-	m 5500-SF	Short Form Annua	•	oyee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan d under sections 104 and		etirement	2018		
	epartment of Labor enefits Security Administration	Income Security Act of 1974			This Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in a	00-SF.	Public Inspection				
Part I		dentification Information						
For calenda	ar plan year 2018 or fisc	cal plan year beginning 01/01/2			2/31/2018			
A This ret	urn/report is for:	a single-employer plan	list of participating e	plan (not multiemployer) (l employer information in ac		king this box must attach a tith the form instructions.)		
D This set	····· /·····	a one-participant plan	a foreign plan					
	urn/report is	the first return/report	the final return/repor	t				
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC p	rogram		
		special extension (enter descr	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)				oyer Identification Number		
		i, apt., suite no. and street, or P.O , country, and ZIP or foreign posta		structions)	(EIN)			
	E WOOD PRODUCTS,				2C Spor	nsor's telephone number 360-425-8390		
					2d Busir	ness code (see instructions)		
2308 TALLE' KELSO, WA						321900		
RELOO, WA	50020							
3a Plan a	dministrator's name and	l address 🛛 Same as Plan Spor	isor.		3b Admi	nistrator's EIN		
		—			30 A dual			
					SC Admi	nistrator's telephone number		
		plan sponsor or the plan name ha			4b EIN			
•	an, enter the plan spon: or's name	sor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN			
C Plan N								
5a Total r	number of participants a	at the beginning of the plan year			5a	77		
b Total r	number of participants a	at the end of the plan year			5b	84		
		ccount balances as of the end of t			5c	52		
•	,	icipants at the beginning of the pla		ľ	5d(1)	66		
		icipants at the end of the plan yea			5d(2)	74		
e Numb	per of participants who t	erminated employment during the	plan year with accrued	benefits that were less	5e	0		
than Caution: A	100% vested	r incomplete filing of this return	/report will be assesse	d unless reasonable cau		olished.		
Under pena	alties of perjury and othe	er penalties set forth in the instruc	tions, I declare that I hav	ve examined this return/rep	oort, includi	ng, if applicable, a Schedule		
	edule MB completed and true, correct, and compl	d signed by an enrolled actuary, a ete.	s well as the electronic v	rersion of this return/report	, and to the	best of my knowledge and		
SIGN		alid electronic signature.	07/08/2019	DALE LEMMONS				
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing	as plan administrator		
SIGN						·		
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ial signing	as employer or plan sponsor		
L		and the Instructions for Form FE00			aar orgining i			

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

Form 5500-SF (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligib		· · · · · · · · · · · · · · · · · · ·	
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			
	If you answered "No" to either line 6a or line 6b, the plan cann			
c	If the plan is a defined benefit plan, is it covered under the PBGC in			
Ŭ	If "Yes" is checked, enter the My PAA confirmation number from th			
	If tes is checked, enter the My FAA commation humber from th	e rooc p		(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1796841	1835012
-	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1796841	1835012
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:		, í	
	(1) Employers	8a(1)	61418	
	(2) Participants	8a(2)	119786	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-31547	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		149657
d	Benefits paid (including direct rollovers and insurance premiums			
	to provide benefits)	8d	93046	
e	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	18440	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		111486
i	Net income (loss) (subtract line 8h from line 8c)	8i		38171
j	Transfers to (from) the plan (see instructions)	8i		

Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 3D

8j

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		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? 1	10c	X		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?	l0d		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? 1	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 1	l0g	X		150533
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			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X 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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	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 ative 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?			Ye	s 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 brou trol of the PBGC?	ght under the			Yes	X N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	:(3) PN	۱(s)

For	m 5500-SF	Short Form Annu		turn/Report enefit Plan	of Small Emplo	oyee	c	MB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	065 of the Employee Re	etirement		2018			
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974	4 (ERISA Reven), and sections 6057 ue Code (the Code)	(b) and 6058(a) of the	Internal		orm is Open to ic Inspection
Pension Be	nefit Guaranty Corporation	Complete all entries in		ince with the instru	ctions to the Form 55	500-SF.		3
Part I		Identification Information	1	01/0010	and and the	1.2	/31/201	0
For calenda	ar plan year 2018 or fis	scal plan year beginning		01/2018	and ending			
A This ret	urn/report is for:	a single-employer plan	list	t of participating employer pla t of participating employer preign plan	n (not multiemployer) (ployer information in ac	cordance	with the form	instructions.)
B This retu	ırn/report is	the first return/report	☐ the	final return/report				
		an amended return/report			/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	aut	tomatic extension		DFVC	orogram	
		special extension (enter desc	cription)					
Part II	Basic Plan Info	rmation—enter all requested ir	nformatio	n				
1a Name						1b Thre	ee-digit	
	STI 401(k) Pl	an					number	0.01
						(PN	/	001
						08	ctive date of /01/197	5
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.	O. Box)				loyer Identi 1)91-1393	fication Number 2945
City or Inters	town, state or provinc tate Wood Pro	e, country, and ZIP or foreign pos ducts, Inc.	stal code	(if foreign, see instru	uctions)		nsor's telep	hone number
						1.1.1	and a product of	see instructions)
2308 T	alley Way							
Kelso	A			WA	98626		1900	
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spo	onsor.			3D Adn	ninistrator's	EIN
						3C Adn	ninistrator's f	telephone number
4 If the r	name and/or EIN of the	e plan sponsor or the plan name h	has chang	ged since the last re	turn/report filed for	4b EIN		
this pl	an, enter the plan spo or's name	nsor's name, EIN, the plan name	and the p	plan number from th	e last return/report.	4d PN		
c Plan N								
5a Total	number of participants	at the beginning of the plan year				5a		77
		at the end of the plan year				5b		84
		account balances as of the end o				5c		52
d(1) Tot	al number of active pa	rticipants at the beginning of the p	plan year			5d(1)		66
		rticipants at the end of the plan ye				5d(2)		74
than	100% vested	terminated employment during the				5e		0
Under pena	alties of perjury and ot	or incomplete filing of this return her penalties set forth in the instru	uctions, I	declare that I have	examined this return/re	port, includ	ding, if applie	cable, a Schedule
SB or Sche belief, it is	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, plete.	as well a	as the electronic ver	sion of this return/repor	t, and to th	e best of my	y knowledge and
SIGN	* Dah u	Jamms		× 7/8/19	Dale Lemmons			
HERE	Signature of plan a	dministrator		Date	Enter name of individ	ual signing	as plan adr	ninistrator
SIGN								
HERE	Cimpetune of courses			Data	Entor name of individ	ual signing	ac omploye	or or plan enoneor

Enter name of individual signing as employer or plan sponsor Form 5500-SF (2018) v.171027 HERE Signature of employer/plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Date

Form 5500-SF (2018)

Page	2
i age	-

6a	Were all of the plan's assets during the plan year invested in eligible 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.)	🛛 Yes 🗌 No
	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 insurance 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 instructions.)
Pa	rt III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) E	nd of Ye	ar
	Total plan assets	7a		796,8					1,835,01
	Total plan liabilities	7b			-				
	Net plan assets (subtract line 7b from line 7a)	7c	1,	796,8	341				1,835,01
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
	Contributions received or receivable from:								
	(1) Employers	8a(1)		61,				_	
	(2) Participants	8a(2)		119,	/86				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-31,	547				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				149,65
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		93,	046				<u> </u>
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		18,	440		<u>.</u>		
g	Other expenses	8g					<u> </u>		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							111,48
· · ·	Net income (loss) (subtract line 8h from line 8c)	8i							38,17
ì		1							
j	Transfers to (from) the plan (see instructions)	8j							
j Pa	rt IV Plan Characteristics		index from the List of PL		ractori	stic Code	es in the i	netructio	ne
j Pa		feature co							
j Par 9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f	feature co							
j Par 9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f	feature co							S:
j Pa 9a b Pa 10	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions	feature co eature coc utions withi /oluntary F	les from the List of Pla in the time period Fiduciary Correction		acterist	tic Code:		struction	S:
j Par 9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If two plan provides welfare benefits, enter the applicable welfare f During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	feature co eature coc utions withi /oluntary F	tes from the List of Plan in the time period Fiduciary Correction include transactions	n Chara	acterist	No		struction	S:
j Par 9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If two plan provides welfare benefits, enter the applicable welfare f During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	feature co eature coc utions withi /oluntary F t? (Do not	tes from the List of Plan in the time period Fiduciary Correction include transactions	n Chara	acterist	No X		struction	S:
j Par 9a b Par 10 a b c	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	feature co feature coc itions withi /oluntary F t? (Do not fidelity bo	tes from the List of Pla in the time period Fiduciary Correction include transactions und, that was caused	n Chara 10a 10b	Yes	No X		struction	s: Int
j Par 9a b Par 10 a b c d	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If two compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	feature co eature coo utions within /oluntary F t? (Do not fidelity bo her person ne or all of	tes from the List of Plan in the time period Fiduciary Correction include transactions and, that was caused the benefits under	n Chara 10a 10b 10c	Yes	No X X		struction	s: Int
j Par 9a b Par 10 a b c d	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	feature co eature coo utions withi /oluntary F ? (Do not fidelity bo her person ne or all of	tes from the List of Plan in the time period Fiduciary Correction include transactions and, that was caused the benefits under	n Chara 10a 10b 10c 10d	Yes	No X X X X		struction	s: Int
j Par 9a b Par 10 a b c d d c c	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If two compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	feature co reature coo itions within /oluntary F t? (Do not fidelity bo her person ne or all of	tes from the List of Plan in the time period Fiduciary Correction include transactions and, that was caused is by an insurance the benefits under	n Chara 10a 10b 10c 10d	Yes	No X X X X X		struction	s: Int
j Pai 9a b Pai 10 a b c d d d e e	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a plan the plan have any participant loans? (If "Yes," enter amount a plan the plan have any participant loans?	feature co eature coo utions withi /oluntary F ? (Do not fidelity bo her person ne or all of as of year-o (See instru-	tes from the List of Plan in the time period Fiduciary Correction include transactions and, that was caused the benefits under the benefits under end.)	n Chara 10a 10b 10c 10d 10e 10f	Yes	No X X X X X		struction	s: int 200,00

Form 5500-SF (2018)

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Page 3-

Part					
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)	edule S	B	Yes ⊠	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?		f 	Yes 🛛	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	l enter Da	the date	of the letter ruling Year	_
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
	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		
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s 🖾 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 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			
•	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)	
_					