST DOUWES								

SIGN	OU Dawin	10-13-16	JOOST DOUWES
HERE	orginatal p of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Jet Dannen	10-13-18	JOOST DOUWES
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2017) v.170203 **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

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XYes 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 									
С	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 the	surance p	rogram (see ERISA sectio	on 402	21)?	[Yes		
Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End of Year	
а	Total plan assets	7a	90	9,7	74			990,369	
b	Total plan liabilities	7b			0		5,352		
С	Net plan assets (subtract line 7b from line 7a)	7c	90	9,7	74		985,017		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total	
а	Contributions received or receivable from:	80(1)	15,630						
	(1) Employers	8a(1)		94,5		_			
	 (2) Participants	8a(2)		2,2		_			
b	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	14						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		143,328				0EE 771	
d	Benefits paid (including direct rollovers and insurance premiums	00						255,771	
	to provide benefits)	8d	17	6,2	93				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f			0				
g	Other expenses	8g		4,2	35				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						180,528	
i	Net income (loss) (subtract line 8h from line 8c)	8i							
j	j Transfers to (from) the plan (see instructions)								
	If the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature 16 <								
Pa	art V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amount	
a		tions withi	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		-						
	Program)			10a		х			
b		•		4.01		x			
	reported on line 10a.)			10b				150.000	
				10c	х			150,000	
0	Did the plan have a loss, whether or not reimbursed by the plan's 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.) 							5,014	
f	Has the plan failed to provide any benefit when due under the plar	n?		10f		x			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g x							11,633	
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 th exceptions to providing the notice applied under 29 CFR 2520.101	ne required	d notice or one of the	10i					
						1			

Form 5500-SF 2017

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Part	VI	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500 and line 11a below)		chedule	SB	🗌 Yes	x No	
11a	Enter t	ne 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 302 of ERISA?								
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see inst g the waiver Mon		nd ente Da		of the lett	er ruling	
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.					
b	Enter t	ne minimum required contribution for this plan year	•••••	12b				
С	Enter t	ne amount contributed by the employer to the plan for the 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)								
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 ı	esolution to terminate the plan been adopted in any plan year?	•••••		Yes	X No	0	
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year	•••••	13a				
b		II the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougl of the PBGC?				res X	No	
С	C 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:	13c(1) Name of plan(s): 13c(2) El					13c(3)	PN(s)	