## 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 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

2018

This Form is Open to Public Inspection

Part I		t Identification Information							
For calend	dar plan year 2018 or f	fiscal plan year beginning 01/01/2	2018	and ending	12/31/2018				
A This re	eturn/report is for:	X a single-employer plan		yer plan (not multiemployer) ng employer information in a	-				
D	. ,	a one-participant plan	a foreign plan						
<b>B</b> This ref	turn/report is	the first return/report	the final return/re	port					
		an amended return/report	a short plan year	return/report (less than 12 r	months)				
C Check	box if filing under:	Form 5558	automatic extens	sion	DFVC progra	am			
		special extension (enter desc	ription)						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name GIRARD W	•	IC. 401(K) SAVINGS PLAN			<b>1b</b> Three-dig plan num (PN) ▶				
					1c Effective	date of plan 10/01/1990			
		oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number			
		om, apt., suite no. and street, or P.C ice, country, and ZIP or foreign posi		e instructions)	(EIN)	91-0727390			
-	OOD PRODUCTS, IN		, -	,	2c Sponsor's telephone number 253-845-0505				
					2d Business code (see instructions)				
P.O. BOX 830 PUYALLUP, WA 98371				321900					
3a Plan a	administrator's name a	and address X Same as Plan Spo	nsor.		<b>3b</b> Administr	rator's EIN			
					<b>3c</b> Administr	rator's telephone number			
4 If the	name and/or EIN of th	ne plan sponsor or the plan name h	as changed since the	last return/report filed for	4b EIN				
	olan, enter the plan spo sor's name	onsor's name, EIN, the plan name a	and the plan number f	rom the last return/report.	<b>4d</b> PN				
C Plan I					144 110				
_		s at the beginning of the plan year.			5a	111			
		s at the end of the plan year				122			
		account balances as of the end of		·	5c	75			
<b>d(1)</b> To	tal number of active pa	articipants at the beginning of the p	lan year			98			
` '	·	articipants at the end of the plan ye			5d(2)	107			
		o terminated employment during th	, ,		5e	3			
		or incomplete filing of this retur							
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary, a nplete.							
SIGN	Filed with authorized	d/valid electronic signature.	07/18/2019	SCOTT VIPOND					
HERE	Signature of plan	administrator	Date	Enter name of indivi	dual signing as p	lan administrator			
SIGN	Filed with authorized	d/valid electronic signature.	07/18/2019	SCOTT VIPOND	VIPOND				
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of indivi	dual signing as e	mployer or plan sponsor			

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_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) <b>b</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	
С	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year							
Pa	rt III   Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year
<u>a</u>	Total plan assets	7a	178	84869				1864034
<u>b</u>	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c	178	84869				1864034
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
a	Contributions received or receivable from:  (1) Employers	8a(1)	;	37520	_			
	(2) Participants	8a(2)	15	50074				
	(3) Others (including rollovers)	8a(3)		5322				
<u>b</u>	Other income (loss)	8b	-10	00040				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						92876
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		13711				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						13711
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						79165
J	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the insti	ructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		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)	oluntary F	iduciary 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			250000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 pla	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	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				

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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 (Form 5500) and line 11a below)			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 se ERISA?		of	Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	<b>a</b> 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						
lf 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					
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 🔀 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 control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to					
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> 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)

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

2018

This Form is Open to Public Inspection

Part I Annual Repo	DIT IDENTIFICATION Information	1	Instructions to the Form 5	500-SF.			
For calendar plan year 2018 o	r fiscal plan year beginning	01/01/20	118 and andina	10/04			
A This return/report is for:	x a single-employer plan			12/31/			
This return report is 101:	П	a multiple-employer plan (not multiemployer) (Filers checking this box must attact a list of participating employer information in accordance with the form instruction					
B This return/report is:	a one-participant plan	a roreign plan					
The vertical property is.	the first return/report	the final return/					
	an amended return/report	a short plan yea	r return/report (less than 12	months)			
C Check box if filing under:	Form 5558	automatic exten	sion	∏ DFV	/C program		
	special extension (enter descr			L			
Part II Basic Plan In	formation enter all requested	information					
w Rame of plan				1b Three-	dinit		
Girard Wood Produ	cts, Inc. 401(k) Savings	Plan		plan nu			
				(PN) ▶			
3 - Di				1C Effectiv	e date of plan ./1990		
2a Plan sponsor's name (emp	ployer, if for a single-employer plan)		<u> </u>				
City or town, state or provi	oom, apt., suite no. and street, or P.O ince, country, and ZIP or foreign posta	i. Box) al code (if foreign, co.	instructions)	(FIN)	er Identification Number 91-0727390		
Girard Wood Produ	cts, Inc.	vouc (ii loreigii, set	: IIISII UCUONS)				
				(253)	r's telephone number 845-0505		
P.O. Box 830					s code (see instructions)		
				32190	0		
US Puyallup WA 98371	and address X Same as Plan Spor			1			
				3b Adminis  3c Administ	trator's telephone number		
If the name and/or EIN of the	ne plan sponsor or the plan name has	changed since the Is	et returnization of Electric	41			
, , ,	onsor's name, EIN, the plan name and	the plan number fro	n the last return/report	4b EIN			
a oponsors name			The state of the s	4d PN			
C Plan Name				TO PN			
A 7-1-1							
Total number of participants     Total number of participants	at the beginning of the plan year	***********************	*****************************	5a	111		
- Total namber of participants	at the end of the bian year			5b	122		
	account balances as of the end of the			5c			
(1) Total number of active particles	rticipants at the beginning of the plan	yeary	***************************************	5d(1)	75 98		
1(2) Total number of active par	ticipants at the end of the plan year	F					
Number of participants who	terminated employment during the pla	in year with accrued	penefits that were	5d(2)	107		
	or incomplete films of this	*****************	*******************************	5e	3		
Inder penalties of perium and of	or incomplete filing of this return/re	eport will be assess	ed unless reasonable caus	se is establishe	ıd.		
B or Schedule MB completed a elief, it is true, correct, and com	ther penalties set forth in the instruction and signed by an enrolled actuary, as volume.	ns, I declare that I haw well as the electronic	we examined this return/report, version of this return/report,	ort, including, if and to the best	applicable, a Schedule of my knowledge and		
SIGN SHIMMA		7/18/19	SCOTT VIPOND				
IERE Signature of blag adm	Matrator	audaun.	distribution				
SIGN SUMMIN		7/18/19	Enter name of individual	Signing as plan	administrator		
IERE Signature of employer	INION STATE OF	Company of the Compan	SLOTT VIPONO				
	Armadink sumbinitude	Date	Enter name of individual	signing as emol	Over or plan sponsor		

Ö	a	a	6	2

			. 0 /0	instructions \					X	Yes No	
sa s	Were	e all of the plan's assets during the plan year invested in eligible	assets? (56								
	Were all of the plan's assets during the plan year investor in an analysis and conditions.  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.  Yes [						х	Yes No			
	If yo	u answered "No" to either line 6a or line 6b, the plan cannot	use Form	5500-Sr and must misted	n 430	)		l Yes	□No □	Not determined	
С			urance pro	giain (see chlory aconon	·-·,·		Lun-	•	(See	instructions.)	
	If "Y	es" is checked, enter the My PAA confirmation number from the	PBGC prer	mium filing for this year				_,			
	001202000000000000000000000000000000000										
	art II			(a) Beginning of Y	ear			(b	) End of Ye		
7_	Plar	n Assets and Liabilities al plan assets	7a	1,784	,869				1,	864,034	
<u>a</u>	Tota	al plan assetsal plan liabilities	7b								
b	Tota	plan assets (subtract line 7b from line 7a)	7c	1,784	,869	)			<del></del>	864,034	
<u>c</u>	Net	plan assets (subtract line 7b from line 7b) ome, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total		
8	Inco	ome, Expenses, and Translets for this Figure 1.		27	, 520	n					
а	(1)	Employers	8a(1)		, 07						
	(2)	Participants	. 8a(2)		, 32						
	(3)	Others (including rollovers)	. 8a(3)								
b	Oth	ner income (loss)	. 8b	(100,	040	<i>)</i>				92,876	
c	Tot	at income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							32,0,0	
<u>d</u>	Bei	nefits haid (including direct rollovers and insurance premiums		13	3,71	1					
	to I	provide benefits)									
е	Се	rtain deemed and/or corrective distributions (see instructions)	. 8e								
f	Ad	ministrative service providers (salaries, fees, commissions)	8f								
g	Ot	ner expenses	8g							13,711	
h	То	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h						······	79,165	
i	Ne	et income (loss) (subtract line 8h from line 8c)	81				1				
i	Tr	ansfers to (from) the plan (see instructions)	<u>8j</u>				3/2000/09				
								a in the	inetructions		
0	2 If	the plan provides pension benefits, enter the applicable pension	feature cod	les from the List of Plan Cha	aracte	eristic	Code	Smure	HISH GOLOTIC	•	
9		a an an an ac at ar ar ar									
		the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Cha	racter	istic	Codes	in the i	nstructions:		
i	b If	the plan provides welfare betternes,					,				
Γ	Part	V Compliance Questions			T	Yes	No	N/A	Aı	nount	
1	_			· (L. Alexandriad		169	1	***			
	a	fit in to transmit to the plan any participant contrib	utions with	in the time period							
		The second serious and DOL'S Vice instructions and DOL'S	voluntary r	Iddicially Contocuent	10a		x				
			######################################	465194441140444111044411							
_	b	Were there any nonexempt transactions with any party-in-intere reported on line 10a.)	21. (DO 1101	HINDO DANGER	10b		X				
_		Was the plan covered by a fidelity bond?		3000555006840065088550508556554055055555	10c	X				250,000	
_	С	Did the plan have a loss, whether or not reimbursed by the plan	's fidelity be	ond, that was caused			l				
	d	the found of dicharach?	******		10d		X				
	е	Were any fees or commissions paid to any brokers, agents, or or	other perso	ns by an insurance of the henefits under							
	-	Were any fees or commissions paid to any prokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)			10e		X				
-	f	Has the plan failed to provide any benefit when due under the p	lan?	*******************************	10f		X.				
-		Did the plan have any participant loans? (If "Yes," enter amoun	t as of year	end.)	10g		X				
-	g h	there a blackout period	I? (See insi	fuctions and 49 OF N	10h		x				
		2520.101-3.)	d the requir	ed notice or one of the	<b>1</b>	Π					
	1	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	101-3	********************************	10i	<u> </u>					

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Page		

Par							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500 and line 11a below)	Schedule	SB	Yes X	No		
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	T				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ERISA?	tion 302	of	Yes X			
<u>-</u>	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
_	amortized in this plan year, see instructions, and enter the date of the letter ruling						
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	D	ay	Year			
b	Enter the minimum required contribution for this plan year.	1	1				
	Enter the minimum required contribution for this plan year.	12b					
<u>C</u>	Enter the 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)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	1 6	Yes [	No	٩		
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	T	7 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 under the control of the PBGC?	e		res 🗓 No			
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to	<u> </u>				
	c(1) Name of plan(s): 13c(2) i	iN/c)	1	42-(2) (2)(()			
	135(2)	.114(3)		13c(3) PN(s)	}		